

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# **ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

# **APPALACHIAN INSURANCE COMPANY**

| NAIC Gro   |  |                               | ode 10316 Employer's ID                                     | Number <u>05-0284861</u>   |
|--|--|-------------------------------|---|--|
| Organized under the Laws of                                  | (Current) (F<br>Rhode                          | Prior)<br>Island              | , State of Domicile or Port of En                           | try RI   |
| Country of Domicile  |  | United States                 | s of America  |  |
| Incorporated/Organized                                       | 04/14/1941                                     |                               | Commenced Business  | 01/01/1942   |
| Statutory Home Office  | 270 Central Av                                 | venue .                       | ,   | Johnston, RI, US 02919-4923  |
|  | (Street and Nu                                 | mber)                         | (City or  | Town, State, Country and Zip Code)   |
| Main Administrative Office                                   |  |                               | al Avenue   |  |
| Joh  | inston, RI, US 02919-4923                      | (Street an                    | d Number)   | 401-275-3000   |
| (City or To  | wn, State, Country and Zip C                   | ode)                          | (A  | rea Code) (Telephone Number)   |
| Mail Address   | 270 Central Avenue, P.O. E                     |                               |   | Johnston, RI, US 02919-4923  |
|  | (Street and Number or P.0                      | O. Box)                       | (City or  | Town, State, Country and Zip Code)   |
| Primary Location of Books and R                              | ecords   |                               | ral Avenue  |  |
| Joh  | inston, RI, US 02919-4923                      | (Street an                    | d Number)   | 401-275-3000   |
|  | wn, State, Country and Zip C                   | ode)                          | (A  | rea Code) (Telephone Number)   |
| Internet Website Address                                     |  | www.fmg                       | lobal.com   |  |
| Statutory Statement Contact                                  | Michae   | el Gariglio                   |   | 401-415-1892   |
| , <u> </u>   | (  | Name)                         | · · · · · · · · · · · · · · · · · · ·                       | (Area Code) (Telephone Number)   |
| mich   | nael.gariglio@fmglobal.com<br>(E-mail Address) |                               | ,   | 401-946-8306<br>(FAX Number)   |
|  | (  |                               |   | (  |
|  |  | OFFI                          | CERS Staff Senior Vice President                            |  |
| President & CEO #  | Malcolm Craig                                  | Roberts                       |   | Rachel Cope  |
| Senior Vice President &<br>Secretary                         | Jonathan Irving                                | g Mishara                     | Vice President & Treasurer                                  | Denise Anastasia Hebert  |
|  |  |                               |   |  |
|  |  | Kevin Scott Ingram, Senio     | <b>IER</b> r Executive Vice President &                     |  |
| Bret Nils Ahnell, Chief Deanna Ruth Fidler, Exec             |  |                               | ncial Officer<br>, Executive Vice President                 | Sanjay Chawla, Executive Vice President  Randall Edward Hodge, Executive Vice President                                  |
| George John Plesce, Exec                                     |  |                               | ,   |  |
|  |  | DIRECTORS (                   | OR TRUSTEES   |  |
| Frank Thomas Gracia Catherir                                 |  |                               | ary McCarthy  | John Anderson Luke Jr Israel Ruiz  |
| Michel Giar  | nnuzzi   | Glenn Roo                     | lney Landau   | David Thomas Walton  |
| Colin D Frank John De  | ,  | Malcolm C                     | raig Roberts  | Thomas James Quinlan III #   |
|  |  |                               |   |  |
| State of   | Rhode Island                                   | — ss                          |   |  |
| County of  | Providence                                     |                               |   |  |
|  |  |                               |   |  |
|  |  |                               |   | orting entity, and that on the reporting period stated above, or claims thereon, except as herein stated, and that this  |
|  |  |                               |   | nd true statement of all the assets and liabilities and of the   |
|  |  |                               |   | therefrom for the period ended, and have been completed  |
|  |  |                               |   | to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, |
| respectively. Furthermore, the se                            | cope of this attestation by the                | e described officers also in  | cludes the related corresponding                            | g electronic filing with the NAIC, when required, that is an   |
| exact copy (except for formatting to the enclosed statement. | differences due to electronic                  | filing) of the enclosed state | ement. The electronic filing may                            | be requested by various regulators in lieu of or in addition   |
|  |  |                               |   |  |
|  |  |                               |   |  |
| Malcolm Craig Rob  | vorte  | lonathan In                   | ving Mishara  | Rachel Cope  |
| President & CEO  |  |                               | ident & Secretary   | Staff Senior Vice President & Controller   |
|  |  |                               | a. Is this an original filing                               | g? Yes [ X ] No [ ]  |
| Subscribed and sworn to before r                             |  |                               | b. If no,   |  |
| 23 day of  | Februa   | ry 2023                       | <ol> <li>State the amendment</li> <li>Date filed</li> </ol> |  |
|  |  |                               | 3. Number of pages a  |  |
| Guilia C. Garcia<br>Notary Public                            |  |                               |   |  |
| May 27, 2026   |  |                               |   |  |



| Fire   | ode 10316              | npany Code 1              |                            | R 2022                                 | RING THE YEAR    | DUF    |       |  |   |  |  | N THE STATE O                                     | NAIC Group Code 0065 BUSINESS IN                                    |
|--|------------------------|---------------------------|----------------------------|--|------------------|--------|-------|--|---|--|--|---|---|
| Direct   Persistration   Direct   Persistration   Persistrat   | 11 12                  | 11 Commissions            | 10 Direct Defense and Cost | 9<br>Direct Defense                    | 8 Direct Defense | 7      | 6     | 5                                      | 4                                       | Dividends Paid                         | nbership Fees,<br>Premiums and<br>licies not Taken | Policy and Mer<br>Less Return F<br>Premiums on Po |   |
| 2.1 Allest Inter   | rokerage Taxes, Licens | and Brokerage<br>Expenses | Expense                    | Containment                            | Containment      |        |       |  |   | Policyholders                          | Direct Premiums                                    | Direct Premiums                                   |   |
| 22 Milgisp Peril Crop  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 2.2   Fereiral Floors  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 2.6   Private Crop.  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 2.5   Private Food   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 4. Homocowers Multiple Peril (Not-Liphility Portion)   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 1.5   Commercial Multiple Pertit (Liability Profron)   |                        |                           |                            |  |                  |        |       |  |   | ['                                     |  |   |   |
| 1.5.2 Commercial Multiple Portion  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 8. Ocean Martine 10. Financial Quartiny 11. Institution of Contraction 11. Financial Quartiny 12. Earthquake 12. Earthquake 13. Concepteasive (hospital and medical) ind (b) 14. Correlate (hospital and medical) ind (b) 15. Correlate (hospital and medical) ind (b) 16. Correlate (hospital and medical) ind (b) 17. Vision (hy) (b) 18. Correlate (hospital and medical) ind (b) 18. Correlate (hospital and hospital and hospital (hospital and hospital and hospital (hospital and hospital and hospital (hospital and hospita |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 5.2 Commercial Multiple Peril (Liability Portion)                   |
| 9   Inland Marine  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 10   Financial Guaranty  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 11.1 Medical Professional Liability - Occurrence   |                        |                           |                            |  |                  |        |       |  |   | ļ'                                     |  |   |   |
| Medical Professional Liability - Claims Made   |                        |                           |                            |  |                  |        |       |  |   | ļ                                      | •••••  |   |   |
| 12 Earthquake  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 13.1   Comprehensive (hospital and medical) group (b)  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 13.2 Comprehensive (nospital and medical) group (b)  |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 13.1 Comprehensive (hospital and medical) ind (b)                   |
| 15-1   Vision Only (b)   |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 13.2 Comprehensive (hospital and medical) group (b)                 |
| Detail Only (b)   Detail Onl   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 15.5   Disability income (b)   |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 15.1 Vision Only (b)  |
| 15.4 Medicar's Supplement (b)  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 15.5   Medicar Title XVII (b)  |                        |                           |                            |  |                  |        |       |  |   | ······                                 |  |   | 15.3 Disability Income (b)  |
| Medicare Title XVIII (b)   |                        |                           |                            |  |                  |        |       |  |   | ļ                                      |  |   | 15.4 Medicaid Title VIV (b)   |
| 15.7   Long-Term Care (b)  |                        |                           |                            |  |                  |        | ····· |  |   |  |  |   |   |
| 15.8   Federal Employees Health Benefits Plan (b)  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 17.2   Other Liability - Claims-Made   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 17.2   Other Liability - Claims-Made   |                        |                           |                            |  |                  |        |       | λ \                                    |   |  |  |   | 15.9 Other Health (b)   |
| 17.2   Other Liability - Claims-Made   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 17.3   Excess Worker's Compensation  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 18.1   Products Liability - Occurrence   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 18.2   Products Liability - Claims-Made  |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 19.1 Private Passenger Auto No-Fault (Personal Injury Protection)  |                        |                           | •••••                      |  |                  |        | ••••• |  | • |  | •            |   | 18.2 Products Liability - Occurrence                                |
| 19.2   Other Private Passenger Auto Liability  |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 19.1 Private Passenger Auto No-Fault (Personal Injury Protection)   |
| 19.4   Other Commercial Auto Liability   |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 19.2 Other Private Passenger Auto Liability                         |
| 19.4   Other Commercial Auto Liability   |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 19.3 Commercial Auto No-Fault (Personal Injury Protection)          |
| 21   2   2   2   2   2   2   2   2   2   |                        |                           |                            |  |                  |        |       |  |   | ļ'                                     |  |   | 19.4 Other Commercial Auto Liability                                |
| 22.   Aircraft (all perils)  |                        |                           |                            |  |                  |        |       |  |   | ļ'                                     |  |   | 21.1 Private Passenger Auto Physical Damage                         |
| 23   Fidelity   24   Surety   25   Surgity   26   Burglary and Theft   27   Boiler and Machinery   28   Credit   29   International   29   International   29   International   29   International   20   International   27   Surgity   28   Surgity   29   International   29   International   29   International   29   International   20   Intern   |                        |                           |                            |  |                  |        |       |  | •••••                                   |  | •            |   | 21.2 Commercial Auto Physical Damage                                |
| 24       Surety       Surglary and Theft         26       Burglary and Theft       Surglary and Theft         27       Boiler and Machinery       Surglary and Theft         28       Credit       Surglary and Theft         29       International       Surglary and Theft         30       Warranty       Surglary and Theft         29       International       Surglary and Theft         30       Warranty       Surglary and Theft         29       International       Surglary and Theft         30       Warranty       Surglary and Theft         29       International       Surglary and Theft         31       Reins nonproportional assumed property       XXX       XXX <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td> </td><td></td><td>[</td><td></td><td></td><td></td></td<>  |                        |                           |                            |  |                  |        |       |  |   | [                                      |  |   |   |
| 26. Burglary and Theft 27. Boiler and Machinery. 28. Credit 29. International 30. Warranty 31. Reins nonproportional assumed property. 32. XXX XXX XXX XXX XXX XXX XXX XXX XXX X   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 28         Credit  |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 26. Burglary and Theft  |
| 29. International 30. Warranty 31. Reins nonproportional assumed property  |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 27. Boiler and Machinery  |
| 30. Warranty 31. Reins nonproportional assumed property. 32. Reins nonproportional assumed liability. 33. Reins nonproportional assumed liability. 34. XXX XXX XXX XXX XXX XXX XXX XXX XXX X   |                        |                           |                            |  |                  |        |       |  |   | ļ'                                     |  |   |   |
| 31. Reins nonproportional assumed property   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX X  | XX XXX                 | XXX                       | vvv                        | ······································ | ·····            | ······ |       | ······································ | ······································  | ······································ | ······································             | ······  |   |
| 33. Reins nonproportional assumed financial lines XXX XXX XXX XXX XXX XXX XXX XXX XXX X  |                        | XXX                       |                            |  |                  |        |       |  |   |  |  |   | 32 Reins nonproportional assumed liability                          |
|  |                        | XXX                       |                            |  |                  |        |       |  |   |  |  |   | 33. Reins nonproportional assumed financial lines                   |
| 34. Aggregate write-ins for Other Lines of Business  |                        |                           |                            |  |                  |        |       |  |   |  |  |   | 34. Aggregate Write-Ins for Other Lines of Business                 |
| 35. Total (a)  |                        | <u> </u>                  |                            |  |                  |        |       |  |   | <u> </u>                               |  |   | 35. Total (a)   |
| DETAILS OF WRITE-INS   |                        |                           |                            |  | _                | _      |       |  |   |  |  |   |   |
| 3401   |                        |                           |                            |  |                  |        |       |  |   | ļ'                                     |  |   |   |
| 3402   |                        |                           |                            |  |                  |        |       |  |   |  |  |   |   |
| 3403   |                        |                           |                            |  |                  |        |       |  |   | ······                                 |  |   | 3403. Summary of remaining write ine for Line 24 from everflow need |
| 3498. Summary of remaining write-ins for Line 34 from Overnow page   |                        |                           |                            |  |                  | ·····  |       |  | • |  | •            |   | 3490 Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)         |



|                              | NAIC Group Code 0065 BUSINESS II  | N THE STATE O              | ⊩ Alaska                  |                                     |                                     |  |                           | DUF                     | RING THE YEAF               | R 2022                          | NAIC Com                               | pany Code 10              | )316                        |
|------------------------------|---|----------------------------|---------------------------|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                              |   |                            |                           | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                              | Line of Business  | Direct Premiums<br>Written | Direct Premiums<br>Earned | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                              | Fire  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Allied Lines  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Federal Flood   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Private Crop  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Private Flood   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Farmowners Multiple Peril   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Commercial Multiple Peril (Non-Liability Portion)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2                          | Commercial Multiple Peril (Liability Portion)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.                           | Mortgage Guaranty   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.                           | Ocean Marine  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.                           | Inland Marine   |                            |                           |                                     | ····                                |  |                           |                         |                             | ·····                           |  | ·····                     | ·····                       |
|                              | Financial Guaranty  |                            |                           |                                     | l                                   |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Medical Professional Liability - Occurrence  Medical Professional Liability - Claims-Made | •••••                      |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Earthquake  | 1                          |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1                         | Comprehensive (hospital and medical) ind (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2                         | Comprehensive (hospital and medical) group (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Credit A&H (Group and Individual)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.1                         | Vision Only (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Dental Only (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3                         | Disability Income (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4                         | Medicaid Title XIX (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Medicare Title XVIII (b).   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 | •••••                                  |                           |                             |
|                              | Long-Term Care (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Federal Employees Health Benefits Plan (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Other Health (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Workers' Compensation   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Other Liability - Occurrence  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Other Liability - Claims-Made   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Products Liability - Occurrence   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.2                         | Products Liability - Claims-Made  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 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  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| ∠1.∠<br>22                   | Aircraft (all perils)   |                            |                           |                                     | l                                   |  |                           |                         |                             | [                               |  |                           | ·····                       |
|                              | Fidelity  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Surety  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 26.                          | Burglary and Theft  | <b></b>                    |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 27.                          | Boiler and Machinery  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.                          | Credit  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30.                   | International   |                            |                           |                                     | ·····                               |  |                           |                         |                             |                                 |  |                           |                             |
|                              | Reins nonproportional assumed property  | XXX                        | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.                          | Reins nonproportional assumed liability   | xxx                        | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.                          | Reins nonproportional assumed financial lines   | XXX                        | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.                          | Aggregate Write-Ins for Other Lines of Business   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.                          | Total (a)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                              | DETAILS OF WRITE-INS  |                            |                           |                                     | ]                                   |  |                           |                         |                             |                                 |  |                           |                             |
|                              |   | 1                          | ı                         | l .                                 | 1                                   | 1                                      |                           | ı                       | 1                           | 1                               |  | 1                         | L                           |
|                              |   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 402.                         |   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 401.<br>402.<br>403.<br>498. |   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II                               | N THE STATE O              |                           |                                  |                                     |  |                           | DUF                     | RING THE YEAR               | R 2022                          |  | pany Code 10              | 0316                        |
|----------------|--|----------------------------|---------------------------|----------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  |                            |                           | 3  Dividends Paid or Credited to | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written | Direct Premiums<br>Earned | Policyholders on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 1 Allied Lines   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 3 Federal Flood  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 4. Private Crop  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 5 Private Flood  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3.<br>4.       | Farmowners Multiple Peril  Homeowners Multiple Peril           |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.1            | 1 Commercial Multiple Peril (Non-Liability Portion)            |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2            | 2 Commercial Multiple Peril (Liability Portion)                |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             |  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             |  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             |  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty   |                            |                           |                                  | ·····                               |  |                           |                         |                             |                                 |  |                           |                             |
|                | 2 Medical Professional Liability - Occurrence                  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Earthquake   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | 1 Comprehensive (hospital and medical) ind (b)                 |                            |                           |                                  |                                     | .                                      |                           |                         |                             |                                 |  |                           |                             |
| 13.2           | 2 Comprehensive (hospital and medical) group (b)               |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                              |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.1           | 1 Vision Only (b)  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 2 Dental Only (b)  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3           | Medicare Supplement (b)  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.5           | 5 Medicaid Title XIX (b)                                       |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 6 Medicare Title XVIII (b)                                     |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.7           | 7 Long-Term Care (b)   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | B Federal Employees Health Benefits Plan (b)                   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Health (b)   |                            |                           |                                  |                                     |  | •••••                     |                         |                             |                                 |  |                           |                             |
|                | Workers' Compensation  |                            |                           |                                  |                                     | /                                      |                           |                         |                             |                                 |  |                           |                             |
|                | 1 Other Liability - Occurrence                                 |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 3 Excess Workers' Compensation                                 |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence                                |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.2           | 2 Products Liability - Claims-Made                             |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 1 Private Passenger Auto No-Fault (Personal Injury Protection) |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | 2 Other Private Passenger Auto Liability                       |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)          | t                          |                           |                                  | ····                                | -                                      |                           |                         |                             |                                 |  |                           |                             |
| 21.4           | Other Commercial Auto Liability                                |                            |                           |                                  | ·····                               |  |                           |                         |                             |                                 |  |                           |                             |
| 21.            | 2 Commercial Auto Physical Damage                              |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22             | Aircraft (all perils)  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity   |                            |                           |                                  |                                     | .                                      |                           |                         |                             |                                 |  |                           |                             |
| 24.            |  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 26.            |  | <b></b>                    |                           |                                  |                                     | .  .                                   |                           |                         |                             |                                 |  |                           |                             |
| 27.            |  | ·                          |                           |                                  |                                     | -                                      |                           |                         |                             |                                 |  |                           |                             |
| 28.<br>29.     |  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30.     | International  |                            |                           |                                  | ·····                               |  |                           |                         |                             |                                 |  |                           |                             |
| 31             | Reins nonproportional assumed property                         | XXX                        | XXX                       | XXX                              | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.            | Reins nonproportional assumed liability                        | XXX                        | XXX                       | XXX                              | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines                  | XXX                        | XXX                       | XXX                              | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.            |  |                            |                           |                                  |                                     | .  .                                   |                           |                         |                             |                                 |  |                           |                             |
| 35.            |  |                            |                           |                                  |                                     |  |                           |                         | 1                           |                                 |  |                           |                             |
| 0404           | DETAILS OF WRITE-INS   |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.<br>3402. |  |                            |                           |                                  | l                                   |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.<br>3403. |  |                            |                           |                                  | l                                   |  |                           |                         |                             | ·····                           |  |                           |                             |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page  |                            |                           |                                  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)         | 1                          | I                         |                                  | 1                                   |  |                           | 1                       | 1                           | 1                               |  |                           | 1                           |



| The process of the    |                | NAIC Group Code 0065 BUSINESS IN                       | N THE STATE C                                     |   |                                       |     | LUSSES (                              |     |                                       | RING THE YEAR           | 2022                       | NAIC Com                                  | pany Code 10 | 316                         |
|--|----------------|--|---|---|---------------------------------------|-----|---------------------------------------|-----|---------------------------------------|-------------------------|----------------------------|---|--------------|-----------------------------|
| Private   Personal Personal Reserved   Perso   |                |  | Policy and Mer<br>Less Return I<br>Premiums on Po | mbership Fees, Premiums and blicies not Taken 2 | Dividends Paid<br>or Credited to      | 4   |                                       | •   | 7                                     | Direct Defense and Cost | Direct Defense<br>and Cost | Direct Defense<br>and Cost<br>Containment | Commissions  | 12                          |
| 1  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              | Taxes, Licenses<br>and Fees |
| 2  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 2.3 Explored Rose  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 2.6   Prince Cog   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 25 Finale Roice 4. Fromworter Multiple Pell 5. Commonate Multiple Pell 5. Commonate Multiple Pell 6. Commonate Pell 6. Commonate Multiple Pell 6. Commonate Multiple Pell 6. Commonate Pell 6. Commonate Pell 6. Commonate Multiple Pell 6. Commonate  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 4 - Heroware Multiple Part (Mort Sally Profit) 5 - Commend Multiple Part (Mort Sally Profit) 6 - Company Care Multiple Part (Mort Sally Profit) 7 - Commend Multiple Part (Mort Sally Profit) 7 - Commend Multiple Part (Mort Sally Profit) 8 - Company Care Multiple Part (Mort Sally Profit) 9 - Foreign Care Multiple |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 5.1 Commercial Multiple Pert (Jobbity Proton)  2. Commercial Multiple Pert (Jobbity Proton)  3. Doan Marrie  4. Doan Marrie  5. Harden Rovers  6. Harden Rov |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 2   Commercial Multiple Pertit Calability Commerce   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| Marchael Customin  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 6 Oce Marine Francis Commy Fra |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1  |                | Ocean Marine   |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 10   Formati Guaranty  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 12   Marcial Professional Listility - Claims-Made  | 10.            | Financial Guaranty                                     |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 12   Embracke  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 13   Corprehense (hospital and medical) and (b)  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 132 Compensative (hospital and medical) group (b)  | 12.            | Earthquake   |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1-   Coeff Add (Group and Individuals)   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 15.1 Vision City (b)   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 152   Detail Christy (b)   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 15.4 Medicar Flux Xt b)  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 15.5 Medicar Tile XVII (b)   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 15.6 Medicare Title XVIII (i)  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 15.7   Long-Term Care (b)  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1/2   Uniter Lability - Claims-Made  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1/2   Uniter Lability - Claims-Made  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1/2   Uniter Lability - Claims-Made  | 15.9           | Other Health (b)                                       |   |   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |     |                                       |                         |                            |   |              |                             |
| 1/2   Uniter Lability - Claims-Made  | 16.            | Workers' Compensation                                  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1/2   Uniter Lability - Claims-Made  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 18.1   Products Liability - Courrence  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 18.2   Products Liability - Claims-Made  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 19.1   Private Passenger Auto No-Fault (Personal Injury Protection)  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 19.2 Other Private Passenger Auto Liability  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 19.4 Other Commercial Auto Liability   | 19.2           | Other Private Passenger Auto Liability                 |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 21.1 Private Passenger Auto Physical Damage  | 19.3           | Commercial Auto No-Fault (Personal Injury Protection)  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 21.2 Commercial Aufo Physical Damage   | 19.4           | Other Commercial Auto Liability                        |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| Aircraft (all perils)  | 21.1           | Private Passenger Auto Physical Damage                 |   | ·····   |                                       |     |                                       |     | ·····                                 |                         |                            |   |              |                             |
| 23   Fidelity  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 24   Surety  | 23.            | Fidelity   |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| Boiler and Machinery   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| Credit   | 26.            | Burglary and Theft                                     |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 29   |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 30.   Warranty   |                |  |   |   |                                       |     |                                       |     | ·····                                 |                         |                            |   |              |                             |
| 31.   Reins nonproportional assumed property   |                |  |   |   |                                       |     |                                       |     | ·····                                 |                         |                            |   |              |                             |
| 32 Reins nonproportional assumed liability   |                |  | XXX   | XXX   | XXX                                   | XXX | XXX                                   | XXX | XXX                                   | XXX                     | XXX                        | XXX                                       | XXX          | XXX                         |
| 33. Reins nonproportional assumed financial lines  |                | Reins nonproportional assumed liability                | XXX   | XXX   | XXX                                   | XXX | XXX                                   | XXX | XXX                                   | XXX                     | XXX                        | XXX                                       | XXX          | XXX                         |
| 35. Total (a)  DETAILS OF WRITE-INS  4401.  4402.  4403.  4408. Summary of remaining write-ins for Line 34 from overflow page.   | 33.            | Reins nonproportional assumed financial lines          | XXX   | XXX   | XXX                                   | XXX | XXX                                   | XXX | XXX                                   | XXX                     | XXX                        | XXX                                       | XXX          | XXX                         |
| DETAILS OF WRITE-INS    401  |                |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1401   | 35.            | I otal (a)   |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1402   | 2401           |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1403. Summary of remaining write-ins for Line 34 from overflow page.   | 3401.<br>3402. |  |   |   |                                       |     |                                       |     | · · · · · · · · · · · · · · · · · · · |                         |                            |   |              |                             |
| 1498. Summary of remaining write-ins for Line 34 from overflow page  | 3403.          |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
| 1499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   | 3498.          |  |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |
|  | 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) |   |   |                                       |     |                                       |     |                                       |                         |                            |   |              |                             |



|            | NAIC Group Code 0065 BUSINESS II  | N THE STATE C                                   |                           |                                     |                                     | LOGOLO                                 |            |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 316                                   |
|------------|---|---|---------------------------|-------------------------------------|-------------------------------------|--|------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---------------------------------------|
|            |   | Gross Premit<br>Policy and Mer<br>Less Return I | ıms, Including            | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6          | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                    |
|            | Line of Business  | Direct Premiums<br>Written                      | Direct Premiums<br>Earned | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) |            | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees           |
| 1.         | Fire  | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Allied Lines  |   |                           | 0                                   |                                     | )                                      |            | n                       |                             |                                 | 0                                      | 0                         |                                       |
|            | Federal Flood   |   | 0                         |                                     |                                     | )                                      |            | n                       |                             |                                 | 0                                      |                           |                                       |
|            | Private Crop  | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Private Flood   | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Farmowners Multiple Peril   | 0   | 0                         | 0                                   | 0                                   | 0                                      | 0          | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
| 4.         | Homeowners Multiple Peril   |   | 0                         | 0                                   | 0                                   | )  0                                   |            | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                                       |
| 5.1        | Commercial Multiple Peril (Non-Liability Portion)   |   | 0                         | 0                                   | 0                                   | 0                                      |            | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                                       |
| 5.2<br>6.  | Commercial Multiple Peril (Liability Portion)   |   | 0                         | 0                                   |                                     | )  0                                   |            | J                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 8.         | Ocean Marine  | 0   | 0                         | 0                                   |                                     | )                                      |            | n                       |                             |                                 | 0                                      | 0                         |                                       |
| 9.         | Inland Marine   | 10  | 0                         | 0                                   |                                     | )                                      |            | 0                       | 0                           | 0                               | 0                                      | 0                         | [                                     |
| 10.        | Financial Guaranty  | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Medical Professional Liability - Occurrence   | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Medical Professional Liability - Claims-Made  | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Earthquake  | 0   | 0                         | 0                                   | J                                   | 0                                      | ļ          | Ď  ō                    | 0                           |                                 | ō                                      | 0                         | ·····                                 |
|            | Comprehensive (hospital and medical) ind (b)  | · ······0                                       | 0                         | 0                                   | J                                   | ٥   و                                  | ļ          | , Iŏ                    | 0                           | 0                               | 0                                      | 0                         | l                                     |
| 13.2       | Comprenensive (nospital and medical) group (b)  | 0   |                           | 0                                   |                                     | )                                      |            | n                       |                             |                                 | 0                                      | 0                         |                                       |
|            | Vision Only (b)   | 0   | 0                         | 0                                   |                                     | 0                                      |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Dental Only (b)   | 0   | 0                         | 0                                   | 0                                   | )                                      |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 15.3       | Disability Income (b)   | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Medicare Supplement (b)   |   | 0                         | 0                                   | 0                                   | )  0                                   |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Medicaid Title XIX (b)  | 0   | 0                         | 0                                   | 0                                   | 00                                     |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Medicare Title XVIII (b)  | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Long-Term Care (b)  | 0   | 0                         | 0                                   | 0                                   | )  0                                   |            | J0                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Federal Employees Health Benefits Plan (b) Other Health (b)                                   |   |                           | 0                                   |                                     | )                                      |            | n                       |                             |                                 | 0                                      | 0                         |                                       |
|            | Workers' Compensation   | 0   | 0                         | 0                                   |                                     | 0                                      |            | 0624.203                | 0                           | 0                               | 175. 134                               | 0                         |                                       |
|            | Other Liability - Occurrence  | 0   | 0                         | 0                                   | 0                                   | 557.273                                | (586.259   |                         |                             | 30.017                          |  | 0                         |                                       |
| 17.2       | Other Liability - Claims-Made   | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
|            | Excess Workers' Compensation  | 0   | 0                         | 0                                   | 0                                   | 00                                     |            |                         |                             |                                 | 0                                      | 0                         |                                       |
| 18.1       | Products Liability - Occurrence   | 0   | 0                         | 0                                   | 0                                   | ) 146,881                              | (1,427,861 | 1)22,600,651            | 122,598                     | (256, 103)                      | 4,470,817                              | 0                         |                                       |
| 18.2       | Products Liability - Claims-Made  | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                                       |
| 19.1       | Private Passenger Auto No-Fault (Personal Injury Protection)                                  | 0   | 0                         | 0                                   |                                     | )  0                                   |            | J                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 19.2       | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection) |   | 0                         |                                     |                                     | 1                                      |            | n                       |                             |                                 | 0                                      | 0                         |                                       |
| 19.4       | Other Commercial Auto Liability   | 0   | 0                         | 0                                   | 0                                   | )                                      |            | 00                      | 0                           | 0                               | 0                                      | 0                         |                                       |
| 21 1       | Private Passenger Auto Physical Damage  | 0   | 0                         | 0                                   | 0                                   | )0                                     |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 21.2       | Commercial Auto Physical Damage   | 0   | 0                         | 0                                   | 0                                   | 0                                      | 0          | 0  0                    | 0                           | 0                               | 0                                      | 0                         | ļ                                     |
| 22.        | Aircraft (all perils)   | 0   | 0                         | 0                                   | 0                                   | )  0                                   |            | 0  0                    | 0                           | 0                               | 0                                      | 0                         | ļ                                     |
| 23.        | Fidelity  | . 0   | 0                         | 0                                   | J                                   | 0                                      | ļ          | Ď  ō                    | 0                           | 0                               | 0                                      | 0                         | ·····                                 |
| 24.        | Surety  | .  0  | 0                         | 0                                   | J                                   | 0                                      | ļ          | , Iō                    | 0                           | 0                               | 0                                      | 0                         |                                       |
| 26.<br>27. | Boiler and Machinery  | 1   | n                         | u                                   |                                     | ,                                      |            | n                       | 0<br>n                      | n                               | n                                      |                           | ļ                                     |
| 28.        | Credit  | 0   | 0                         | 0                                   | 0                                   | )                                      |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 29.        | International   |   | 0                         | 0                                   | 0                                   | )0                                     |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |
| 30.        | Warranty  | 0   | 0                         | 0                                   | 0                                   | 0                                      | 0          | 0  0                    | 0                           | 0                               | 0                                      | 0                         | ļ                                     |
|            | Reins nonproportional assumed property  | XXX   | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX        | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                   |
| 32.        | Reins nonproportional assumed liability   | XXX   | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX        | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                   |
| 33.<br>34. | Reins nonproportional assumed financial lines   | XXX0  | XXX                       | XXX                                 | XXX                                 | XXX                                    | XXX        |                         | XXX                         | XXX0                            | XXX                                    | XXX                       | XXX                                   |
| 34.<br>35. | Aggregate Write-Ins for Other Lines of Business   |   | u                         | 0<br>n                              |                                     | 704, 154                               |            |                         |                             |                                 |  |                           | · · · · · · · · · · · · · · · · · · · |
| JJ.        | DETAILS OF WRITE-INS  | 1   | U                         | U                                   | · ·                                 | 704,134                                | (2,014,120 | 77, 44,241,203          | 400,470                     | (220,000)                       | 3,413,023                              | 1                         | <b>+</b>                              |
| 3401.      |   |   |                           |                                     |                                     |  | .          |                         |                             |                                 |  |                           |                                       |
| 3402.      |   |   |                           |                                     |                                     |  |            |                         |                             |                                 |  |                           |                                       |
| 3403.      |   |   |                           |                                     |                                     |  | .          |                         |                             |                                 |  |                           |                                       |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page                                 | 0   | 0                         | 0                                   | J0                                  | 0                                      | <u>0</u>   | 0  0                    | 0                           | 0                               | 0                                      | 0                         | ļ                                     |
| 3499.      | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)  | 0   | 0                         | 0                                   | 0                                   | 0                                      |            | 0                       | 0                           | 0                               | 0                                      | 0                         |                                       |



|                | NAIC Group Code 0065 BUSINESS IN                                  | N THE STATE O                                     |  |                                     |       |  |                           |                         | RING THE YEAF               |                                 |  |                           | 0316                        |
|----------------|---|---|--|-------------------------------------|-------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Policy and Mer<br>Less Return F<br>Premiums on Po | Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4     | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned              | Policyholders<br>on Direct Business |       | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)                 |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Liability Portion)                     |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Inland Marine   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                       |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                      |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |       |  |                           |                         |                             |                                 |  | ·····                     |                             |
|                | Comprehensive (hospital and medical) ind (b)                      |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                                 |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 15.2           | Dental Only (b)   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                        |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)  |   |  |                                     |       | 7                                      |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence                                      |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made                                     |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                      |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence  Products Liability - Claims-Made |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | 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                            |   |  |                                     | ····· |  |                           | ·····                   |                             |                                 |  | ·····                     |                             |
|                | Aircraft (all perils)   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 23.            | Fidelity  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 24.            | Surety  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 26.            | Burglary and Theft  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery  |   |  |                                     |       |  |                           |                         |                             |                                 |  | ļ                         |                             |
| 28.            | Credit  |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30.     | International   |   |  |                                     |       |  |                           |                         |                             |                                 |  | l                         |                             |
|                | Reins nonproportional assumed property                            | XXX   | XXX                                    | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.            | Reins nonproportional assumed liability                           | XXX   | XXX                                    | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines                     | XXX   | XXX                                    | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business                   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)   |   |  |                                     |       |  |                           |                         |                             |                                 |  | ļ                         | ļ                           |
| 3401.          | DETAILS OF WRITE-INS  |   |  |                                     |       |  |                           |                         |                             |                                 |  | 1                         |                             |
| 3401.<br>3402. |   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          |   |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page     |   |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)            |   |  |                                     |       |  |                           |                         |                             |                                 |  | ]                         |                             |



| NAIC Group Code 0065 BUSINESS   | IN THE STATE C               |   |                                     |          |  |                           | DUF  | RING THE YEAR               | 2022                            |  | pany Code 10              |                             |
|---|------------------------------|---|-------------------------------------|----------|--|---------------------------|--|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|   | Policy and Me<br>Less Return | ums, Including<br>embership Fees,<br>Premiums and<br>folicies not Taken | 3  Dividends Paid or Credited to    | 4        | 5                                      | 6                         | 7  | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
| Line of Business  | Direct Premiums<br>Written   |   | Policyholders<br>on Direct Business |          | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid                              | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
| 1. Fire   |                              |   |                                     |          |  |                           | · ·····  |                             |                                 |  |                           |                             |
| 2.1 Allied Lines  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 2.3 Federal Flood   | ••••                         |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 2.4. Private Crop   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 2.5 Private Flood   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| Farmowners Multiple Peril   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 4. Homeowners Multiple Peril  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| Commercial Multiple Peril (Liability Portion)     Mortgage Guaranty                           |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| Mortgage Guaranty      Ocean Marine   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 9. Inland Marine  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 0. Financial Guaranty   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 1.1 Medical Professional Liability - Occurrence   |                              | .   |                                     |          |  |                           | .  |                             |                                 |  |                           | ļ                           |
| 1.2 Medical Professional Liability - Claims-Made  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 2. Earthquake   |                              | · <del> </del>  |                                     | ·····    | -                                      | ļ                         | · <del> </del> · · · · · · · · · · · · · · · · · · · |                             |                                 |  |                           | ·····                       |
| 3.1 Comprehensive (hospital and medical) ind (b)  |                              |   |                                     |          |  |                           |  |                             |                                 | •••••                                  |                           |                             |
| 3.2 Comprehensive (hospital and medical) group (b)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.1 Vision Only (b)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.2 Dental Only (b)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.3 Disability Income (b)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.4 Medicare Supplement (b)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.5 Medicaid Title XIX (b)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.6 Medicare Title XVIII (b)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.7 Long-Term Care (b)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.8 Federal Employees Health Benefits Plan (b)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 5.9 Other Health (b)  |                              |   |                                     |          |  | •••••                     |  |                             |                                 |  |                           |                             |
| 7.1 Other Liability - Occurrence  | ••••                         |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 7.2 Other Liability - Claims-Made   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 7.3 Excess Workers' Compensation  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 8.1 Products Liability - Occurrence   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 8.2 Products Liability - Claims-Made  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 9.1 Private Passenger Auto No-Fault (Personal Injury Protection)                              |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 9.2 Other Private Passenger Auto Liability  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 9.3 Commercial Auto No-Fault (Personal Injury Protection) 9.4 Other Commercial Auto Liability |                              |   |                                     |          |  |                           |  |                             |                                 | •••••                                  |                           |                             |
| 1.1 Private Passenger Auto Physical Damage  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 1.2 Commercial Auto Physical Damage   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 2. Aircraft (all perils)  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 3. Fidelity   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 4. Surety   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 6. Burglary and Theft   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 7. Boiler and Machinery   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 8. Credit   |                              |   |                                     |          |  |                           |  |                             |                                 | •••••                                  |                           |                             |
| 9. International  |                              | ·   |                                     | l        |  |                           | ·  |                             |                                 |  |                           | l                           |
| 81. Reins nonproportional assumed property  | xxx                          | XXX   | XXX                                 | XXX      | XXX                                    | XXX                       | XXX  | XXX                         | XXX                             | XXX                                    | xxx                       | XXX                         |
| Reins nonproportional assumed liability   | XXX                          | XXX   | XXX                                 | XXX      | XXX                                    | XXX                       | XXX  | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| Reins nonproportional assumed financial lines   | XXX                          | XXX   | XXX                                 | XXX      | XXX                                    | XXX                       | XXX  | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 4. Aggregate Write-Ins for Other Lines of Business  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| 35. Total (a)   |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| DETAILS OF WRITE-INS  |                              |   |                                     | <u> </u> |  | <u> </u>                  |  |                             |                                 |  |                           |                             |
| )1  |                              |   |                                     |          |  |                           |  |                             |                                 |  |                           |                             |
| )2  |                              | · <del> </del>  |                                     | ·····    | -                                      | ļ                         | · <del> </del> · · · · · · · · · · · · · · · · · · · |                             |                                 |  |                           | ·····                       |
| 03. Summary of remaining write-ins for Line 34 from overflow page                             |                              | ·   |                                     | l        |  | l                         | ·  |                             |                                 |  |                           | ·····                       |
| 98. Summary of remaining write-ins for Line 34 from overflow page                             |                              | · [·····  |                                     | l        |  | l                         | · [····  |                             |                                 |  |                           | l                           |
| o. Totals (Elitos 540 I tillu 5405 pius 5450)(Elito 54 above)                                 | 1                            | 1   | 1                                   | 1        | 1                                      | 1                         | ı  | I .                         |                                 | 1                                      | l .                       | 1                           |

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



|                | NAIC Group Code 0065 BUSINESS II  | N THE STATE C   |  |                                     |                                     | LOSSES (                               | - 2011111 <b>1</b>        |                         | RING THE YEAF               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu Policy and Me Less Return Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written                            | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   | ·····  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  Commercial Multiple Peril (Non-Liability Portion)                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty  |   | ļ  |                                     |                                     |  |                           |                         |                             | ļ                               |  |                           |                             |
|                | Medical Professional Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made  | ·····   | l  |                                     |                                     |  |                           |                         |                             | l                               | •••••                                  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 14.            | Credit A&H (Group and Individual)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.7           | Long-Term Care (b)  |   |  |                                     |                                     | <b></b>                                |                           |                         |                             |                                 |  |                           |                             |
| 15.8           | Federal Employees Health Benefits Plan (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.1           | Products Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)                                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection) |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Other Commercial Auto Liability   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
| 21.1           | Private Passenger Auto Physical Damage  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety  |   | ····   |                                     |                                     |  |                           |                         |                             | ·····                           |  |                           |                             |
|                | Burglary and Theft  | <b>†</b>  | l  |                                     |                                     |  |                           |                         |                             | l                               |  |                           |                             |
| 27.<br>28.     | Credit  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty  | <b></b>   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property  | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|                | Reins nonproportional assumed liability   | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXXXXX                                 | XXXXXX                    | XXXXXX                      |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business   |   |  |                                     |                                     |  |                           |                         |                             |                                 | XXX                                    |                           | XXX                         |
| 34.<br>35.     | Total (a)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 50.            | DETAILS OF WRITE-INS  |   | 1  |                                     | 1                                   |  |                           |                         |                             | 1                               |  | 1                         | 1                           |
| 3401.          |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          | Owner, of consistent with its facility of the first   | ·   | ·····  |                                     |                                     |  |                           |                         |                             | ·····                           |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page                                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| J499.          | rotais (Lines 3401 tillu 3403 pius 3498)(Line 34 above)                                       | I   | ı  | 1                                   | l                                   | 1                                      |                           | l                       | 1                           | ı                               |  | 1                         | l                           |



|                | NAIC Group Code 0065 BUSINESS II                                  | N THE STATE C   |  |                                     | ·      | LUGGLG (                                      |                           |                                       | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|--------|---|---------------------------|---------------------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ims, Including mbership Fees, Premiums and blicies not Taken 2 | 3 Dividends Paid or Credited to     | 4      | 5   | 6                         | 7                                     | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business |        | Direct Losses Paid (deducting salvage)        | Direct Losses<br>Incurred | Direct<br>Losses Unpaid               | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           | •••••                       |
|                | Federal Flood   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)                 |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)                     |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                       |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                      |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 12.            | Earthquake  | ·····   |  |                                     | ·····  | ·   -   |                           | ·····                                 |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)                      |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                                 |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Vision Only (b)   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 15.3           | Disability Income (b)   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)<br>Federal Employees Health Benefits Plan (b)  |   |  |                                     |        | ·····   |                           |                                       |                             |                                 |  |                           |                             |
| 15.0           | Other Health (b)  |   |  |                                     |        | , <u>, , , , , , , , , , , , , , , , , , </u> |                           |                                       |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 17.1           | Other Liability - Occurrence                                      |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made                                     |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                      |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence                                   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made                                  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | 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                            |   |  |                                     |        | .   |                           |                                       |                             |                                 |  |                           |                             |
|                | Commercial Auto Physical Damage                                   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     | ·····  | ·   |                           | ·····                                 |                             |                                 |  |                           |                             |
|                | Fidelity  | l   |  |                                     | l      |   |                           | ·····                                 |                             |                                 |  |                           |                             |
|                | Burglary and Theft  |   |  |                                     | ·      |   |                           | · · · · · · · · · · · · · · · · · · · |                             |                                 |  |                           |                             |
|                | Boiler and Machinery  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 28.            | Credit  |   |  |                                     |        | .   |                           |                                       |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 30.            | Warranty  |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property                            | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX | XXXXXX  | XXXXXX                    | XXXXXX                                | XXXXXX                      | XXX                             | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed liability                           | XXX   | XXXXXX   | XXX                                 | XXX    | XXX   | XXX                       | XXX                                   | XXXXXX                      | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business                   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 35.            | Total (a)   | [   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS  |   |  |                                     | İ      |   |                           |                                       |                             |                                 |  |                           |                             |
| 3401.          |   |   |  |                                     |        |   |                           |                                       |                             |                                 |  |                           |                             |
| 3402.          |   |   |  |                                     |        | .   -   |                           |                                       |                             |                                 |  |                           |                             |
| 3403.          | Owner, of a majority majority in a fact time Od from a small con- |   |  |                                     | ·····  | ·   |                           | ·····                                 |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page     | l   |  |                                     | l      | ·   |                           | ·····                                 |                             |                                 |  |                           |                             |
| 3499.          | rotais (Lines 3401 tillu 3403 pius 3490)(Line 34 above)           | 1   | l  |                                     | 1      | 1   |                           | 1                                     |                             |                                 |  | 1                         |                             |



|                | NAIC Group Code 0065 BUSINESS IN  | N THE STATE C                                |  | OI PINLIVII                                    |  | ,                    | (               |               | RING THE YEAR                         | R 2022                                | NAIC Com   | pany Code 10                  | 316                |
|----------------|---|--|--|--|--|----------------------|-----------------|---------------|---------------------------------------|---------------------------------------|--|-------------------------------|--------------------|
|                |   | Gross Premit<br>Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to Policyholders | Direct Ungarred                        | 5 Direct Losses Paid | 6 Direct Losses | 7 Direct      | 8 Direct Defense and Cost Containment | 9 Direct Defense and Cost Containment | Direct Defense<br>and Cost<br>Containment<br>Expense | 11  Commissions and Brokerage | 12 Taxes, Licenses |
|                | Line of Business  | Written                                      | Earned   | on Direct Business                             |  | (deducting salvage)  |                 | Losses Unpaid | Expense Paid                          | Expense Incurred                      | Unpaid   | Expenses                      | and Fees           |
|                | Fire  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Allied Lines  | 0  | 0  |  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Federal Flood   | 0  | 0  |  | 0                                      | 0                    |                 | 0             |                                       | 0                                     | 0  | 0                             | 0                  |
|                | Private Crop  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Private Flood   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Farmowners Multiple Peril   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 4.<br>5.1      | Homeowners Multiple Peril   | 0  | 0  |  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Commercial Multiple Peril (Non-Liability Portion)   | 0  | 0  |  | 0                                      | 0                    |                 | 0             |                                       | 0                                     | 0  | 0                             | 0                  |
| 6.             | Mortgage Guaranty   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 8.             | Ocean Marine  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 9.             | Inland Marine   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Financial Guaranty  Medical Professional Liability - Occurrence                           | 0  | 0  | 0  | 0                                      | 0                    | ;               | u  0          | 0                                     | 0                                     | 0  | J                             | 0                  |
| 11.1           | Medical Professional Liability - Occurrence  Medical Professional Liability - Claims-Made | 0  | 0  |  | 0                                      | 0                    |                 | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Earthquake  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.1           | Comprehensive (hospital and medical) ind (b)  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.2           | Comprehensive (hospital and medical) group (b)  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 14.            | Credit A&H (Group and Individual)   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Dental Only (b)   | 0<br>N                                       | 0  |  | 0<br>N                                 |                      |                 | n             |                                       | 0<br>n                                | 0  |                               | 0                  |
|                | Disability Income (b)   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.4           | Medicare Supplement (b)   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Medicaid Title XIX (b)  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Medicare Title XVIII (b)  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Long-Term Care (b) Federal Employees Health Benefits Plan (b)                             |  |  | ٠١   | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ | 0                    |                 | 00            |                                       | 0                                     | 0  |                               | 0                  |
|                | Other Health (b)  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 16.            | Workers' Compensation   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 17.1           | Other Liability - Occurrence  | 0  | 0  | 0  | 0                                      | 0                    | 8,51            | 3 193,900     | 0                                     | (1,436)                               | 7,649  | 0                             | 0                  |
| 17.2           | Other Liability - Claims-Made   | 0  | 0  | 0  | 0                                      | 0                    |                 | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Excess Workers' Compensation  | 0  | 0  |  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Products Liability - Occurrence   | 0  | 0  |  | 0                                      | 0                    |                 | 0             |                                       | 0                                     | 0  | 0                             | 0                  |
| 19.1           | Private Passenger Auto No-Fault (Personal Injury Protection)                              | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19 2           | Other Private Passenger Auto Liability  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)                                     | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.4           | Other Commercial Auto Liability   | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 21.1           | Commercial Auto Physical Damage   | n  | n  | 0  |  |                      |                 | 0n            | n                                     | n                                     | n  |                               |                    |
|                | Aircraft (all perils)   | 0  | 0  | 0  | 0                                      | 0                    |                 | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 23.            | Fidelity  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 24.            | Surety  | 0  | 0  | 0  | 0                                      | 0                    | <u> </u>        | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 26.<br>27.     | Burglary and Theft  | 0  | 0  | 0  | 0                                      | 0                    |                 | u  0          | 0                                     | 0                                     | 0  | J                             | 0                  |
| 27.<br>28.     | Credit  |  | n  |  | 0                                      | n                    |                 | 0             | 0<br>n                                | n                                     | n  | n                             | 0                  |
| 29.            | International   | 0  | 0  | 0  | 0                                      | 0                    |                 | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 30.            | Warranty  | 0  | 0  | 0  | 0                                      | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 31.            | Reins nonproportional assumed property  | XXX  | XXX  | XXX  | XXX                                    | XXX                  | XXX             | XXX           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 32.<br>33.     | Reins nonproportional assumed liability   | XXXXXX                                       | XXXXXX   | XXX  | XXXXXX                                 | XXXXXX               | XXXXXX          | XXXXXX        | XXXXXX                                | XXX                                   | XXXXXX   | XXXXXX                        | XXXXXX             |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business   |  | n  | n  |  |                      | ^^^             | 00            |                                       | 0                                     |  |                               | 0                  |
| 35.            | Total (a)   | 0  | 0  | 0  | 0                                      | 0                    | 8,51            |               |                                       | (1,436)                               | 7,649  | 0                             | 0                  |
|                | DETAILS OF WRITE-INS  |  |  |  |  |                      |                 |               |                                       |                                       |  |                               |                    |
| 3401.          |   |  |  |  |  |                      | ·               |               |                                       |                                       |  |                               |                    |
| 3402.<br>3403. |   |  |  |  |  |                      | ·               |               |                                       |                                       |  | ····                          |                    |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page                             | n  | 0  | n  | 0                                      | 0                    |                 | 0             |                                       |                                       | 0  | 0                             | 0                  |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                                    | 0  | 0  | 0  | 0                                      | 0                    | (               | 0 0           | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                |   |  |  |  |  |                      |                 |               |                                       |                                       |  |                               |                    |



| NAIC Group Code 0065 BUS  | SINESS IN THE STATE O                       | OF Georgia  |   |                                     | LOUGLO                                 | `          |                                       | RING THE YEAR                           | R 2022                                      | NAIC Com                         | pany Code 10                             | 316                         |
|---|---|---|---|-------------------------------------|--|------------|---------------------------------------|---|---|----------------------------------|--|-----------------------------|
|   | Gross Premi<br>Policy and Me<br>Less Return | ums, Including<br>mbership Fees,<br>Premiums and<br>olicies not Taken | 3 Dividends Paid                                      | 4                                   | 5                                      | 6          | 7                                     | 8 Direct Defense                        | 9<br>Direct Defense                         | 10 Direct Defense and Cost       | 11                                       | 12                          |
| Line of Business  | Direct Premiums Written                     | 2<br>Direct Premiums<br>Earned  | or Credited to<br>Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) |            | Direct<br>Losses Unpaid               | and Cost<br>Containment<br>Expense Paid | and Cost<br>Containment<br>Expense Incurred | Containment<br>Expense<br>Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
| 1. Fire   | 0   | 0   | 0   |                                     | 0                                      |            | 0  0                                  | 0                                       | 0   | 0                                | 0  |                             |
| 2.1 Allied Lines  | o   |   | u   |                                     | n                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 2.3 Federal Flood   | 0   | 0   | 0   |                                     | 0                                      |            | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 2.4. Private Crop   | 0   | 0   | 0   |                                     | 0                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 2.5 Private Flood   |   | 0   | 0   |                                     | 0                                      | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| Farmowners Multiple Peril   |   | 0   | 0   |                                     | 00                                     | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 4. Homeowners Multiple Peril  |   | 0   | 0   |                                     | 0  0                                   |            | 0  0                                  | 0                                       | 0   | 0                                | 0  |                             |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)   |   | 0   | 0   |                                     | J                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| Commercial Multiple Peril (Liability Portion)     Mortgage Guaranty   |   |   | 0<br>n  |                                     | n                                      |            | n                                     |   |   | ٥                                | 0  |                             |
| 8. Ocean Marine   | 0   | 0   | 0   |                                     | 0                                      |            | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 9. Inland Marine  |   | 0   | 0   |                                     | 0                                      |            | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 10. Financial Guaranty  | 0   | 0   | 0   |                                     | 00                                     | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 11.1 Medical Professional Liability - Occurrence  | 0   | 0   | 0   |                                     | 0  0                                   | )          | 0  0                                  | 0                                       | 0   | 0                                | 0  | ļ                           |
| 11.2 Medical Professional Liability - Claims-Made   | 0   | 0   | 0   |                                     | 0  0                                   | )          | 0  0                                  | 0                                       | 0   | 0                                | 0  |                             |
| 12. Earthquake  |   | 0   | 0   | ļ                                   | J  0                                   |            | u  0                                  | ļ0                                      | 0   | ļ0                               | 0  | ·····                       |
| 13.1 Comprehensive (nospital and medical) ind (b)   |   | 0   | 0<br>n  |                                     | n  0                                   | ;  ;       | n  0                                  | u                                       |   | u                                |  | ļ                           |
| 14. Credit A&H (Group and Individual)   | n   | n   | n   |                                     | )  n                                   | j          | ōn                                    | n                                       | n   | n                                | n  |                             |
| 15.1 Vision Only (b)  |   | 0   | 0   |                                     | 0                                      | í          | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 15.2 Dental Only (b)  |   | 0   | 0   |                                     | 00                                     | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 15.3 Disability Income (b)  | 0   | 0   | 0   |                                     | 0                                      | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 15.4 Medicare Supplement (b)  |   | 0   | 0   |                                     | 00                                     | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 15.5 Medicaid Title XIX (b)   |   | 0   | 0   |                                     | 0  0                                   |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 15.6 Medicare Title XVIII (b)   |   | 0   | 0   |                                     | J                                      |            | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 15.7 Long-Term Care (b)   |   |   | u   |                                     | n                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 15.9 Other Health (b)   | 0   | 0   | 0   |                                     | 0                                      |            | 0                                     | 0                                       | 0   | 0                                | 0  |                             |
| 16. Workers' Compensation   | 0   | 0   | 0   |                                     | 00                                     |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 17.1 Other Liability - Occurrence   |   | 0   | 0   |                                     | 00                                     | )          | 04                                    | 0                                       | 0   | 0                                | 0  |                             |
| 17.2 Other Liability - Claims-Made  |   | 0   | 0   |                                     | 0                                      | )          | · · · · · · · · · · · · · · · · · · · |   | 0   | 0                                | 0  |                             |
| 17.3 Excess Workers' Compensation   |   | 0   | 0   |                                     | 0  0                                   | )          |                                       | 0                                       |   | 0                                | 0  |                             |
| 18.1 Products Liability - Occurrence  | 0   | 0   | 0   |                                     | 0  0                                   | (894,204   | 4)28,957,660                          | 5,352                                   | (254, 503)                                  | 5,728,348                        | 0  |                             |
| 18.2 Products Liability - Claims-Made   |   | 0   | 0   |                                     | J                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 19.1 Private Passenger Auto No-Fault (Personal Injury Protection)   | o   |   | 0<br>n  |                                     | )                                      |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| Other Private Passenger Auto Liability      Commercial Auto No-Fault (Personal Injury Protection)           | 0   | 0   | 0   |                                     | 0                                      | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 19.4 Other Commercial Auto Liability  | 0   | 0   | 0   |                                     | 00                                     |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 21.1 Private Passenger Auto Physical Damage   | 0   | 0   | 0   |                                     | 0                                      | )          | 0  0                                  | 0                                       | 0   | 0                                | 0  | ļ                           |
| 21.2 Commercial Auto Physical Damage  | 0   | 0   | 0   |                                     | 0  0                                   | )          | 0  0                                  | 0                                       | 0   | 0                                | 0  | ļ                           |
| 22. Aircraft (all perils)   | 0   | 0   | 0   |                                     | 0                                      |            | 0  0                                  | 0                                       | 0   | 0                                | 0  | ·····                       |
| 23. Fidelity  |   | 0   | 0   |                                     | J  0                                   | <u> </u>   | n  0                                  | 0                                       | 0   | 0                                | 0  | ·····                       |
| 24. Surety  | n   | n   | n   |                                     | n                                      | ; ا        | n                                     | n                                       | n   | n                                | n  | ļ                           |
| 27. Boiler and Machinery  | 0   | 0   | 0   |                                     | 0                                      |            | ō [                                   | 0                                       | 0   | 0                                | 0  |                             |
| 28. Credit  | 0   | 0   | 0   |                                     | 00                                     |            | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 29. International   | 0   | 0   | 0   |                                     | 0  0                                   | )          | 00                                    | 0                                       | 0   | 0                                | 0  |                             |
| 30. Warranty  | 0   | 0   | 0   |                                     | 0  0                                   | )          | 0  0                                  | 0                                       | 0   | 0                                | 0  |                             |
| <ol> <li>Reins nonproportional assumed property</li> <li>Reins nonproportional assumed liability</li> </ol> | XXX   | XXXXXX  | XXXXXX  | XXXXXX                              | XXXXXX                                 | xxx        | XXXXXX                                | XXXXXX                                  | XXXXXX                                      | XXXXXX                           | XXXXXX                                   | XXX                         |
| Reins nonproportional assumed liability   | XXXXXX                                      | XXX   | XXX   | xxx                                 | XXX                                    | XXXXXX     |                                       | XXXXXX                                  | XXXXX                                       | XXX                              | XXX                                      | XXXXXX                      |
| 34. Aggregate Write-Ins for Other Lines of Business   | 0   | 0   | 0   |                                     | 0                                      | )          |                                       | 0                                       |   |                                  |  |                             |
| 35. Total (a)   | 0   | 0   | 0   | (                                   | 0                                      | (894,204   |                                       | 5,352                                   | (254,503)                                   | 5,728,348                        |  |                             |
| DETAILS OF WRITE-INS  |   |   |   |                                     |  | . ,        |                                       |   |   |                                  |  |                             |
| 401   |   |   |   |                                     |  |            |                                       |   |   |                                  |  | ļ                           |
| 402   |   |   |   |                                     |  |            |                                       |   |   |                                  |  | ·····                       |
| 403   |   |   |   |                                     | · · · · · · · · · · · · · · · · · · ·  |            |                                       |   |   |                                  | n  | ·····                       |
| 499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   | n   | 0   | 0   |                                     | n                                      | ; [······  | 0                                     | 0                                       | 0   | n                                | n  | ļ                           |
| Totals (Lines of think of the office of above)  | U   | 1 0   | U   | 1                                   | J 0                                    | <i>,</i> 1 | ·                                     | U                                       | 1 0   | U                                |  | 1                           |



|                    | NAIC Group Code 0065 BUSINESS II                              | N THE STATE C                                     |                                  |                                     |                                     | LOSSES (                               | <b>,</b>                  |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                                    |
|--------------------|---|---|----------------------------------|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---|
|                    |   | Policy and Mer<br>Less Return I<br>Premiums on Po | Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                      |
|                    | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned        | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
|                    | Fire  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Allied Lines  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | • |
|                    | Federal Flood   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Private Crop  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Private Flood   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Farmowners Multiple Peril                                     |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 4.                 | Homeowners Multiple Peril                                     |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Commercial Multiple Peril (Non-Liability Portion)             |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 5.2<br>6.          | Commercial Multiple Peril (Liability Portion)                 |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 8.                 | Ocean Marine  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 9.                 | Inland Marine   | •   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 10.                | Financial Guaranty  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Medical Professional Liability - Occurrence                   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Medical Professional Liability - Claims-Made                  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 12.                | Earthquake  | ·····   | ·····                            |                                     | ·····                               |  |                           |                         |                             |                                 |  |                           |   |
|                    | Comprehensive (hospital and medical) ind (b)                  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Credit A&H (Group and Individual)                             |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Vision Only (b)   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Dental Only (b)   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 15.3               | Disability Income (b)   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Medicare Supplement (b)                                       |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Medicaid Title XIX (b)  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Medicare Title XVIII (b)                                      |   |                                  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |   |
|                    | Long-Term Care (b) Federal Employees Health Benefits Plan (b) |   |                                  |                                     |                                     | <b>\</b>                               |                           |                         |                             |                                 |  |                           |   |
| 15.0               | Other Health (b)  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 16.                | Workers' Compensation   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 17.1               | Other Liability - Occurrence                                  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Other Liability - Claims-Made                                 |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Excess Workers' Compensation                                  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Products Liability - Occurrence                               |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Products Liability - Claims-Made                              |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | 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                        |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Commercial Auto Physical Damage                               |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 22.                | Aircraft (all perils)   |   | ·····                            |                                     | ·····                               |  |                           |                         |                             |                                 |  |                           |   |
|                    | Fidelity  |   | l                                |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Burglary and Theft  | l   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | Boiler and Machinery  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 28.                | Credit  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 29.                | International   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 30.                | Warranty  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 31.                | Reins nonproportional assumed property                        | XXXXXX  | XXXXXX                           | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                    | XXXXXX                    | XXXXXX                                  |
| 32.<br>33.         | Reins nonproportional assumed liability                       | XXX   | XXXXXX                           | XXXXXX                              | XXX                                 | XXX                                    | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXX                       | XXX                                     |
| 33.<br>34.         | Aggregate Write-Ins for Other Lines of Business               |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 35.                | Total (a)   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                    | DETAILS OF WRITE-INS  |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3401.              |   |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3402.              |   |   | ļ                                |                                     |                                     | -                                      |                           |                         |                             |                                 |  |                           |   |
| 3403.<br>3498.     | Summary of remaining write-ins for Line 34 from overflow page |   |                                  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3498.<br>3499.     | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   | l                                |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| J <del>4</del> 33. | rotato (Enico oto i tilia otoo piao otoo)(Enic ot above)      | 1   | 1                                | 1                                   | l                                   | 1                                      |                           | ı                       | 1                           | l                               |  | I .                       | l .                                     |



|                | NAIC Group Code 0065 BUSINESS IN  | NTHE STATE O  | F Idaho  |                                     |                                     |  |                           | DUF                                    | RING THE YEAR               | 2022                            | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|--|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ims, Including mbership Fees, Premiums and blicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                                      | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid                | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |                                     | -                                      |                           |  |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Federal Flood   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril  Commercial Multiple Peril (Non-Liability Portion)          |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)                                     |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Financial Guaranty  Medical Professional Liability - Occurrence                       |   |  |                                     |                                     |  |                           | ·····                                  |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)  |   |  |                                     |                                     |  |                           | ·····                                  |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |                                     |                                     | ·····                                  |                           |  |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)  |   |  |                                     |                                     | <i>Y</i>                               |                           |  |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)                          |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           | ļ                                      |                             |                                 |  |                           |                             |
|                | Fidelity  |   |  |                                     |                                     |  |                           | ·····                                  |                             | •                               |  |                           |                             |
|                | Surety  | •••••   |  |                                     |                                     |  |                           |  |                             | •••••                           |  |                           |                             |
|                | Boiler and Machinery  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 28.            | Credit  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     |                                     |  |                           | ļ                                      |                             |                                 |  |                           |                             |
| 30.            | Warranty  | vvv   |  |                                     | vvv                                 |  |                           | ······································ |                             | vvv                             | vvv                                    | vvv                       | vvv                         |
| 31.<br>32.     | Reins nonproportional assumed property  | XXX   | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                                 | XXXXXX                      | XXX                             | XXX                                    | XXXXXX                    | XXXXXX                      |
| 33.            | Reins nonproportional assumed financial lines   | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                    | XXX                         | XXX                             | XXX                                    | xxx                       |                             |
| 34.            | Aggregate Write-Ins for Other Lines of Business                                       |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 35.            | Total (a)   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 0.40:          | DETAILS OF WRITE-INS  |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 3401.<br>3402. |   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 3402.<br>3403. |   |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page                         |   |  |                                     |                                     |  |                           |  |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                                |   | I  | [                                   | l                                   |  |                           | I                                      | I                           |                                 |  |                           | 1                           |



|              | NAIC Group Code 0065 BUSINESS IN                                  | N THE STATE C                                |  |  |                  | LUSSES               | , <b>,</b>      |               | RING THE YEAR                         | R 2022                                | NAIC Com                                       | pany Code 10                  | 316                |
|--------------|---|--|--|--|------------------|----------------------|-----------------|---------------|---------------------------------------|---------------------------------------|--|-------------------------------|--------------------|
|              |   | Gross Premiu<br>Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to Policyholders | 4                | 5 Direct Losses Paid | 6 Direct Losses | 7 Direct      | 8 Direct Defense and Cost Containment | 9 Direct Defense and Cost Containment | 10 Direct Defense and Cost Containment Expense | 11  Commissions and Brokerage | 12 Taxes, Licenses |
|              | Line of Business  | Written                                      | Earned   | on Direct Business                             | Premium Reserves | (deducting salvage)  |                 | Losses Unpaid | Expense Paid                          | Expense Incurred                      | Unpaid   | Expenses                      | and Fees           |
|              | Fire  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Allied Lines  |  | o  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0<br>n                        | 0                  |
|              | Federal Flood   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Private Crop  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Private Flood   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 3.<br>4.     | Farmowners Multiple Peril   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Commercial Multiple Peril (Non-Liability Portion)                 | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Commercial Multiple Peril (Liability Portion)                     | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 6.           | Mortgage Guaranty   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 8.<br>9.     | Ocean Marine Inland Marine  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Financial Guaranty  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 11.1         | Medical Professional Liability - Occurrence                       | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Medical Professional Liability - Claims-Made                      | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 12.          | Earthquake  Comprehensive (hospital and medical) ind (b)          | 0  | 0  | 0  | J0               | 0                    |                 | u  0          | 0                                     | 0                                     | ļ0   | 0                             | 0                  |
|              | Comprehensive (hospital and medical) find (b)                     | 0  | 0  | 0  |                  | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 14.          | Credit A&H (Group and Individual)                                 | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.1         | Vision Only (b)   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Dental Only (b)   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.3<br>15.4 | Disability Income (b)   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Medicaid Title XIX (b)  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.6         | Medicare Title XVIII (b)  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Long-Term Care (b)  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Federal Employees Health Benefits Plan (b) Other Health (b)       | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Workers' Compensation   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 17.1         | Other Liability - Occurrence                                      | 0  | 0  | 0  | 0                | 0                    | 1               | 9430          | 22,831                                | 22,827                                | 17   | 0                             | 0                  |
| 17.2         | Other Liability - Claims-Made                                     | 0  | 0  | 0  | 0                | 0                    |                 | 00            |                                       | 0                                     | 0  | 0                             | 0                  |
|              | Excess Workers' Compensation                                      | 0  | 0  | 0  | 0                | 0                    | (1              | 0             |                                       | 0                                     | 0  | 0                             | 0                  |
|              | Products Liability - Occurrence  Products Liability - Claims-Made | 0  | 0  | 0  | 0                | 0                    | (1              | 00            |                                       | 0                                     | 0  | 0                             | 0                  |
| 19.1         | Private Passenger Auto No-Fault (Personal Injury Protection)      | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19 2         | Other Private Passenger Auto Liability                            | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.3         | Commercial Auto No-Fault (Personal Injury Protection)             | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.4<br>21.1 | Other Commercial Auto Liability                                   |  | o  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0<br>n                        | 0                  |
| 21.2         | Commercial Auto Physical Damage                                   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Aircraft (all perils)   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|              | Fidelity  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 24.<br>26.   | Surety Burglary and Theft   |  |  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 20.<br>27.   |   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 28.          | Credit  | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 29.          | International   | 0  | 0  | 0  | 0                | 0                    |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 30.<br>31.   | Warranty Reins nonproportional assumed property                   | 0  | 0<br>XXX   | 0  | 0                | 0                    | XXX             | 00            | 0<br>XXX0                             | 0                                     | 0  | 0                             | 0                  |
| 31.<br>32.   | Reins nonproportional assumed liability                           | XXX  | XXX  | XXX  | XXX              | XXX                  | XXX             |               | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 33.          | Reins nonproportional assumed financial lines                     | XXX  | XXX  | XXX  | XXX              | XXX                  | XXX             | XXX           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 34.          | Aggregate Write-Ins for Other Lines of Business                   | 0  | 0  | 0  | 0                | 0                    |                 | 00            |                                       | 0                                     | 0  | 0                             | 0                  |
| 35.          | Total (a)  DETAILS OF WRITE-INS                                   | 0  | 0  | 0  | 0                | 0                    |                 | 8 790         | 22,831                                | 22,824                                | 88   | 0                             | 0                  |
| 3401.        | DETAILS OF WRITE-INS  |  |  |  | 1                |                      |                 |               |                                       |                                       |  |                               |                    |
| 3401.        |   |  |  |  |                  |                      |                 |               |                                       |                                       |  |                               |                    |
| 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 thru 3403 plus 3498)(Line 34 above)            | 1 0  | 1 0  | 0  | 1 0              | 0                    | 1               | 0 0           | 0                                     | 0                                     | 0  | 0                             | 1 0                |



|            | NAIC Group Code 0065 BUSINESS IN                              | N THE STATE O   |  |                                     | <del>-</del>                        | LUSSES (                               |                           |                                       | RING THE YEAR               | 2022                            | NAIC Com                               | pany Code 10              | 316                         |
|------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|---------------------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|            |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                                     | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|            | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid               | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Allied Lines  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Federal Flood   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Private Crop  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Private Flood   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Farmowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 4.         | Homeowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Commercial Multiple Peril (Non-Liability Portion)             |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 5.2<br>6.  | Commercial Multiple Peril (Liability Portion)                 |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 8.         | Ocean Marine  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 9.         | Inland Marine   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 10.        | Financial Guaranty  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Medical Professional Liability - Occurrence                   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Medical Professional Liability - Claims-Made                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 12.        | Earthquake  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Comprehensive (hospital and medical) ind (b)                  |   |  |                                     |                                     | ·                                      |                           | l                                     |                             |                                 |  |                           |                             |
|            | Credit A&H (Group and Individual)                             |   |  |                                     |                                     |  |                           |                                       |                             |                                 | •••••                                  |                           |                             |
|            | Vision Only (b)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 15.2       | Dental Only (b)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Disability Income (b)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Medicare Supplement (b)                                       |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Medicare Title XVIII (b)<br>Long-Term Care (b)                |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Federal Employees Health Benefits Plan (b)                    |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 15.9       | Other Health (b)  |   |  |                                     |                                     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                           |                                       |                             |                                 |  |                           |                             |
| 16.        | Workers' Compensation   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Other Liability - Occurrence                                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Other Liability - Claims-Made                                 |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Excess Workers' Compensation                                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Products Liability - Occurrence                               |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | 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                        |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           | · · · · · · · · · · · · · · · · · · · |                             |                                 |  |                           |                             |
| 23.        | Fidelity  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 24.        | Surety  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Burglary and Theft  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|            | Boiler and Machinery  |   |  |                                     |                                     |  |                           | ·····                                 |                             |                                 |  |                           |                             |
| 28.<br>29. | Credit  |   |  |                                     |                                     |  |                           | ·····                                 |                             |                                 |  |                           |                             |
| 29.<br>30. | Warranty  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 31.        | · · · · ·   | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|            | Reins nonproportional assumed liability                       | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.        | Reins nonproportional assumed financial lines                 | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.        | Aggregate Write-Ins for Other Lines of Business               |   |  |                                     |                                     |  |                           | ·····                                 |                             |                                 |  |                           |                             |
| 35.        | Total (a) DETAILS OF WRITE-INS                                |   |  |                                     |                                     |  |                           | 1                                     |                             |                                 |  |                           |                             |
| 3401.      | DETAILS OF WRITE-INS  |   |  |                                     |                                     |  |                           | 1                                     |                             |                                 |  |                           |                             |
| 3401.      |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3403.      |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3499.      | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   |  |                                     |                                     |  |                           | ]                                     |                             |                                 |  |                           |                             |
|            |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE C                                     |  |                                     | <del>-</del>                        | LOSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                                    |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---|
|                |  | Policy and Mer<br>Less Return I<br>Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken | 3 Dividends Paid or Credited to     | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                      |
|                | Line of Business   | Direct Premiums<br>Written                        | Direct Premiums<br>Earned                                    | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
|                | Fire   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | • |
| 8.             | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 10.            | Financial Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Medical Professional Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Medical Professional Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 12.            | Earthquake   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Comprehensive (hospital and medical) ind (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 15.3           | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicare Supplement (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicare Title XVIII (b)<br>Long-Term Care (b)   |   |  |                                     |                                     | ·····                                  | •••••                     |                         |                             |                                 |  |                           |   |
|                | Federal Employees Health Benefits Plan (b)   |   |  |                                     |                                     | <b></b>                                |                           |                         |                             |                                 |  |                           |   |
| 15.6           | Other Health (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 16.            | Workers' Compensation  |   |  |                                     |                                     | A V                                    |                           |                         |                             |                                 |  |                           |   |
| 17.1           | Other Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Other Liability - Claims-Made  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Products Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Products Liability - Claims-Made<br>Private Passenger Auto No-Fault (Personal Injury Protection) |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | • |
|                | 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   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Commercial Auto Physical Damage  |   | ·····  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 22.            | Aircraft (all perils)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Surety   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Burglary and Theft   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | Boiler and Machinery   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 28.            | Credit   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 31.<br>32.     | Reins nonproportional assumed property   | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                    | XXXXXX                    | XXXXXX                                  |
| 32.<br>33.     | Reins nonproportional assumed financial lines  | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXXXXX                  | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                     |
| 34.            | Aggregate Write-Ins for Other Lines of Business  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 35.            | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|                | DETAILS OF WRITE-INS   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3402.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3403.          | Summary of remaining write-ins for Line 34 from overflow page                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3498.<br>3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   |   | ·····  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 3499.          | rotais (Lines 3401 tillu 3403 pius 3490)(Line 34 above)  | l   | 1  | 1                                   | l                                   |  |                           | l                       | 1                           | l                               |  | 1                         |   |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE C   |  |  | = J <del>-</del>                    | LOSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|--|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu Policy and Me Less Return Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to       | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written                            | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business    | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 2.4            | Private Crop   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.<br>5.1      | Homeowners Multiple Peril  Commercial Multiple Peril (Non-Liability Portion) |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Elability Portion)                            |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty  Medical Professional Liability - Occurrence              | ·   | ·····  |  |                                     |  |                           |                         |                             | ·····                           |  |                           |                             |
|                | Medical Professional Liability - Occurrence                                  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Earthquake   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)                                 |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)                               |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  | •               |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4           | Medicare Supplement (b)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b) Federal Employees Health Benefits Plan (b)                |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.0           | Other Health (b)   |   |  | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                                     | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 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           | Commercial Auto Physical Damage  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Aircraft (all perils)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 23.            | Fidelity   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety   |   | ·····  |  |                                     |  |                           |                         |                             | ļ                               |  |                           |                             |
|                | Burglary and Theft   | <b>†</b>  |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 27.<br>28.     | Credit   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   | <b></b>   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |  | XXX   | XXX  | XXX                                    | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.<br>33.     | Reins nonproportional assumed liability                                      | XXXXXX  | XXXXXX   | XXXXXX                                 | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXXXXX                                 | XXXXXX                    | XXXXXX                      |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business                              | ^^^   |  |  | ······                              |  |                           | ^^^                     |                             |                                 |  | ······                    |                             |
| 35.            | Total (a)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |  |   | ļ  |  |                                     |  |                           | <b></b>                 |                             |                                 |  |                           |                             |
| 3402.          |  | · · · · · · · · · · · · · · · · · · ·                 | ·····  |  |                                     |  |                           |                         |                             | ·····                           |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page                |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                       |   |  |  |                                     |  |                           |                         |                             |                                 | •••••                                  |                           |                             |
|                | ,  |   |  |  | •                                   |  |                           |                         |                             |                                 |  | •                         |                             |



|               | NAIC Group Code 0065 BUSINESS IN  | N THE STATE C              | F Kentuckv                     |                                       |  | •                                      | otatato. y                |                         | RING THE YEAR               | R 2022                          | NAIC Com                                  | pany Code 10              | )316                     |
|---------------|---|----------------------------|--------------------------------|---------------------------------------|--|--|---------------------------|-------------------------|-----------------------------|---------------------------------|---|---------------------------|--------------------------|
|               |   |                            | ıms, Including                 | 3                                     | 4  | 5                                      | 6                         | 7                       | 8                           | 9                               | 10  | 11                        | 12                       |
|               |   | Less Return I              | Premiums and plicies not Taken | Dividends Paid or Credited to         |  |  |                           |                         | Direct Defense<br>and Cost  | Direct Defense<br>and Cost      | Direct Defense<br>and Cost<br>Containment | Commissions               |                          |
|               | Line of Business  | Direct Premiums<br>Written | Direct Premiums<br>Earned      | Policyholders<br>on Direct Business   |  | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                         | and Brokerage<br>Expenses | Taxes, Licenses and Fees |
|               | FireAllied Lines  |                            |                                |                                       | · ····   |  |                           |                         |                             |                                 |   |                           |                          |
|               | Multiple Peril Crop   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Federal Flood   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Private Crop  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Private Flood   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Farmowners Multiple Peril   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Commercial Multiple Peril (Non-Liability Portion)                                     |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Commercial Multiple Peril (Liability Portion)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Mortgage Guaranty   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 8.            | Ocean Marine  |                            |                                |                                       | · ····   |  |                           |                         |                             |                                 |   |                           |                          |
| 9.<br>10      | Inland MarineFinancial Guaranty   |                            |                                |                                       | ·  | ·                                      |                           |                         |                             |                                 |   |                           | ·····                    |
| 11.1          | Medical Professional Liability - Occurrence   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 11.2          | Medical Professional Liability - Claims-Made  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 12.           | Earthquake  |                            |                                |                                       | .  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Comprehensive (hospital and medical) ind (b)  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 13.2          | Comprehensive (hospital and medical) group (b)  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Vision Only (b)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Dental Only (b)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 15.3          | Disability Income (b)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Medicare Supplement (b)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Medicaid Title XIX (b)  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 15.6          | Medicare Title XVIII (b)<br>Long-Term Care (b)  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Federal Employees Health Benefits Plan (b)  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Other Health (b)  |                            |                                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                           |                         |                             |                                 |   |                           |                          |
| 16.           | Workers' Compensation   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Other Liability - Occurrence  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 17.2          | Other Liability - Claims-Made   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Products Liability - Occurrence   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 18.2          | Products Liability - Claims-Made  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 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) Other Commercial Auto Liability |                            |                                |                                       | ·  | ·                                      |                           |                         |                             |                                 |   | ·····                     | ·                        |
| 19.4<br>21.1  | Other Commercial Auto Liability   |                            |                                |                                       | ·  | ·                                      |                           |                         |                             |                                 | •••••                                     | l                         | İ                        |
| 21.2          | Commercial Auto Physical Damage   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 22.           | Aircraft (all perils)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | Fidelity  |                            |                                |                                       |  | .                                      |                           |                         |                             |                                 |   |                           | ļ                        |
| 24.           | Surety Burglary and Theft   |                            |                                |                                       | ·  | ·                                      |                           |                         |                             |                                 |   | ·····                     | ·                        |
| 26.<br>27.    | Burglary and Theft  |                            |                                |                                       | ·  |  |                           |                         |                             |                                 |   |                           | ·····                    |
| 28.           | Credit  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 29.           | International   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 30.           | Warranty  |                            |                                |                                       | .  |  |                           |                         |                             |                                 |   |                           | ļ                        |
| 31.           | Reins nonproportional assumed property  | XXX                        | XXX                            | XXX                                   | XXX  | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                      |
| 32.<br>33.    | Reins nonproportional assumed liability   | XXXXXX                     | XXXXXX                         | XXXXXX                                | XXXXXX   | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                       | XXXXXX                    | XXXXXX                   |
| 33.<br>34.    | Aggregate Write-Ins for Other Lines of Business                                       |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
| 35.           | Total (a)   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | DETAILS OF WRITE-INS  |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               |   |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           | ļ                        |
| 3402.         |   |                            |                                |                                       | · <del> </del> · · · · · · · · · · · · · · · · · · · | ·                                      |                           |                         |                             |                                 |   |                           | ····                     |
| 3403.<br>3498 | Summary of remaining write-ins for Line 34 from overflow page                         |                            |                                |                                       | · [  |  |                           |                         |                             |                                 |   |                           | İ                        |
|               | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                                |                            |                                |                                       |  |  |                           |                         |                             |                                 |   |                           |                          |
|               | ice and service charges not included in Lines 1 to 35 \$                              |                            |                                | 1                                     | 1  |  |                           | 1                       | 1                           |                                 | 1   |                           |                          |

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



|                    | NAIC Group Code 0065 BUSINESS IN  | N THE STATE C                                |  |  |                   | LUSSES                | ( = xeecee 2 3 1 <b>y</b> |               | RING THE YEAR                         | R 2022                                | NAIC Com                                       | pany Code 10                  | 316                |
|--------------------|---|--|--|--|-------------------|-----------------------|---------------------------|---------------|---------------------------------------|---------------------------------------|--|-------------------------------|--------------------|
|                    |   | Gross Premiu<br>Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to Policyholders | 4 Direct Unearned | 5  Direct Losses Paid | 6 Direct Losses           | 7<br>Direct   | 8 Direct Defense and Cost Containment | 9 Direct Defense and Cost Containment | 10 Direct Defense and Cost Containment Expense | 11  Commissions and Brokerage | 12 Taxes, Licenses |
|                    | Line of Business  | Written                                      | Earned   | on Direct Business                             |                   | (deducting salvage)   |                           | Losses Unpaid | Expense Paid                          | Expense Incurred                      | Unpaid   | Expenses                      | and Fees           |
|                    | Fire  | 0  | 0  | 0  | 0                 | 0                     |                           | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Allied Lines  |  |  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Federal Flood   |  | 0  | 0  | 0                 | 0                     |                           | 0             |                                       | 0                                     | 0  | 0                             | 0                  |
|                    | Private Crop  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Private Flood   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Farmowners Multiple Peril   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 4.<br>5.1          | Homeowners Multiple Peril   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Commercial Multiple Peril (Nort-Liability Portion)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 6.                 | Mortgage Guaranty   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 8.                 | Ocean Marine  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 9.                 | Inland Marine   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Financial Guaranty  Medical Professional Liability - Occurrence   |  |  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  |                               |                    |
| 11.2               | Medical Professional Liability - Claims-Made  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 12.                | Earthquake  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.1               | Comprehensive (hospital and medical) ind (b)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.2               | Comprehensive (hospital and medical) group (b)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Vision Only (b)   | 0  |  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Dental Only (b)   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.3               | Disability Income (b)   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Medicare Supplement (b)   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Medicaid Title XIX (b)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Long-Term Care (b)  | 0  | 0  | 0  |                   | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Federal Employees Health Benefits Plan (b)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Other Health (b)  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Workers' Compensation   | 0  | 0  | 0  | 0                 | 0                     |                           | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 17.1               | Other Liability - Occurrence  | 0  | 0  | 0  | 0                 | 0                     |                           | /  159        | 0                                     | (1)                                   | 6  | 0                             | 0                  |
| 17.2               | Excess Workers' Compensation  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 18.1               | Products Liability - Occurrence   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 18.2               | Products Liability - Claims-Made  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.1               | Private Passenger Auto No-Fault (Personal Injury Protection)  | 0  | 0  | 0  | 0                 | 0                     |                           | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.2               | Commercial Auto No-Fault (Personal Injury Protection)   | n  |  | 0  |                   | 0                     |                           | 0             |                                       | 0                                     | 0  |                               |                    |
| 194                | Other Commercial Auto Liability   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 21.1               | Private Passenger Auto Physical Damage  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Commercial Auto Physical Damage   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                    | Aircraft (all perils)   | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 24.                | Surety  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 26.                | Burglary and Theft  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 27.                | Boiler and Machinery  | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 28.<br>29.         | Credit  | 0  | ō  | 0  | 0                 | 0                     | !                         | 0  0          | 0                                     | 0                                     | ļ0   | 0                             | J                  |
| 29.<br>30.         | Warranty  |  | n  | U  | 0                 | 0                     |                           | 0n            | 0<br>n                                | n                                     |  | 0<br>n                        | n                  |
| 31.                | Reins nonproportional assumed property  | XXX  | XXX  | XXX  | XXX               | XXX                   | XXX                       | XXX           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 32.                | Reins nonproportional assumed liability   | XXX  | XXX  | XXX  | XXX               | XXX                   | XXX                       | XXX           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 33.                | Reins nonproportional assumed financial lines   | XXX  | XXX  | XXX  | XXX               | XXX                   | XXX                       | xxx           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 34.<br>35.         | Aggregate Write-Ins for Other Lines of Business   | J0   | 0  | 0  | 0                 | 0                     |                           | 0 0<br>7 159  | 0                                     | 0                                     | 0  | J0                            | J0                 |
| JJ.                | DETAILS OF WRITE-INS  | 0  | -  | 0  | 0                 | 0                     | 1                         | 139           | 0                                     | (1)                                   | 0  | 1                             | 0                  |
| 3401.              | DETAILS OF WAITE ING  |  |  |  |                   |                       | .                         |               |                                       |                                       |  |                               |                    |
| 3402.              |   |  |  |  |                   |                       | .                         |               |                                       |                                       |  |                               |                    |
| 3403.              | Common of remaining units in a feet line 24 from everylay   |  |  |  |                   |                       | ·                         |               |                                       |                                       |  |                               |                    |
| 3498.<br>3499.     | Summary of remaining write-ins for Line 34 from overflow page  Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | 0  | 0  | 0  | 0                 | 0                     |                           | 00            | 0                                     | 0                                     | J0   | U                             | 0<br>n             |
| J <del>4</del> 33. | rotals (Lines 540) tilla 5405 bias 5430/(Line 54 above)   |  | U  | U  | 1 0               | 0                     | 1                         | 0             | U                                     | L U                                   | U  |                               | U                  |



|                    | NAIC Group Code 0065 BUSINESS II  | N THE STATE O                   |  |                                     |                                     |  |                           | DUF                     | RING THE YEAR               | R 2022                          |  | pany Code 10              | 0316                        |
|--------------------|---|---------------------------------|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                    |   | Policy and Mer<br>Less Return F | ums, Including mbership Fees, Premiums and blicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                    | Line of Business  | Direct Premiums<br>Written      | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                    | Fire  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Allied Lines  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Federal Flood   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Private Crop  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Private Flood   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Farmowners Multiple Peril   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Homeowners Multiple Peril   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.1                | Commercial Multiple Peril (Non-Liability Portion)                                     |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.          | Commercial Multiple Peril (Liability Portion)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.                 | Ocean Marine  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.                 | Inland Marine   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Financial Guaranty  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 11.1               | Medical Professional Liability - Occurrence   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Medical Professional Liability - Claims-Made  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 12.                | Earthquake  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Comprehensive (hospital and medical) ind (b)  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2               | Credit A&H (Group and Individual)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Vision Only (b)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.2               | Dental Only (b)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3               | Disability Income (b)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4               | Medicare Supplement (b)   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Medicaid Title XIX (b)  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Medicare Title XVIII (b)  |                                 |  | ·                                   |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Long-Term Care (b)  |                                 |  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |                             |
|                    | Other Health (b)  |                                 |  |                                     |                                     | · · · · · · · · · · · · · · · · · · ·  |                           |                         |                             |                                 |  |                           |                             |
|                    | Workers' Compensation   |                                 |  |                                     |                                     | <b>A V III</b>                         |                           |                         |                             |                                 |  |                           |                             |
|                    | Other Liability - Occurrence  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Other Liability - Claims-Made   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Excess Workers' Compensation  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.1               | Products Liability - Occurrence   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.2               | Products Liability - Claims-Made  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.2               | 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   |                                 |  |                                     | ļ                                   |  |                           |                         |                             |                                 |  |                           | ļ                           |
|                    | Aircraft (all perils)   | ·                               |  |                                     | ·····                               | ·                                      |                           |                         |                             |                                 |  |                           | ·····                       |
|                    | Fidelity  |                                 |  |                                     | l                                   |  |                           |                         |                             |                                 |  |                           | l                           |
| 24.<br>26.         | Burglary and Theft  |                                 |  |                                     | ·                                   |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 27.                | Boiler and Machinery  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.                | Credit  |                                 |  |                                     |                                     | .                                      |                           |                         |                             |                                 |  |                           | ļ                           |
| 29.                | International   |                                 |  |                                     |                                     | .                                      |                           |                         |                             |                                 |  |                           |                             |
|                    | Warranty  |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.                | Reins nonproportional assumed property  | XXX                             | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.<br>33.         | Reins nonproportional assumed liability Reins nonproportional assumed financial lines | XXXXXX                          | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXXXXX                                 | XXXXXX                    | XXX                         |
| აა.<br>34.         | Aggregate Write-Ins for Other Lines of Business                                       |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                    | Total (a)   |                                 |  |                                     | [                                   |  |                           |                         |                             |                                 |  |                           | [                           |
|                    | DETAILS OF WRITE-INS  |                                 |  |                                     | İ                                   |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.              |   |                                 |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 3402.              |   |                                 |  |                                     |                                     | .   -                                  |                           |                         |                             |                                 |  |                           | ļ                           |
| 3403.<br>3498.     | Cumpour of remaining units ine fact in 204 from a confirmation                        | ·                               |  |                                     | ·····                               |  |                           | ·····                   |                             |                                 |  | ·····                     | ·····                       |
|                    | Summary of remaining write-ins for Line 34 from overflow page                         |                                 |  |                                     | ·····                               | ·                                      |                           |                         |                             |                                 |  |                           | ·····                       |
| r <del>+</del> 55. | rotais (Lines 340 i tiliu 3403 pius 3430)(Line 34 above)                              | 1                               | 1  | İI                                  | 1                                   | 1                                      |                           | 1                       | l .                         | 1                               |  | 1                         | 1                           |



|            | NAIC Group Code 0065 BUSINESS I   | N THE STATE C                                | F Maryland   |                                     |                                     | ·                                      | _                         | - ĎUI                   | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 316                         |
|------------|---|--|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|            | ·   | Gross Premit<br>Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and blicies not Taken | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|            | Line of Business  | Direct Premiums<br>Written                   | Direct Premiums<br>Earned                                    | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Allied Lines  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Federal Flood   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Private Crop  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Private Flood   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3.<br>4.   | Farmowners 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  |  |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           | ·····                       |
|            | Medical Professional Liability - Occurrence  Medical Professional Liability - Claims-Made |  |  |                                     |                                     |  |                           | l                       |                             |                                 |  |                           | l                           |
|            | Earthquake  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1       | Comprehensive (hospital and medical) ind (b)  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2       | Comprehensive (hospital and medical) group (b)  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Credit A&H (Group and Individual)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.1       | Vision Only (b)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Dental Only (b)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3       | Disability Income (b)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4       | Medicaré Supplement (b)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medicare Title XVIII (b)  |  |  |                                     |                                     |  | <u></u>                   |                         |                             |                                 |  |                           |                             |
|            | Long-Term Care (b)  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Federal Employees Health Benefits Plan (b)  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9       | Other Health (b)  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Workers' Compensation   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Occurrence  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Claims-Made<br>Excess Workers' Compensation                             |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Products Liability - Occurrence   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.1       | Products Liability - Occurrence  Products Liability - Claims-Made                         |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2       | Private Passenger Auto No-Fault (Personal Injury Protection)                              | •  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.2       | Other Private Passenger Auto Liability  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3       | Commercial Auto No-Fault (Personal Injury Protection)                                     |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.4       | Other Commercial Auto Liability   |  |  |                                     |                                     | .   -                                  |                           |                         |                             |                                 |  |                           | ļ                           |
| 21.1       | Private Passenger Auto Physical Damage  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2       | Commercial Auto Physical Damage   |  |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           | ·····                       |
|            | Aircraft (all perils)   | •  |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           | ·····                       |
| 23.<br>24. |   |  |  |                                     |                                     |  |                           | ·                       |                             |                                 |  |                           | ļ                           |
| 26.        | Burglary and Theft  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 27.        | Boiler and Machinery  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.        | Credit  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.        | International   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 30.        | Warranty  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.        | Reins nonproportional assumed property  | XXX  | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.<br>33. | Reins nonproportional assumed liability Reins nonproportional assumed financial lines     | XXXXXX                                       | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXXXXX                    | XXX                         |
| 33.<br>34. | Aggregate Write-Ins for Other Lines of Business   |  |  |                                     |                                     |  | ^^^                       |                         |                             |                                 |  | ^^                        | ·······                     |
| 35.        | Total (a)   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | DETAILS OF WRITE-INS  |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.      |   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 3402.      |   |  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 3403.      |   |  |  |                                     |                                     |  |                           | ļ                       |                             |                                 |  |                           | ļ                           |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page                             |  |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           | ·····                       |
| 3499.      | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                                    |  |  | 1                                   |                                     |  |                           | I                       | 1                           |                                 |  | I                         | I                           |



| N/                                       | AIC Group Code 0065 BUSINESS IN  | N THE STATE O                                   | F Massachuse           |                                     |                                     | LOGGLO                                 |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 316                                     |
|--|--|---|------------------------|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---|
|  |  | Gross Premit<br>Policy and Mer<br>Less Return F | ıms, Including         | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                      |
|  | Line of Business   | Direct Premiums<br>Written                      | Direct Premiums Earned | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
|  | 112  | 0   | 0                      | 0                                   | 0                                   | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 2.1 Allied                               | d Lines  |   | 0                      | ٠٠                                  |                                     | 0                                      |                           | 0                       |                             | 0                               | ٠٠                                     | u                         |   |
|  | eral Flood   |   | 0                      | ٠١                                  |                                     | 0                                      |                           | n                       | n                           | 0                               | ٠١                                     | n                         |   |
|  | te Crop  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | ite Flood  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | nowners Multiple Peril   | 0   | 0                      | 0                                   | 0                                   | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | eowners Multiple Peril   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 5.1 Comr                                 | mercial Multiple Peril (Non-Liability Portion)                                       | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | mercial Multiple Peril (Liability Portion)   | 0   | 0                      |                                     |                                     | 0                                      |                           | 0                       | 0                           | 0                               |  |                           | •••••                                   |
| 8. Ocea                                  | an Marine  | 0<br>n  | 0                      | ٠١                                  |                                     | 0                                      |                           | 0                       | 0<br>N                      | 0                               |  | n                         |   |
|  | d Marine   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 10. Finar                                | ncial Guaranty   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 11.1 Medic                               | cal Professional Liability - Occurrence  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | cal Professional Liability - Claims-Made   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | nquake   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 13.1 Comp                                | prehensive (hospital and medical) ind (b)prehensive (hospital and medical) group (b) | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               |  |                           | • |
| 13.2 COM                                 | it A&H (Group and Individual)  | ٥   | 0                      | ٠٠                                  |                                     | 0                                      |                           | Λ                       | 0<br>n                      | 0                               | ٠١                                     | n                         |   |
|  | n Only (b)   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | al Only (b)  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 15.3 Disab                               | bility Income (b)  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | care Supplement (b)  | 0   | 0                      | 0                                   | C                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | caid Title XIX (b)   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | care Title XVIII (b)   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | r-Term Care (b)eral Employees Health Benefits Plan (b)                               | 0   | 0                      |                                     |                                     | 0                                      |                           | 0                       | 0                           | 0                               |  |                           | • |
|  | r Health (b)   | ٥   | 0                      | ٠٠                                  |                                     | ٥                                      |                           | 0                       | 0                           | 0                               | ٠٠                                     |                           |   |
|  | kers' Compensation   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | r Liability - Occurrence   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 4                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | r Liability - Claims-Made  | 0   | 0                      | 0                                   | C                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | ss Workers' Compensation   | 0   | 0                      | 0                                   | C                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 18.1 Produ                               | ucts Liability - Occurrence  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 18.2 Produ                               | ucts Liability - Claims-Made   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         | • |
| 19.1 Priva                               | te Passenger Auto No-Fault (Personal Injury Protection)                              | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 19.2 Other                               | r Private Passenger Auto Liabilitymercial Auto No-Fault (Personal Injury Protection) |   | 0                      | ٠١                                  |                                     | 0                                      |                           | n                       | n                           | 0                               | ٠١                                     | n                         |   |
| 19.4 Other                               | r Commercial Auto Liability  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 21.1 Priva                               | ite Passenger Auto Physical Damage   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 21.2 Comr                                | mercial Auto Physical Damage   | 0   | 0                      | 0                                   | C                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| <ol><li>Aircra</li></ol>                 | aft (all perils)   | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 23. Fidel                                |  | 0   | 0                      | 0                                   | J                                   | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         | • |
| <ol> <li>Suret</li> <li>Burgl</li> </ol> | tylary and Theft   | 0   | 0                      | 0                                   | J                                   | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | J                         |   |
| 26. Burgi<br>27. Boile                   | er and Machinery   | n   | u                      | <br>n                               |                                     |  |                           | ,  0<br>n               |                             | n                               | <br>n                                  | n                         |   |
|  | it   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | national   | 0   | 0                      | 0                                   |                                     | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
|  | anty   | 0   | 0                      | 0                                   | C                                   | 0                                      | 0                         | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 31. Reins                                | s nonproportional assumed property   | XXX   | XXX                    | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                     |
| 32. Reins                                | s nonproportional assumed liability  | XXX   | XXX                    | XXX                                 | XXX                                 | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXX                       | XXX                                     |
| 33. Reins                                | s nonproportional assumed financial lineseqate Write-Ins for Other Lines of Business | XXX0  | XXX                    | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                     |
| 34. Aggre<br>35. Total                   |  | n   | n                      |                                     |                                     | n                                      |                           | ,                       | n                           | n                               | <br>n                                  | n                         | • |
|  | AILS OF WRITE-INS  | 0   | 0                      | 0                                   |                                     | 0                                      |                           | *                       | 0                           | -                               | 0                                      | ,                         |   |
| 401                                      |  |   |                        |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 402                                      |  |   |                        |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
| 403                                      |  |   |                        |                                     |                                     |  |                           |                         |                             |                                 |  |                           |   |
|  | mary of remaining write-ins for Line 34 from overflow page                           | 0   | 0                      | 0                                   | J                                   | 0                                      |                           | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 499. I otal                              | s (Lines 3401 thru 3403 plus 3498)(Line 34 above)                                    | 0   | 0                      | 0                                   | 1 0                                 | 0                                      | ] (                       | 0                       | 0                           | 0                               | 0                                      | 0                         |   |



| NAIC Group Code 0065 BUS   | INESS IN THE STATE C                        |   |   |                                     | LOUGLO                                 | ( ,   |                         | RING THE YEAR                           | R 2022                                      | NAIC Com                         | pany Code 10                             | 316                                     |
|--|---|---|---|-------------------------------------|--|---|-------------------------|---|---|----------------------------------|--|---|
|  | Gross Premi<br>Policy and Me<br>Less Return | ums, Including<br>mbership Fees,<br>Premiums and<br>blicies not Taken | 3<br>Dividends Paid                                   | 4                                   | 5                                      | 6   | 7                       | 8 Direct Defense                        | 9<br>Direct Defense                         | 10 Direct Defense and Cost       | 11                                       | 12                                      |
| Line of Business   | 1<br>Direct Premiums<br>Written             | 2<br>Direct Premiums<br>Earned  | or Credited to<br>Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) |   | Direct<br>Losses Unpaid | and Cost<br>Containment<br>Expense Paid | and Cost<br>Containment<br>Expense Incurred | Containment<br>Expense<br>Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
| 1. Fire  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 2.2 Multiple Peril Crop  | 0   | 0   | 0   |                                     | 0                                      |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 2.3 Federal Flood  |   | 0   | 0   |                                     | 0                                      |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 2.4. Private Crop  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 2.5 Private Flood  |   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| Farmowners Multiple Peril  |   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 4. Homeowners Multiple Peril   |   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)  |   |   | 0   |                                     | )  u                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| Mortgage Guaranty  |   | 0   |   |                                     | n                                      |   | n                       | 0                                       |   |                                  |  |   |
| 8. Ocean Marine  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 9. Inland Marine   | 0   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 10. Financial Guaranty   | 0   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 11.1 Medical Professional Liability - Occurrence   | ō   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 11.2 Medical Professional Liability - Claims-Made  | 0   | 0   | 0   |                                     | 0  0                                   |   | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 12. Earthquake   |   | 0   | 0   | ļ                                   | J  0                                   |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 13.2 Comprehensive (hospital and medical) group (b)  | o   | 0   | 0   |                                     | n                                      |   | n                       | 0                                       |   |                                  |  |   |
| 14. Credit A&H (Group and Individual)  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.1 Vision Only (b)   |   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.2 Dental Only (b)   | 0   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.3 Disability Income (b)   | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.4 Medicare Supplement (b)   |   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.5 Medicaid Title XIX (b)  |   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.6 Medicare Title XVIII (b)  |   | 0   | 0   |                                     | J                                      |   | 0  0                    | 0                                       | 0   | 0                                | 0  | • |
| 15.8 Federal Employees Health Benefits Plan (b)  |   | 0   |   |                                     | n                                      |   | n                       | 0                                       |   |                                  |  |   |
| 15.9 Other Health (b)  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 16. Workers' Compensation  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 17.1 Other Liability - Occurrence  |   | 0   | 0   |                                     | 0                                      |   | 04                      | 0                                       | 0   | 0                                | 0  |   |
| 17.2 Other Liability - Claims-Made   |   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 17.3 Excess Workers' Compensation  |   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 18.1 Products Liability - Occurrence   |   | 0   | 0   |                                     | J  0                                   |   | 0 6                     | 0                                       | 0   | 1                                | 0  |   |
| 18.2 Products Liability - Claims-Made  |   |   | 0   |                                     | )                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 19.2 Other Private Passenger Auto Liability  | 0   | 0   | 0   |                                     | 0                                      |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| Other Private Passenger Auto Liability      Commercial Auto No-Fault (Personal Injury Protection)                              |   | 0   | 0   |                                     | 0                                      |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 19.4 Other Commercial Auto Liability   | 0   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 21.1 Private Passenger Auto Physical Damage  | 0   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 21.2 Commercial Auto Physical Damage   | 0   | 0   | 0   |                                     | 0                                      |   | 0  0                    | 0                                       | 0   | <u>0</u>                         | 0  |   |
| 22. Aircraft (all perils)  | 0   | ō   | 0   | <i>!</i>                            | J  0                                   |   | u  0                    | J0                                      | 0   | 0                                | ļ0                                       |   |
| 23. Fidelity   |   |   | U   |                                     | ,u                                     |   | n                       | U                                       | 0<br>n                                      | u                                |  |   |
| 26. Burglary and Theft   | 0   |   |   |                                     | 0                                      |   | ō                       | 0                                       | 0   | 0                                | 0  |   |
| 27. Boiler and Machinery   | 0   | 0   | 0   |                                     | 0                                      |   | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 28. Credit   | 0   | 0   | 0   |                                     | 00                                     |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 29. International  | 0   | 0   | 0   |                                     | 0  0                                   |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 30. Warranty   | 0   | 0   | 0   |                                     | 00                                     |   | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| Reins nonproportional assumed property   | XXX   | XXXXXX  | XXXXXX  | XXX                                 | XXXXXX                                 | xxx   | XXXXXX                  | XXXXXX                                  | xxxxxx                                      | XXXXXX                           | XXXXXX                                   | XXX<br>XXX                              |
| Reins nonproportional assumed liability  | XXXXXX                                      | XXX   | XXX   | XXXXXX                              | XXX                                    | XXX   |                         | XXXXXX                                  | XXX   | XXX                              | XXX                                      | XXX                                     |
| 34. Aggregate Write-Ins for Other Lines of Business  | 0   | 0   | 0   |                                     | 0                                      |   | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 35. Total (a)  | 0   | 0   | 0   |                                     | 0                                      |   | 0 10                    | 0                                       | 0   | 1                                | 0  |   |
| DETAILS OF WRITE-INS   |   |   |   |                                     | 1                                      |   |                         | -                                       |   |                                  |  |   |
| 401  |   |   |   |                                     |  |   |                         |   |   |                                  |  |   |
| 402.   |   | ļ   |   |                                     |  |   |                         |   |   |                                  |  |   |
| 498. Summary of remaining write-ins for Line 34 from overflow page   |   |   |   |                                     |  |   |                         |   |   |                                  |  |   |
| 498. Summary of remaining write-ins for Line 34 from overflow page 499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) |   | 0   | 0   |                                     | ,u                                     |   | 00                      | 0                                       | 0   | u                                |  |   |
| Totals (Lines 540) tille 5400 plus 5430/(Line 54 above)  | U   |   | U   | 1                                   | J 0                                    | <u>'                                       </u> | · 1 U                   |   | 1 0   | U                                | U  |   |



|                | NAIC Group Code 0065 BUSINESS IN                                | N THE STATE C                                   | F Minnesota  |  |                   |                       |                 | DU            | RING THE YEAR                         | R 2022                                | NAIC Com                                       | pany Code 10                  | 316                |
|----------------|---|---|--|--|-------------------|-----------------------|-----------------|---------------|---------------------------------------|---------------------------------------|--|-------------------------------|--------------------|
|                |   | Gross Premit<br>Policy and Mei<br>Less Return I | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to Policyholders | 4 Direct Unearned | 5  Direct Losses Paid | 6 Direct Losses | 7<br>Direct   | 8 Direct Defense and Cost Containment | 9 Direct Defense and Cost Containment | 10 Direct Defense and Cost Containment Expense | 11  Commissions and Brokerage | 12 Taxes, Licenses |
|                | Line of Business  | Written   | Earned   | on Direct Business                             | Premium Reserves  | (deducting salvage)   |                 | Losses Unpaid | Expense Paid                          | Expense Incurred                      | Unpaid   | Expenses                      | and Fees           |
|                | Fire  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Allied Lines  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Federal Flood   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 2.4            | Private Crop  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Private Flood   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 3.<br>4.       | Farmowners Multiple Peril                                       | 0   | 0  | 0  | 0                 | 0                     |                 | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Commercial Multiple Peril (Non-Liability Portion)               | 0   | 0<br>n   | 0  | 0                 | 0                     |                 | 0             |                                       | 0<br>n                                | 0  | 0                             | 0                  |
|                | Commercial Multiple Peril (Nort-Elability Portion)              | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 6.             | Mortgage Guaranty   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 8.             | Ocean Marine  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 9.             | Inland Marine   | 0   | 0  | 0  | 0                 | 0                     |                 | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Financial Guaranty  Medical Professional Liability - Occurrence | 0   | 0<br>n   | 0  | 0                 | 0                     |                 | 00            | 0                                     |                                       | 0  | 0                             | 0                  |
| 11.2           | Medical Professional Liability - Claims-Made                    | 0   | 0  | 0  | 0                 | 0                     |                 | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 12.            | Earthquake  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.1           | Comprehensive (hospital and medical) ind (b)                    | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 13.2           | Comprehensive (hospital and medical) group (b)                  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Vision Only (b)   | 0   | 0<br>n   | 0  | 0                 | 0                     |                 | 0             |                                       | 0<br>n                                | 0  | 0                             | 0                  |
|                | Dental Only (b)   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.3           | Disability Income (b)   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Medicare Supplement (b)   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Medicaid Title XIX (b)  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Medicare Title XVIII (b)<br>Long-Term Care (b)                  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            |                                       | 0                                     | 0  | 0                             | 0                  |
|                | Federal Employees Health Benefits Plan (b)                      | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 15.9           | Other Health (b)  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Workers' Compensation   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 17.1           | Other Liability - Occurrence                                    | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 17.2           | Other Liability - Claims-Made                                   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Products Liability - Occurrence                                 | 0   | 0  | 0  | 0                 | 0                     |                 | 06            | 0                                     | 0                                     |  | 0                             | 0                  |
| 18.2           | Products Liability - Claims-Made                                | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.1           | Private Passenger Auto No-Fault (Personal Injury Protection)    | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.2           | Other Private Passenger Auto Liability                          | 0   | 0  | 0  | 0                 | 0                     |                 | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 19.3           | Other Commercial Auto Liability                                 | 0   | 0  | 0  | 0                 | 0                     |                 | 00            |                                       | 0                                     | 0  | 0                             | 0                  |
| 21.1           | Private Passenger Auto Physical Damage                          | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 21.2           | Commercial Auto Physical Damage                                 | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Aircraft (all perils)   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
|                | Fidelity  | 0   | ō  | 0  | J0                | 0                     |                 | n             |                                       | ō                                     | 0  | 0                             | J0                 |
| 24.<br>26.     | Surety Burglary and Theft                                       | 0<br>n  | 0<br>n   | U  | n                 | 0<br>n                |                 | 0             | 0<br>n                                | n                                     | n  | 0<br>n                        | n                  |
| 27.            |   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 28.            | Credit  | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 29.            | International   | 0   | 0  | 0  | 0                 | 0                     |                 | 0  0          | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 30.<br>31.     | Warranty Reins nonproportional assumed property                 | 0   | 0  | 0  | 0                 | 0                     | XXX             | 00            | 0<br>XXX                              | 0                                     | 0  | 0                             | 0                  |
| 31.<br>32.     | Reins nonproportional assumed property                          | XXXXXX  | XXX  | XXX  | XXXXXX            | XXX                   | XXX             |               | XXXXXX                                | XXX                                   | XXX  | XXX                           | XXXXX              |
| 33.            | Reins nonproportional assumed financial lines                   | XXX   | XXX  | XXX  | XXX               | XXX                   | XXX             | XXX           | XXX                                   | XXX                                   | XXX  | XXX                           | XXX                |
| 34.            | Aggregate Write-Ins for Other Lines of Business                 | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 35.            | Total (a)   | 0   | 0  | 0  | 0                 | 0                     |                 | 0 6           | 0                                     | 0                                     | 1  | 0                             | 0                  |
| 2404           | DETAILS OF WRITE-INS  |   |  |  | 1                 |                       |                 |               |                                       |                                       |  |                               |                    |
| 3401.<br>3402. |   |   |  | •        | l                 |                       |                 |               | -                                     |                                       |  |                               |                    |
| 3403.          |   |   |  |  |                   |                       |                 |               |                                       |                                       |  |                               |                    |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page   | 0   | 0  | 0  | 0                 | 0                     |                 | 00            | 0                                     | 0                                     | 0  | 0                             | 0                  |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)          | 0   | 0  | 0  | 0                 | 0                     |                 | 0             | 0                                     | 0                                     | 0  | 0                             | 0                  |



| NAIC Group Code 0065 BUSIN   | IESS IN THE STATE C                          |   |   |  | LOGOLO                                    |                           |                         | RING THE YEAR                           | R 2022                                      | NAIC Com                         | pany Code 10                             | 316                                     |
|--|--|---|---|--|---|---------------------------|-------------------------|---|---|----------------------------------|--|---|
|  | Gross Premit<br>Policy and Me<br>Less Return | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken | 3<br>Dividends Paid                                   | 4                                      | 5   | 6                         | 7                       | 8 Direct Defense                        | 9<br>Direct Defense                         | 10 Direct Defense and Cost       | 11                                       | 12                                      |
| Line of Business   | Direct Premiums<br>Written                   | 2<br>Direct Premiums<br>Earned  | or Credited to<br>Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves    | Direct Losses Paid<br>(deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | and Cost<br>Containment<br>Expense Paid | and Cost<br>Containment<br>Expense Incurred | Containment<br>Expense<br>Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
| 1. Fire  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 2.1 Allied Lines   |  | 0   | 0   |  | )  0                                      |                           | 00                      | 0                                       |   | 0                                |  | • |
| 2.3 Federal Flood  | 0  | 0   |   |  | )   |                           | n                       |   |   |                                  | n  |   |
| 2.4. Private Crop  | 0  | 0   | 0   |  | )   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 2.5 Private Flood  | 0  | 0   | 0   |  | )0  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| Farmowners Multiple Peril  |  | 0   | 0   |  | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| Homeowners Multiple Peril  |  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)  | 0  | 0   | 0   |  | 0  0                                      |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 5.2 Commercial Multiple Peril (Liability Portion)  |  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| Mortgage Guaranty      Ocean Marine  |  | 0   | 0   |  | )  0                                      |                           | 00                      | 0                                       | 0   | 0                                |  | • |
| 9. Inland Marine   |  | n   |   |  | )   |                           | 0                       | n                                       | n   | n                                | n  |   |
| 10. Financial Guaranty   |  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 11.1 Medical Professional Liability - Occurrence   |  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  | • |
| 11.2 Medical Professional Liability - Claims-Made  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 12. Earthquake   | 0  | 0   | 0   |  | 00  |                           | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 13.1 Comprehensive (hospital and medical) ind (b)  | 0  | 0   | <u>0</u>  | [                                      | 0  0                                      | [                         | 0  0                    | 0                                       | 0   | <u>0</u>                         | 0  |   |
| 13.2 Comprehensive (hospital and medical) group (b)  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  | • |
| 14. Credit A&H (Group and Individual)  |  | 0   | 0   |  | )  0                                      |                           | 00                      | 0                                       | 0   | 0                                |  | • |
| 15.1 Vision Only (b)   |  |   |   |  | 1   |                           | n                       |   | n   | ٥                                | n  |   |
| 15.3 Disability Income (b)   | 0  | 0   | 0   |  | )   |                           | 0                       | 0                                       | 0   | 0                                | 0  | • |
| 15.4 Medicare Supplement (b)   |  | 0   | 0   |  | 0   |                           | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 15.5 Medicaid Title XIX (b)  |  | 0   | 0   |  | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.6 Medicare Title XVIII (b)  |  | 0   | 0   |  | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.7 Long-Term Care (b)  |  | 0   | 0   |  | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 15.8 Federal Employees Health Benefits Plan (b)  | 0  | 0   | 0   |  | 0  0                                      |                           | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 15.9 Other Health (b)  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 17.1 Other Liability - Occurrence  |  |   | 0   |  | )  u                                      |                           | 0                       | 0                                       |   | 0                                |  |   |
| 17.2 Other Liability - Occurrence  |  | 0   | 0   |  | )   |                           | 0                       | 0                                       |   | 0                                | 0  |   |
| 17.3 Excess Workers' Compensation  |  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 18.1 Products Liability - Occurrence   |  | 0   | 0   |  | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 18.2 Products Liability - Claims-Made  | 0  | 0   | 0   | (                                      | 00  |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 19.1 Private Passenger Auto No-Fault (Personal Injury Protection)  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| <ul> <li>19.2 Other Private Passenger Auto Liability</li></ul>   | 0  | 0   | 0   |  | 0  0                                      |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 19.3 Commercial Auto No-Fault (Personal Injury Protection)   | 0  | 0   | 0   |  | 0   |                           | 0  0                    | 0                                       | 0   | 0                                | 0  | • |
| <ul><li>19.4 Other Commercial Auto Liability</li><li>21.1 Private Passenger Auto Physical Damage</li></ul> |  | 0   | 0   |  | ۰   |                           | n  0                    | 0                                       |   | 0                                |  | • |
| 21.2 Commercial Auto Physical Damage   | n  | n   |   | ······································ | )   |                           | 0                       | n                                       | n   | n                                | n  |   |
| 22. Aircraft (all perils)  | 0  | 0   | 0   |  | 0   |                           | 0                       | 0                                       | 0   | 0                                | 0  |   |
| 23. Fidelity   | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 24 Surety  | 0  | 0   | 0   |  | 0   |                           | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 26. Burglary and Theft   | 0  | 0   | 0   |  | 0   |                           | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 27. Boiler and Machinery   | 0  | J0  | 0   |  | 0   |                           | 0  0                    | 0                                       | 0   | 0                                | 0  |   |
| 28. Credit   | 0  | 0   | 0   | ļ                                      | 0   | ļ                         | 0  0                    | ŏ                                       |   | 0                                | ō  |   |
| 29. International  | 0  | 0   | 0   |  | 0   |                           | u  0                    | 0                                       |   | 0                                |  | • |
| 31 Reins nonproportional assumed property  | XXX  | XXX   | XXX   | XXX                                    | XXX                                       | XXX                       | XXX                     | XXX                                     | XXX   | XXX                              | XXX                                      | XXX                                     |
| 32. Reins nonproportional assumed liability  | XXX  | XXX   | XXX   | XXX                                    | XXX                                       | XXX                       | XXX                     | XXX                                     | XXX   | XXX                              | XXX                                      | XXX                                     |
| 33. Reins nonproportional assumed financial lines  | XXX  | XXX   | XXX   | XXX                                    | XXX                                       | XXX                       | XXX                     | XXX                                     | XXX   | XXX                              | XXX                                      | XXX                                     |
| 34. Aggregate Write-Ins for Other Lines of Business  | 0  | 0   | 0   |  | 0   |                           | 00                      | 0                                       | 0   | 0                                | 0  |   |
| 35. Total (a)  | 0  | 0   | 0   | (                                      | 0   | (                         | 0 4                     | 0                                       | 0   | 0                                | 0  |   |
| DETAILS OF WRITE-INS   |  | 1   |   |  |   |                           |                         |   |   |                                  |  |   |
| <del>1</del> 01  |  | ·····   |   |  |   | ·                         |                         | ·                                       |   |                                  |  |   |
| 102.<br>103.   |  | ·····   |   |  |   |                           |                         |   |   |                                  |  |   |
| 198. Summary of remaining write-ins for Line 34 from overflow page   | n  | n   | n   |  | )   |                           | 0 0                     | n                                       | 0   | n                                | n  |   |
| 199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)  | 0  | 0   | 0   |  | 0   |                           | 0 0                     | 0                                       | 0   | n                                | 0  | • |
| 55. Totale (Emission of this office place of objecting of above)   | U  | U   | U   |  | - 1                                       |                           | ·                       | U                                       | U   | ı                                | U  |   |



| NAIC Group Code 0065 BUSIN  | NESS IN THE STATE C                         |   |   |                                     |   |          |                         | RING THE YEAR                           | R 2022                                      | NAIC Com                         | pany Code 10                             | 316                         |
|---|---|---|---|-------------------------------------|---|----------|-------------------------|---|---|----------------------------------|--|-----------------------------|
|   | Gross Premi<br>Policy and Me<br>Less Return | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken | 3<br>Dividends Paid                                   | 4                                   | 5   | 6        | 7                       | 8 Direct Defense                        | 9<br>Direct Defense                         | 10 Direct Defense and Cost       | 11                                       | 12                          |
| Line of Business  | 1<br>Direct Premiums<br>Written             | 2<br>Direct Premiums<br>Earned  | or Credited to<br>Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid<br>(deducting salvage) |          | Direct<br>Losses Unpaid | and Cost<br>Containment<br>Expense Paid | and Cost<br>Containment<br>Expense Incurred | Containment<br>Expense<br>Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
| 1. Fire   | 0   | 0   | 0   |                                     | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 2.1 Allied Lines  |   |   | 0   |                                     | )   |          | )o                      |   |   | 0                                | 0  |                             |
| 2.3 Federal Flood   | 0   | 0   |   | (                                   | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 2.4. Private Crop   | 0   | 0   | 0   |                                     | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 2.5 Private Flood   |   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| Farmowners Multiple Peril   |   | 0   | 0   |                                     | 0   |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 4. Homeowners Multiple Peril  |   | 0   | 0   |                                     | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)   | 0   | 0   | 0   |                                     | )   |          | J                       | 0                                       | 0   | 0                                | 0  |                             |
| Confine can Multiple Peril (Liability Portion)     Mortgage Guaranty  |   |   |   |                                     | )   |          | 1                       | 0                                       |   | 0                                | 0  |                             |
| Ocean Marine  | 0   | 0   | 0   | (                                   | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 9. Inland Marine  |   | 0   | 0   |                                     | )0  |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 10. Financial Guaranty  |   | 0   | 0   |                                     | )  0                                      |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 11.1 Medical Professional Liability - Occurrence  | 0   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 11.2 Medical Professional Liability - Claims-Made   | 0   | 0   | 0   |                                     | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 12. Earthquake  | ŏ   | ō   | 0   |                                     | .  0                                      | []······ |                         | ō                                       | 0   | ō                                | ļ0                                       |                             |
| <ul><li>13.1 Comprehensive (hospital and medical) ind (b)</li></ul>   | 0   | 0   | 0   |                                     | )   |          | J                       |   |   | 0                                | 0  |                             |
| 14. Credit A&H (Group and Individual)   |   | 0   |   |                                     | )   |          | 1                       |   |   | 0                                |  |                             |
| 15.1 Vision Only (b)  |   | 0   | 0   |                                     | )   |          | j                       | 0                                       | 0   | 0                                | 0  |                             |
| 15.2 Dental Only (b)  | 0   | 0   | 0   |                                     | )0  |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 15.3 Disability Income (b)  | 0   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 15.4 Medicare Supplement (b)  |   | 0   | 0   |                                     | 00  |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 15.5 Medicaid Title XIX (b)   |   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 15.6 Medicare Title XVIII (b)   |   | 0   | 0   |                                     | )  0                                      |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 15.7 Long-Term Care (b)   |   |   | 0   |                                     | )   |          | )                       |   |   | 0                                | 0  |                             |
| 15.9 Other Health (b)   | 0   | 0   |   | (                                   | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 16. Workers' Compensation   |   | 0   | 0   |                                     | )0  |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 17.1 Other Liability - Occurrence   |   | 0   | 0   |                                     | )  0                                      |          | 416                     | 0                                       | 0   | 1                                | 0  |                             |
| 17.2 Other Liability - Claims-Made  |   | 0   | 0   |                                     | 00  |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 17.3 Excess Workers' Compensation   |   | 0   | 0   |                                     | 0   |          |                         | 0                                       | 0   | 0                                | 0  |                             |
| 18.1 Products Liability - Occurrence  | 0   | 0   | 0   |                                     | )  0                                      | (536,45  | 4)17,374,597            | 299                                     | (155,601)                                   | 3,437,009                        | 0  |                             |
| 18.2 Products Liability - Claims-Made   | 0   | 0   | 0   |                                     | )   |          | J                       | 0                                       | 0   | 0                                | 0  |                             |
| 19.2 Other Private Passenger Auto Liability   | 0   | 0   | 0   |                                     | )   |          | )                       | 0                                       | 0   | 0                                | 0  |                             |
| <ul> <li>19.2 Other Private Passenger Auto Liability</li></ul>  | 0   | 0   | 0   |                                     | )0  |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 19.4 Other Commercial Auto Liability  | 0   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 21.1 Private Passenger Auto Physical Damage   | 0   | 0   | 0   |                                     | )  0                                      |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 21.2 Commercial Auto Physical Damage  | 0   | 0   | 0   |                                     | 0   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 22. Aircraft (all perils)   |   | ō   | 0   |                                     | 0   | [ ]      | ,                       | ō                                       | 0   | ō                                | ļ0                                       |                             |
| 23. Fidelity  |   |   | U   |                                     | ,   |          | ,                       |   |   | U                                |  | ·····                       |
| 26. Burglary and Theft  |   |   |   |                                     | )   |          | j                       | 0                                       | 0   | 0                                | 0  |                             |
| 27. Boiler and Machinery  | 0   | 0   | 0   |                                     | )  0                                      |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 28. Credit  | 0   | 0   | 0   |                                     | )0  |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
| 29. International   | 0   | 0   | 0   |                                     | )  0                                      |          | 0  0                    | 0                                       | 0   | 0                                | 0  |                             |
| 30. Warranty  | 0   | 0   | 0   |                                     | )  0                                      | XXX      | )0                      | 0                                       | 0<br>XXX                                    | 0                                | 0<br>XXX                                 | XXX                         |
| <ol> <li>Reins nonproportional assumed property</li> <li>Reins nonproportional assumed liability</li> </ol> | XXXXXX                                      | XXXXXX  | XXXXXX  | XXXXXX                              | XXXXXX                                    | XXX      |                         | XXX                                     | XXX   | XXX                              | XXXXX                                    | XXX                         |
| Reins nonproportional assumed financial lines   | XXX   | XXX   | XXX   | XXX                                 | XXX                                       |          |                         | XXX                                     | XXX   | XXX                              | XXX                                      | XXX                         |
| 34. Aggregate Write-Ins for Other Lines of Business   | 0   | 0   | 0   |                                     | )0  |          | 00                      | 0                                       | 0   | 0                                | 0  |                             |
| 35. Total (a)   | 0   | 0   | 0   |                                     | 0   | (536,450 | 17,374,612              | 299                                     |   |                                  |  | <u> </u>                    |
| DETAILS OF WRITE-INS  |   |   |   |                                     |   |          |                         |   |   |                                  |  |                             |
| 101   |   |   |   |                                     |   |          |                         |   |   |                                  |  |                             |
| 102   |   | ·····   |   |                                     |   | ·        |                         | -                                       |   |                                  |  | ····                        |
| 198. Summary of remaining write-ins for Line 34 from overflow page  |   | n   | n   |                                     | )   |          | n                       | 0                                       | 0   | n                                | n  |                             |
| 199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   | 0   | 0   | 0   | (                                   | )   |          | 0                       | 0                                       | 0   | 0                                | 0  |                             |
|   | U   |   | U   |                                     |   | 1        |                         |   |   | U                                | U  | 1                           |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE C   |  |                                     |                                     | LUSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty   |   |  |                                     |                                     |  |                           | ļ                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 14.            | Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.7           | Long-Term Care (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.8           | Federal Employees Health Benefits Plan (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.1           | Products Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Other Commercial Auto Liability  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
| 21.1           | Private Passenger Auto Physical Damage   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety   | ····  |  |                                     |                                     | -                                      |                           | ·····                   |                             |                                 |  |                           |                             |
| 26.<br>27      | Burglary and Theft   | <b>†</b>  |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 28.            | Credit   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |  | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.            | Reins nonproportional assumed liability  | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXXXXX                                 | XXXXXX                    | XXXXXX                      |
| 33.<br>34.     | Reins nonproportional assumed financial lines  |   |  |                                     |                                     |  |                           |                         |                             |                                 | XXX                                    |                           | XXX                         |
| 34.<br>35.     | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 50.            | DETAILS OF WRITE-INS   | 1   |  |                                     | 1                                   |  |                           | 1                       |                             |                                 |  | 1                         | 1                           |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          | Owner, of consists on the land of the life |   |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | rotais (Lines 5401 thru 3403 plus 3498)(Line 34 above)   | 1   | ]  |                                     |                                     |  |                           | 1                       | 1                           | 1                               |  |                           |                             |



| 2.1<br>2.2   | NAIC Group Code 0065 BUSINESS II                              | Policy and Mer             | ums, Including                    | 3                                   | 4        | 5                                      | 6                         | 7                       | RING THE YEAF<br>8          | 9                               | 10  | pany Code 10              | 12                          |
|--------------|---|----------------------------|-----------------------------------|-------------------------------------|----------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|---|---------------------------|-----------------------------|
| 2.1<br>2.2   |   |                            | Premiums and<br>blicies not Taken | Dividends Paid<br>or Credited to    |          |  |                           |                         | Direct Defense<br>and Cost  | Direct Defense<br>and Cost      | Direct Defense<br>and Cost<br>Containment | Commissions               | 12                          |
| 2.1<br>2.2   | Line of Business  | Direct Premiums<br>Written | Direct Premiums<br>Earned         | Policyholders<br>on Direct Business |          | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                         | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
| 2.2          | Fire  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Allied Lines  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 2.3          | Federal Flood   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Private Crop  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Private Flood   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Farmowners Multiple Peril Homeowners Multiple Peril           |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Commercial Multiple Peril (Non-Liability Portion)             |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 5.2          | Commercial Multiple Peril (Liability Portion)                 |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Mortgage Guaranty   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Ocean Marine  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Inland Marine   |                            |                                   | •••••                               |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Financial Guaranty  |                            |                                   |                                     | ·····    |  |                           | ·····                   |                             |                                 |   |                           |                             |
|              | Medical Professional Liability - Claims-Made                  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Earthquake  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 13.1         | Comprehensive (hospital and medical) ind (b)                  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 13.2         | Comprehensive (hospital and medical) group (b)                |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Credit A&H (Group and Individual)                             |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 15.1         | Vision Only (b)   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Dental Only (b)   |                            |                                   | •••••                               |          |  |                           |                         |                             |                                 |   |                           |                             |
| 15.3         | Medicare Supplement (b)                                       |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 15.5         | Medicaid Title XIX (b)  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Medicare Title XVIII (b).                                     |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 15.7         | Long-Term Care (b)  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Federal Employees Health Benefits Plan (b)                    |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Other Health (b)  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Workers' Compensation   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Other Liability - Occurrence Other Liability - Claims-Made    |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Excess Workers' Compensation                                  |                            |                                   |                                     |          |  |                           |                         |                             |                                 | •••••                                     |                           |                             |
|              | Products Liability - Occurrence                               |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 18.2         | Products Liability - Claims-Made                              |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | 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         | Commercial Auto Physical Damage                               |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 22.          | Aircraft (all perils)   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Fidelity  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 24.          | Surety  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Burglary and Theft  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Boiler and Machinery  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | Credit  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
|              | International   |                            |                                   |                                     | ·····    |  |                           | ·····                   |                             |                                 |   |                           |                             |
| 31           | Reins nonproportional assumed property                        | XXX                        | XXX                               | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 32.          | Reins nonproportional assumed liability                       | XXX                        | XXX                               | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 33.          | Reins nonproportional assumed financial lines                 | XXX                        | XXX                               | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
|              | Aggregate Write-Ins for Other Lines of Business               |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 35.          | Total (a)   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 101          | DETAILS OF WRITE-INS  |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 401.<br>402. |   |                            |                                   |                                     | ·····    |  |                           | ·····                   |                             |                                 |   |                           |                             |
| 402.<br>403. |   |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 3498.        | Summary of remaining write-ins for Line 34 from overflow page |                            |                                   |                                     |          |  |                           |                         |                             |                                 |   |                           |                             |
| 499.         | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |                            |                                   |                                     | <u> </u> |  |                           | <u> </u>                |                             |                                 |   |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE C   |  |                                     |                                     | LOSSES (                               | · <b>,</b>                |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.<br>8.       | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake   | ·····   |  |                                     |                                     | ·   -                                  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3           | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |                                     |                                     |  | •••••                     |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b) Federal Employees Health Benefits Plan (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.0           | Other Health (b)   |   |  |                                     |                                     | · · · · · · · · · · · · · · · · · · ·  | ·····                     |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation  |   |  |                                     |                                     | <b>A W</b>                             |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 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   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Auto Physical Damage  |   |  |                                     |                                     | .                                      |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   |  |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity   |   |  |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Burglary and Theft   |   |  |                                     |                                     | · [·····                               |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |  | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.<br>33.     | Reins nonproportional assumed liability  | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXX<br>XXX                             | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXXXXX                    | XXXXXX                      |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |  |   |  |                                     |                                     | .   -                                  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          | Owner, of consists on the last facilities of facilities and facili |   |  |                                     |                                     | ·   -                                  |                           |                         |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page  | l   |  |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 tillu 3403 pius 3490)(Line 34 above)  | 1   | l  | 1                                   | 1                                   |  |                           | l                       | 1                           | l                               |  | 1                         | l                           |



|                    | NAIC Group Code 0065 BUSINESS II                              | N THE STATE O                                     | F New Hamp                       |                                     | <del>-</del>                        | LUGGLG (                                      |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|--------------------|---|---|----------------------------------|-------------------------------------|-------------------------------------|---|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                    |   | Policy and Mer<br>Less Return F<br>Premiums on Po | Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5   | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                    | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned        | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage)        | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                    | Fire  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Allied Lines  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           | •••••                       |
|                    | Federal Flood   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Private Crop  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Private Flood   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Farmowners Multiple Peril                                     |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Homeowners Multiple Peril                                     |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Commercial Multiple Peril (Non-Liability Portion)             |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.          | Commercial Multiple Peril (Liability Portion)                 |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 8.                 | Ocean Marine  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 9.                 | Inland Marine   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 10.                | Financial Guaranty  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Medical Professional Liability - Occurrence                   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Medical Professional Liability - Claims-Made                  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 12.                | Earthquake  |   |                                  |                                     |                                     | ·   -   |                           | ·····                   |                             | ·····                           |  |                           |                             |
|                    | Comprehensive (hospital and medical) ind (b)                  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Comprehensive (nospital and medical) group (b)                |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Vision Only (b)   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Dental Only (b)   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 15.3               | Disability Income (b)   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Medicare Supplement (b)                                       |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Medicaid Title XIX (b)  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Medicare Title XVIII (b)                                      |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Long-Term Care (b)  |   |                                  |                                     |                                     | \   |                           |                         |                             |                                 |  |                           |                             |
| 15.0               | Other Health (b)  |   |                                  |                                     |                                     | , <u>, , , , , , , , , , , , , , , , , , </u> |                           |                         |                             |                                 |  |                           |                             |
| 16.                | Workers' Compensation   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 17.1               | Other Liability - Occurrence                                  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Other Liability - Claims-Made                                 |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Excess Workers' Compensation                                  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Products Liability - Occurrence                               |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Products Liability - Claims-Made                              |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | 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                        |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Commercial Auto Physical Damage                               |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 22.                | Aircraft (all perils)   |   | ·····                            |                                     |                                     | -   |                           | ·····                   |                             | ·····                           |  |                           |                             |
|                    | Fidelity  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           | •••••                       |
|                    | Burglary and Theft  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Boiler and Machinery  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 28.                | Credit  |   |                                  |                                     |                                     | .   |                           |                         |                             |                                 |  |                           |                             |
| 29.                | International   |   |                                  |                                     |                                     |   |                           |                         |                             | ļ                               |  |                           |                             |
| 30.                | Warranty  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 31.                | Reins nonproportional assumed property                        | XXXXXX  | XXXXXX                           | XXXXXX                              | XXXXXX                              | XXXXXX  | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.         | Reins nonproportional assumed liability                       | XXXXXX  | XXX                              | XXXXXX                              | XXXXX                               | XXX   | XXX                       | XXX                     | XXXXXX                      | XXXXXX                          | XXX                                    | XXX                       | XXX                         |
| 33.<br>34.         | Aggregate Write-Ins for Other Lines of Business               |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 35.                | Total (a)   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | DETAILS OF WRITE-INS  |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 3401.              |   |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
| 3402.              |   |   |                                  |                                     |                                     | .   |                           | ļ                       |                             | ļ                               |  |                           |                             |
| 3403.<br>3498.     | Summary of remaining write-ins for Line 34 from overflow page |   |                                  |                                     |                                     |   |                           |                         |                             |                                 |  |                           |                             |
|                    | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   |                                  |                                     |                                     | ·   |                           | l                       |                             | ·····                           |  |                           |                             |
| J <del>4</del> 33. | rotars (Enres 540 Filliu 5405 pius 5430)(Enre 54 above)       | I   | l                                | 1                                   | I .                                 | 1 1   |                           | 1                       | 1                           | 1                               |  | l .                       | l .                         |



|             | NAIC Group Code 0065 BUSINESS IN  |   | F New Jersey                     | <u>/</u>                            |          |  |  | DUF                     | RING THE YEAR               | 2022                            | NAIC Com                            | pany Code 10              | 0316                        |
|-------------|---|---|----------------------------------|-------------------------------------|----------|--|--|-------------------------|-----------------------------|---------------------------------|-------------------------------------|---------------------------|-----------------------------|
|             |   | Policy and Mer<br>Less Return F<br>Premiums on Po | Premiums and plicies not Taken 2 | 3 Dividends Paid or Credited to     | 4        | 5                                      | 6                                      | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|             | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned        | Policyholders<br>on Direct Business |          | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred              | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                   | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|             | Fire  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Allied Lines  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Federal Flood   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Private Crop  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Private Flood   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 3.          | Farmowners Multiple Peril   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Homeowners Multiple Peril   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Commercial Multiple Peril (Non-Liability Portion)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Commercial Multiple Peril (Liability Portion)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 6.          | Mortgage Guaranty   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 8.<br>9.    | Ocean Marine Inland Marine  |   | ·····                            |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Financial Guaranty  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Medical Professional Liability - Occurrence   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 11.2        | Medical Professional Liability - Claims-Made  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 12.         | Earthquake  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Comprehensive (hospital and medical) ind (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Comprehensive (hospital and medical) group (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Credit A&H (Group and Individual)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Dental Only (b)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Disability Income (b)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Medicare Supplement (b)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Medicaid Title XIX (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Medicare Title XVIII (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Long-Term Care (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 15.8        | Federal Employees Health Benefits Plan (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 15.9        | Other Health (b)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Other Liability - Occurrence  |   |                                  |                                     |          |  | ······································ |                         |                             |                                 | •••••                               |                           |                             |
|             | Other Liability - Claims-Made   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Excess Workers' Compensation  |   |                                  |                                     | <b>.</b> |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Products Liability - Occurrence   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Products Liability - Claims-Made  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 19.2        | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection)                         |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 19.5        | Other Commercial Auto Liability   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 21.1        | Private Passenger Auto Physical Damage  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 21.2        | Commercial Auto Physical Damage   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 22.         | Aircraft (all perils)   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Fidelity  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Surety  |   | ·····                            |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
|             | Burglary and Theft  |   | ·····                            |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 28.         | Credit  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 29.         | International   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 30.         | Warranty  |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 31.         |   | XXX   | XXX                              | XXX                                 | XXX      | XXX                                    | XXX                                    | XXX                     | XXX                         | XXX                             | XXX                                 | XXX                       | XXX                         |
|             | Reins nonproportional assumed liability   | XXX   | XXX                              | XXX                                 | XXX      | XXX                                    | XXX                                    | XXX                     | XXX                         | XXX                             | XXX                                 | XXX                       | XXX                         |
| 33.         | Reins nonproportional assumed financial lines   | XXX   | XXX                              | XXX                                 | XXX      | XXX                                    | XXX                                    | XXX                     | XXX                         | XXX                             | XXX                                 | XXX                       | XXX                         |
| 34.<br>35.  | Aggregate Write-Ins for Other Lines of Business   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| <i>3</i> 0. | DETAILS OF WRITE-INS  |   | <del> </del>                     |                                     |          |  |  | <u> </u>                |                             |                                 |                                     |                           | <u> </u>                    |
| 3401.       | DETAILS OF WRITE-INS  |   | L                                |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 3402.       |   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 3403.       |   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |
| 3498.       | Summary of remaining write-ins for Line 34 from overflow page  Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) |   |                                  |                                     |          | -                                      |  |                         |                             |                                 |                                     |                           |                             |
| 3499.       |   |   |                                  |                                     |          |  |  |                         |                             |                                 |                                     |                           |                             |



| NAIC Group Code 0065 BUSINESS                                       | IN THE STATE C               |  |                                     |          |  |                           | DUF                     | RING THE YEAR               | 2022                            |  | pany Code 10              |                             |
|---|------------------------------|--|-------------------------------------|----------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|   | Policy and Me<br>Less Return | ums, Including<br>mbership Fees,<br>Premiums and<br>olicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4        | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
| Line of Business  | Direct Premiums<br>Written   |  | Policyholders<br>on Direct Business |          | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
| 1. Fire   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 2.1 Allied Lines  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 2.3 Federal Flood   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 2.4. Private Crop   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 2.5 Private Flood   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| Farmowners Multiple Peril   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 4. Homeowners Multiple Peril  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)               |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| Commercial Multiple Peril (Liability Portion)     Mortgage Guaranty |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| Mortgage Guaranty     Ocean Marine                                  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9. Inland Marine  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 0. Financial Guaranty   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 1.1 Medical Professional Liability - Occurrence                     |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 1.2 Medical Professional Liability - Claims-Made                    |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 2. Earthquake   |                              |  |                                     | ļ        |  |                           |                         |                             |                                 |  |                           |                             |
| 3.1 Comprehensive (hospital and medical) ind (b)                    |                              |  |                                     |          |  |                           |                         |                             |                                 | •••••                                  |                           |                             |
| 3.2 Comprehensive (hospital and medical) group (b)                  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 4. Cledit A&H (Group and Individual)                                |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2 Dental Only (b)   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.3 Disability Income (b)   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.4 Medicare Supplement (b)   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.5 Medicaid Title XIX (b)  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.6 Medicare Title XVIII (b)  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.7 Long-Term Care (b)  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.8 Federal Employees Health Benefits Plan (b)                      |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 5.9 Other Health (b)  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 7.1 Other Liability - Occurrence                                    |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 7.2 Other Liability - Occurrence                                    |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 7.3 Excess Workers' Compensation                                    |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 8.1 Products Liability - Occurrence                                 |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 8.2 Products Liability - Claims-Made                                |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9.1 Private Passenger Auto No-Fault (Personal Injury Protection)    |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9.2 Other Private Passenger Auto Liability                          |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9.3 Commercial Auto No-Fault (Personal Injury Protection)           |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9.4 Other Commercial Auto Liability                                 |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 1.2 Commercial Auto Physical Damage                                 |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| Aircraft (all perils)   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 3. Fidelity   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 4. Surety   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| Burglary and Theft  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 7. Boiler and Machinery   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 8. Credit   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 9. International  |                              |  |                                     | ·····    |  |                           |                         |                             |                                 |  |                           |                             |
| Warranty  Reins nonproportional assumed property                    | XXX                          | XXX  | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 12. Reins nonproportional assumed liability                         |                              | XXX  | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| Reins nonproportional assumed financial lines                       | XXX                          | XXX  | XXX                                 | XXX      | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 4. Aggregate Write-Ins for Other Lines of Business                  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 35. Total (a)   |                              |  |                                     | <u> </u> |  |                           |                         |                             |                                 |  |                           | <u> </u>                    |
| DETAILS OF WRITE-INS  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| )1  |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 02.   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 03.   |                              |  | · ····                              | ·····    |  |                           |                         |                             |                                 |  |                           |                             |
| 98. Summary of remaining write-ins for Line 34 from overflow page   |                              |  |                                     |          |  |                           |                         |                             |                                 |  |                           |                             |
| 79. Totals (Lines 3401 tillu 3403 pius 3498)(Line 34 above)         |                              | L  | 1                                   | <u> </u> | 1                                      | l                         | I                       | 1                           | l                               |  | 1                         | <u> </u>                    |

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



| Coop Review Presents routing   Coop Service   Review   Present   Present   Routing   Present   Present   Routing   Present   Present   Routing   Routing  | npany Code 1                      | 12                      |
|---|-----------------------------------|-------------------------|
| Fire   Line of Rusiness   | Commissions                       |                         |
| 2   Multiple Feed Corp  | and Brokerage<br>Expenses         | Taxes, License and Fees |
| 22 Multiple Perol Cogn.   | 0                                 |                         |
| 2.2   Frote Frod  | ر۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ |                         |
| 2.4 Private Food  | ۱                                 | n                       |
| 2.5   Private Flood   | ,                                 | 1                       |
| 4 Homeowners Multiple Peril (Non-Liability Portion)   | 0                                 |                         |
| 5.5 Commercial Multiple Peril (Non-Liability Portion)   | ,0                                | )                       |
| Section   Commercial Multiple Permit (Authins Permit)   Section | ·  0                              | )                       |
| 6. Mortgage Guaranty  | 0                                 |                         |
| 8. Ocean Martine  | ,  u                              | J                       |
| 9. Inland Marine  | ۰ ا                               | )                       |
| 10   Financial Guaranty   0   0   0   0   0   0   0   0   0   |                                   | j                       |
| 11.1 Medical Professional Liability - Coursemence   | ,  o                              |                         |
| 2   | ,0                                |                         |
| 13.1   Comprehensive (hospital and medical) ind (b)   | ·  0                              | )                       |
| 13.2 Comprehensive (hospital and medical) group (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 0                                 | ······                  |
| 14.   Credit ARH (Group and Individual)   0   0   0   0   0   0   0   0   0   | 0                                 |                         |
| 15.1 Vision Cny (b)   | ,  º                              | J                       |
| 15.2 Dental Only (b)   0   0   0   0   0   0   0   0   0  | ۰ ا                               | )                       |
| 15.3 Disability income (b)  | ,                                 | )                       |
| 15.5 Medicare Supplement (b)  | ,č                                |                         |
| 15.6   Medicare Title XVIII (b)   | 0                                 |                         |
| 15.7 Long-Term Care (b)   | ,0                                |                         |
| 15.8 Federal Employees Health Benefits Plan (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | , 0                               | )                       |
| 15.9 Other Health (b)   | 0                                 |                         |
| 16   Workers Compensation   | 0                                 |                         |
| 17.1 Other Liability - Occurrence   | ر ۲                               | J                       |
| 17.2 Other Liability - Claims-Made  | ,                                 | n                       |
| 17.3 Excess Workers' Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | ,č                                |                         |
| 18.2   Products Liability - Claims-Made   | ,  o                              |                         |
| 18.2   Products Liability - Claims-Made   | ,0                                |                         |
| 19.2 Other Private Passenger Auto Liability 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | , 0                               | )                       |
| 19.4 Other Commercial Auto Liability  | /0                                |                         |
| 19.4 Other Commercial Auto Liability  | 0                                 |                         |
| 21.1   Private Passenger Auto Physical Damage   | ,   <sup>0</sup>                  | J                       |
| 21.2 Commercial Auto Physical Damage  | ,                                 | ,                       |
| 22. Aircraft (all perils)       0<  | )                                 |                         |
| 23. Fidelity  | ,0                                |                         |
| 26. Burglary and Theft  | / <b> </b> 0                      |                         |
| 27. Boiler and Machinery       0 </td <td>·0</td> <td> </td>  | ·0                                |                         |
| 28. Credit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 0                                 | ······                  |
| 29. International   | , I                               |                         |
| 30. Warranty  | ، ا                               | ,                       |
| 31 Reins proproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX X   |                                   |                         |
|   | XXX                               | XXX                     |
| 32. Reins nonproportional assumed liability XXX. XXX. XXX. XXX. XXX. XXX. XXX. XX   | XXX                               | XXX                     |
| 33. Reins nonproportional assumed financial lines XXX. XXX. XXX. XXX. XXX. XXX. XXX. XX   | XXX                               | XXX                     |
| 34. Aggregate Write-Ins for Other Lines of Business   | · [0                              |                         |
| 35. Total (a) 0 0 0 0 6,721 351,206 8,948,488 44,068 (30,408) 370,492   | 0                                 | J L                     |
| DETAILS OF WRITE-INS 3401   |                                   |                         |
| 3401<br>3402  |                                   |                         |
| 3403  |                                   |                         |
| 3498. Summary of remaining write-ins for Line 34 from overflow page   | ,0                                |                         |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) 0 0 0 0 0 0 0 0 0  | <i>i</i> 0                        |                         |



|                | NAIC Group Code 0065 BUSINESS II                              |                                 | F North Carol  |                                     | •                                     |  |                           | וטע                     | RING THE YEAR               | 2022                            |  | pany Code 10              | 1310                       |
|----------------|---|---------------------------------|--|-------------------------------------|---------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|----------------------------|
|                |   | Policy and Mer<br>Less Return F | ims, Including mbership Fees, Premiums and blicies not Taken | 3  Dividends Paid or Credited to    | 4                                     | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                         |
|                | Line of Business  | Direct Premiums<br>Written      | Direct Premiums<br>Earned                                    | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves   | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, License<br>and Fees |
|                | Fire  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Allied Lines  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Federal Flood   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Private Crop  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Private Flood   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | 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  |                                 |  |                                     | ····                                  |  |                           |                         |                             |                                 |  |                           |                            |
|                | Medical Professional Liability - Occurrence                   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Medical Professional Liability - Claims-Made                  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 12.<br>13.1    | Earthquake  | ·····                           |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
|                | Comprehensive (hospital and medical) flid (b)                 |                                 |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
| 14             | Credit A&H (Group and Individual)                             |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Vision Only (b)   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.2           | Dental Only (b)   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.3           | Disability Income (b)   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.4           | Medicare Supplement (b)                                       |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.5           | Medicaid Title XIX (b)  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Medicare Title XVIII (b)                                      |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Long-Term Care (b)  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Federal Employees Health Benefits Plan (b)                    |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Other Health (b)  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Workers' Compensation   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Other Liability - Occurrence                                  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Excess Workers' Compensation                                  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Products Liability - Occurrence                               |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 18.2           | Products Liability - Claims-Made                              |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 19.1           | Private Passenger Auto No-Fault (Personal Injury Protection)  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 10.2           | 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                               |                                 |  |                                     | ····                                  |  |                           |                         |                             |                                 |  |                           |                            |
|                | Aircraft (all perils)   |                                 |  |                                     | ····                                  |  |                           |                         |                             |                                 |  | <b></b>                   |                            |
| 23.<br>24.     | Fidelity  |                                 |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
| 24.<br>26.     | Burglary and Theft  |                                 |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
| 27.            | Boiler and Machinery  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 28.            | Credit  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 29.            | International   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 30.            | Warranty  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
|                | Reins nonproportional assumed property                        | XXX                             | XXX  | XXX                                 | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
|                | Reins nonproportional assumed liability                       | XXX                             | XXX  | XXX                                 | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| 33.            | Reins nonproportional assumed financial lines                 | XXX                             | XXX  | XXX                                 | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| 34.            | Aggregate Write-Ins for Other Lines of Business               |                                 |  |                                     | ·····                                 |  |                           |                         |                             |                                 |  |                           |                            |
| 35.            | Total (a)   |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 404            | DETAILS OF WRITE-INS  |                                 |  |                                     |                                       |  |                           |                         |                             |                                 |  |                           |                            |
| 3401.<br>3402. |   |                                 |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
| 3402.<br>3403. |   | ·····                           |  |                                     | l                                     |  |                           |                         |                             |                                 |  |                           |                            |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page |                                 |  |                                     | · · · · · · · · · · · · · · · · · · · |  |                           |                         |                             |                                 |  |                           |                            |
|                | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        | 1                               | l <sup></sup>  |                                     | I                                     |  |                           | l <sup></sup>           | [                           | 1                               |  | 1                         | I                          |



| NAIC Group Code 0065 BUSINES  | SS IN THE STATE C            |  |                                     |       |  |                           | DUF                     | RING THE YEAR               | 2022                            |  | pany Code 10              |                            |
|---|------------------------------|--|-------------------------------------|-------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|----------------------------|
|   | Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and olicies not Taken 2 | 3  Dividends Paid or Credited to    | 4     | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                         |
| Line of Business  | Direct Premiums<br>Written   |  | Policyholders<br>on Direct Business |       | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, License<br>and Fees |
| 1. Fire   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2.1 Allied Lines  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2.3 Federal Flood   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2.4. Private Crop   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2.5 Private Flood   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Farmowners Multiple Peril   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Homeowners Multiple Peril   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.2 Commercial Multiple Peril (Liability Portion)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 6. Mortgage Guaranty  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 9. Inland Marine  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| ). Financial Guaranty   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 1.1 Medical Professional Liability - Occurrence   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 1.2 Medical Professional Liability - Claims-Made  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2. Earthquake   |                              |  |                                     | ····· |  |                           |                         |                             |                                 |  |                           |                            |
| 3.1 Comprehensive (hospital and medical) ind (b)  |                              |  |                                     |       |  |                           |                         |                             |                                 | •••••                                  |                           |                            |
| Comprehensive (hospital and medical) group (b)      Credit A&H (Group and Individual)                   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.1 Vision Only (b)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.2 Dental Only (b)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.3 Disability Income (b)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.4 Medicare Supplement (b)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.5 Medicaid Title XIX (b)  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.6 Medicare Title XVIII (b)  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.7 Long-Term Care (b)  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.8 Federal Employees Health Benefits Plan (b)  |                              |  |                                     |       | · · · · · · · · · · · · · · · · · · ·  |                           |                         |                             |                                 |  |                           |                            |
| 6. Workers' Compensation  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 7.1 Other Liability - Occurrence  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 7.2 Other Liability - Claims-Made   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 7.3 Excess Workers' Compensation  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 3.1 Products Liability - Occurrence   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 3.2 Products Liability - Claims-Made  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Private Passenger Auto No-Fault (Personal Injury Protection)     Other Private Passenger Auto Liability |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 9.3 Commercial Auto No-Fault (Personal Injury Protection)   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 9.4 Other Commercial Auto Liability   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| .1 Private Passenger Auto Physical Damage   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| .2 Commercial Auto Physical Damage  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2. Aircraft (all perils)  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| B. Fidelity   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Surety  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Burglary and Theft      Boiler and Machinery  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 3. Credit   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 9. International  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| ). Warranty   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| Reins nonproportional assumed property  |                              | XXX  | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| Reins nonproportional assumed liability   | XXX                          | XXX  | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| Reins nonproportional assumed financial lines   | XXX                          | XXX  | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| Aggregate Write-Ins for Other Lines of Business  Total (a)  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5. Total (a)  DETAILS OF WRITE-INS  |                              |  |                                     |       |  |                           |                         |                             |                                 |  | -                         | <b> </b>                   |
| DETAILS OF WRITE-INS  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 2   |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 3.  |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| <ol> <li>Summary of remaining write-ins for Line 34 from overflow page</li> </ol>                       |                              |  |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   |                              |  |                                     | i     | 1                                      | I                         |                         | 1                           | I                               |  | I                         | 1                          |

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



|                | NAIC Group Code 0065 BUSINESS II                              | N THE STATE C   |  |                                     |                                     | LUSSES (                               |                           |                         | RING THE YEAR               | R 2022                                 | NAIC Com                               | pany Code 10              | 316                         |
|----------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|--|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost              | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred        | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Allied Lines  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Federal Flood   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Private Crop  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Private Flood   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Farmowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 4.             | Homeowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)             |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)                 |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 10.            | Financial Guaranty  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Medical Professional Liability - Occurrence                   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)                  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Credit A&H (Group and Individual)                             |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Vision Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 15.3           | Disability Income (b)   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Medicare Supplement (b)                                       |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Medicare Title XVIII (b)                                      |   |  |                                     |                                     | ·····                                  |                           |                         |                             |  |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                    |   |  |                                     |                                     | <b></b>                                |                           |                         |                             |  |  |                           |                             |
| 15.6           | Other Health (b)  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |                                     | A V                                    |                           |                         |                             |  |  |                           |                             |
|                | Other Liability - Occurrence                                  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Other Liability - Claims-Made                                 |   |  |                                     | ,                                   |  |                           |                         |                             |  |  |                           |                             |
|                | Excess Workers' Compensation                                  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Products Liability - Occurrence                               |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | 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                        |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Commercial Auto Physical Damage                               |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           | ·····                       |
|                | Surety  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Burglary and Theft  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                | Boiler and Machinery  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 28.            | Credit  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 29.            | International   |   |  |                                     |                                     | -                                      |                           |                         |                             |  |  |                           |                             |
| 30.            | Warranty  | vvv   | vvv  |                                     | vvv                                 |  | vvv                       | vvv                     | vvv                         | ······································ |  | vvv                       | vvv                         |
| 31.<br>32.     | Reins nonproportional assumed property                        | XXXXXX  | XXXXXX   | XXXXXX                              | XXX                                 | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                                 | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed financial lines                 | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                                    | XXX                                    | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business               |   |  |                                     |                                     |  | ·····                     |                         |                             |  |  |                           |                             |
| 35.            | Total (a)   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           | <u> </u>                    |
|                | DETAILS OF WRITE-INS  |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 3401.          |   |   |  |                                     |                                     | -                                      |                           |                         |                             |  |  |                           |                             |
| 3402.          |   |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
| 3490.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   |  |                                     |                                     |  |                           |                         |                             |  |  |                           |                             |
|                |   |   |  | 1                                   |                                     | 1                                      |                           |                         | 1                           |  |  |                           |                             |



|            | NAIC Group Code 0065 BUSINESS II                               | N THE STATE C                 | F Oklahoma                       |                                     |                | `                                      | otatato. y                |                         | RING THE YEAR               | R 2022                          | NAIC Com                                  | pany Code 10              | 0316                        |
|------------|--|-------------------------------|----------------------------------|-------------------------------------|----------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|---|---------------------------|-----------------------------|
|            |  | Gross Premit<br>Policy and Me | ıms, Including<br>mbership Fees, | 3                                   | 4              | 5                                      | 6                         | 7                       | 8                           | 9                               | 10  | 11                        | 12                          |
|            |  |                               | Premiums and olicies not Taken   | Dividends Paid<br>or Credited to    |                |  |                           |                         | Direct Defense and Cost     | Direct Defense and Cost         | Direct Defense<br>and Cost<br>Containment | Commissions               |                             |
|            | Line of Business   | Direct Premiums<br>Written    | Direct Premiums<br>Earned        | Policyholders<br>on Direct Business |                | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                         | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | 2 Multiple Peril Crop  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Federal Flood  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Private Crop   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Private Flood  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Farmowners Multiple Peril                                      |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Commercial Multiple Peril (Non-Liability Portion)              |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Commercial Multiple Peril (Liability Portion)                  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Mortgage Guaranty  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 8.         |  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 9.         | Inland MarineFinancial Guaranty                                |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 10.        | Hinancial Guaranty   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 11.        | Medical Professional Liability - Claims-Made                   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 12.        | Earthquake   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Comprehensive (hospital and medical) ind (b)                   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 13.        | 2 Comprehensive (hospital and medical) group (b)               |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Credit A&H (Group and Individual)                              |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | 2 Dental Only (b)  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | B Disability Income (b)  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 15.4       | Medicare Supplement (b)  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Medicaid Title XIX (b)   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 15.0       | Medicare Title XVIII (b)                                       |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Federal Employees Health Benefits Plan (b)                     |                               |                                  |                                     |                | ·····                                  |                           |                         |                             |                                 |   |                           |                             |
|            | Other Health (b)   |                               |                                  | \ \                                 |                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                           |                         |                             |                                 |   |                           |                             |
| 16.        | Workers' Compensation  |                               |                                  |                                     |                | V 4                                    |                           |                         |                             |                                 |   |                           |                             |
| 17.        | Other Liability - Occurrence                                   |                               |                                  | \                                   |                |  |                           |                         |                             |                                 |   |                           |                             |
| 17.        | Other Liability - Claims-Made                                  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | B Excess Workers' Compensation                                 |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 18.        | Products Liability - Occurrence                                |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 19.        | Private Passenger Auto No-Fault (Personal Injury Protection)   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 19.        | 2 Other Private Passenger Auto Liability                       |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 19.3       | B Commercial Auto No-Fault (Personal Injury Protection)        |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 19.4       | Other Commercial Auto Liability                                |                               |                                  |                                     | · ····         | -                                      |                           | ·····                   |                             | ····                            |   |                           |                             |
| 21.        | Private Passenger Auto Physical Damage                         |                               |                                  |                                     |                |  | •••••                     | ·····                   |                             |                                 | •••••                                     |                           |                             |
| 22         | Aircraft (all perils)  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            | Fidelity   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 24.        |  |                               |                                  |                                     | .              |  |                           | ļ                       |                             | ļ                               |   |                           |                             |
| 26.        | Burglary and Theft   |                               |                                  |                                     | ·              |  |                           |                         |                             |                                 |   |                           |                             |
| 27.<br>28. | Boiler and Machinery<br>Credit                                 |                               |                                  |                                     |                |  | •••••                     |                         |                             |                                 |   |                           |                             |
| 29.        | International  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 30.        | Warranty   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 31.        | Reins nonproportional assumed property                         | XXX                           | XXX                              | XXX                                 | XXX            | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 32.        | Reins nonproportional assumed liability                        | XXX                           | XXX                              | XXX                                 | XXX            | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 33.<br>34. |  | XXX                           | XXX                              | XXX                                 | XXX            | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 34.<br>35. | Aggregate write-ins for Other Lines of Business                |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 55.        | DETAILS OF WRITE-INS   |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
|            |  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           |                             |
| 3402.      |  |                               |                                  |                                     | .              |  |                           | ļ                       |                             | ļ                               |   |                           |                             |
| 3403.      | Cummany of amazining write ins for Line 24 from available page |                               |                                  |                                     | · <del> </del> | -                                      |                           | ·····                   |                             | ·····                           |   |                           |                             |
|            | Summary of remaining write-ins for Line 34 from overflow page  |                               |                                  |                                     |                |  |                           |                         |                             |                                 |   |                           | •                           |
|            | nce and service charges not included in Lines 1 to 35 \$       | l                             | l                                | 1                                   | 1              | I                                      |                           | I                       | 1                           | 1                               | I .                                       | I                         | İ.                          |

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



|              | NAIC Group Code 0065 BUSINESS II                              | N THE STATE O   | F Oregon  |                                     |                                     |  |                           | DUF                     | RING THE YEAF               | ₹ 2022                          | NAIC Com                               | pany Code 10              | )316                        |
|--------------|---|---|---|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|              |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ms, Including<br>nbership Fees,<br>Premiums and | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|              | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned                       | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|              | Fire  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Allied Lines  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Federal Flood   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Private Crop  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Private Flood   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3.<br>4      | Farmowners Multiple Peril 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  |   |   |                                     | ·····                               |  |                           |                         |                             |                                 |  |                           |                             |
|              | Medical Professional Liability - Occurrence                   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Earthquake  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1         | Comprehensive (hospital and medical) ind (b)                  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2         | Comprehensive (hospital and medical) group (b)                |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Credit A&H (Group and Individual)                             |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.1         | Vision Only (b)   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Dental Only (b)   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3         | Disability Income (b)   |   |   | •••••                               |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4         | Medicaid Title XIX (b)  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Medicare Title XVIII (b)                                      |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Long-Term Care (b)  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Federal Employees Health Benefits Plan (b)                    |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Other Health (b)  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Workers' Compensation   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Other Liability - Occurrence                                  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Excess Workers' Compensation                                  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Products Liability - Occurrence                               |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.2         | Products Liability - Claims-Made                              |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 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<br>21.2 | Commercial Auto Physical Damage                               |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.          | Aircraft (all perils)   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|              | Fidelity  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 24.          | Surety  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 26.          | Burglary and Theft  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 27.          | Boiler and Machinery  |   |   |                                     | ····                                |  |                           |                         |                             | ·····                           |  | ·····                     | ····                        |
| 28.<br>29.   | Credit  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30.   | International   |   |   |                                     | ·····                               |  |                           |                         |                             |                                 |  |                           | ·····                       |
|              | Reins nonproportional assumed property                        | XXX   | XXX   | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|              | Reins nonproportional assumed liability                       | XXX   | XXX   | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.          | Reins nonproportional assumed financial lines                 | XXX   | XXX   | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.          | Aggregate Write-Ins for Other Lines of Business               |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
| 35.          | Total (a)   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 404          | DETAILS OF WRITE-INS  |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 401.<br>402. |   |   |   |                                     | ·····                               |  |                           |                         |                             | ·····                           |  |                           | ·····                       |
|              |   |   |   |                                     | l                                   | ·                                      |                           | l·····                  |                             |                                 |  |                           | ·····                       |
|              |   |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 403.<br>498. | Summary of remaining write-ins for Line 34 from overflow page |   |   |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |



|            | NAIC Group Code 0065 BUSINESS II  | N THE STATE C                                   | F Pennsylvan   |                                     |                                     | LOGOLO                                 | ` ,       |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 316                      |
|------------|---|---|--|-------------------------------------|-------------------------------------|--|-----------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|--------------------------|
|            | ·   | Gross Premit<br>Policy and Mer<br>Less Return I | ums, Including mbership Fees, Premiums and blicies not Taken | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                       |
|            | Line of Business  | Direct Premiums<br>Written                      | Direct Premiums Earned                                       | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) |           | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses and Fees |
| 1.         |   | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 2.1        | Allied Lines  |   | 0  | ٠٥                                  |                                     | )                                      |           | 00                      |                             |                                 | 0                                      | 0                         |                          |
|            | Federal Flood   | n   | 0  | ٠١                                  |                                     | )                                      |           | n                       |                             |                                 | 0                                      |                           |                          |
|            | Private Crop  | 0   | 0  | 0                                   | 0                                   | )                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Private Flood   | 0   | 0  | 0                                   | 0                                   | )0                                     |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 3.         | Farmowners Multiple Peril   | 0   | 0  | 0                                   | 0                                   | 00                                     |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 4.         | Homeowners Multiple Peril   | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 5.1        | Commercial Multiple Peril (Non-Liability Portion)   | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Commercial Multiple Peril (Liability Portion)   | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 6.<br>8.   | Ocean Marine  | 0   | 0  | ٠٠                                  |                                     | )                                      |           | n                       |                             |                                 | 0                                      | 0                         |                          |
| 9.         | Inland Marine   | 0   | 0  |                                     |                                     | )                                      |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
| 10.        | Financial Guaranty  | 0   | 0  | 0                                   |                                     | )0                                     |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
| 11.1       | Medical Professional Liability - Occurrence   | 0   | 0  | 0                                   | 0                                   | )0                                     |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Medical Professional Liability - Claims-Made  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Earthquake  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 13.1       | Comprehensive (hospital and medical) ind (b)  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 13.2       | Comprehensive (hospital and medical) group (b)  |   | 0  |                                     |                                     | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Vision Only (b)   | u   | 0  | ٠٠                                  |                                     | )                                      |           | n                       |                             |                                 | 0                                      | 0                         |                          |
|            | Dental Only (b)   | 0   | 0  |                                     | 0                                   | 0                                      |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Disability Income (b)   | 0   | 0  | 0                                   | 0                                   | )                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 15.4       | Medicare Supplement (b)   | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Medicaid Title XIX (b)  | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Medicare Title XVIII (b)  | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Long-Term Care (b)  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Federal Employees Health Benefits Plan (b) Other Health (b)                                   | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Workers' Compensation   |   | 0  | ٠٠                                  |                                     | )                                      |           | n                       |                             |                                 | 0                                      | 0                         |                          |
|            | Other Liability - Occurrence  | 0   | 0  |                                     | 0                                   | 0                                      |           | 1 12                    | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Other Liability - Claims-Made   | 0   | 0  | 0                                   | 0                                   | )0                                     |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
|            | Excess Workers' Compensation  | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      |                             | 0                               | 0                                      | 0                         |                          |
| 18.1       | Products Liability - Occurrence   | 0   | 0  | 0                                   | 0                                   | 0                                      | 2,895,73  | 32,896,390              | 50,251                      | 623,078                         | 572,958                                | 0                         |                          |
| 18.2       | Products Liability - Claims-Made  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 19.1       | Private Passenger Auto No-Fault (Personal Injury Protection)                                  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 19.2       | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection) |   | 0  | ٠٥                                  |                                     | )                                      |           | 00                      |                             |                                 | 0                                      | 0                         |                          |
| 19.3       | Other Commercial Auto Liability   | 0   | 0  | 0                                   |                                     | 0                                      |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
| 21 1       | Private Passenger Auto Physical Damage  | 0   | 0  | 0                                   | 0                                   | 0                                      |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
| 21.2       | Commercial Auto Physical Damage   | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 22.        | Aircraft (all perils)   | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 23.        | Fidelity  | 0   | 0  | 0                                   | J0                                  | 0                                      | [         | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 24.        | Surety  | ļ0  | 0  | 0                                   | J                                   | .  0                                   | [········ | u  0                    | 0                           | 0                               | ō                                      | ļ0                        | ·····                    |
| 26.<br>27. | Burglary and Theft  | 0<br>n  | 0  | 0<br>n                              | 0                                   | ,  0                                   |           | n  0                    | 0                           | 0                               | 0<br>n                                 | 0                         |                          |
| 28.        | Credit  | n   | 0  |                                     |                                     | )n                                     |           | ōn                      | n                           | n                               | n                                      | n                         |                          |
| 29.        | International   |   | 0  |                                     |                                     | )0                                     |           | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |
| 30.        | Warranty  | 0   | 0  | 0                                   | 0                                   | )0                                     |           | 00                      | 0                           | 0                               | 0                                      | 0                         |                          |
| 31.        | Reins nonproportional assumed property  | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                      |
| 32.        | Reins nonproportional assumed liability   | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX       |                         | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                      |
| 33.        | Reins nonproportional assumed financial lines   | XXX0  | XXX  | XXX                                 | XXX                                 | xxx                                    | XXX       |                         | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                      |
| 34.<br>35. | Aggregate Write-Ins for Other Lines of Business   | 0   | 0  | 0<br>n                              |                                     | ,  0                                   | 2,895,73  |                         | 50,251                      |                                 |  |                           |                          |
| JJ.        | DETAILS OF WRITE-INS  | 0   | U  | 0                                   | · ·                                 | , 0                                    | 2,090,70  | 2,090,401               | 30,231                      | 023,076                         | 312,939                                | 0                         |                          |
| 3401.      | DETAILS OF MAILEMO  |   |  |                                     |                                     |  |           |                         |                             |                                 |  |                           |                          |
| 3402.      |   |   |  |                                     |                                     |  | .         |                         |                             |                                 |  |                           |                          |
| 3403.      |   |   |  |                                     |                                     |  | .         |                         |                             |                                 |  |                           |                          |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page                                 | 0   | 0  | 0                                   | 0                                   | )  0                                   |           | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                          |
| 3499.      | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)  | 0   | 0  | 0                                   |                                     | 0                                      | 1         | 0                       | 0                           | 0                               | 0                                      | 0                         |                          |



|                | NAIC Group Code 0065 BUSINESS If  | N THE STATE C                                   | F Rhode Islan  |  |                   | LUSSES               | ,        |   | RING THE YEAR                         | R 2022                                | NAIC Com   | pany Code 10                 | 316                |
|----------------|---|---|--|--|-------------------|----------------------|----------|---|---------------------------------------|---------------------------------------|--|------------------------------|--------------------|
|                |   | Gross Premit<br>Policy and Mei<br>Less Return I | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to Policyholders | 4 Direct Unearned | 5 Direct Losses Paid |          | 7<br>Direct                             | 8 Direct Defense and Cost Containment | 9 Direct Defense and Cost Containment | Direct Defense<br>and Cost<br>Containment<br>Expense | 11 Commissions and Brokerage | 12 Taxes, Licenses |
|                | Line of Business  | Written   | Earned   | on Direct Business                             | Premium Reserves  | (deducting salvage)  | Incurred | Losses Unpaid                           | Expense Paid                          | Expense Incurred                      | Unpaid   | Expenses                     | and Fees           |
|                | FireAllied Lines  | 0   | 0  | 0  | J0                | 0                    |          | 0  0                                    | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Multiple Peril Crop   |   | 0  | ٠١   |                   | 0                    |          | 0                                       |                                       | 0                                     | 0  |                              |                    |
|                | Federal Flood   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 2.4            | Private Crop  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Private Flood   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 3.<br>4.       | Farmowners Multiple Peril   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Commercial Multiple Peril (Non-Liability Portion)                       | 0   | 0  |  | 0                 | 0                    |          | 00<br>n                                 | 0                                     | 0                                     | 0  |                              | 0                  |
|                | Commercial Multiple Peril (Norl-Liability Portion)                      | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 6.             | Mortgage Guaranty   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 8.             | Ocean Marine  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 9.             | Inland Marine   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 10.            | Financial Guaranty  Medical Professional Liability - Occurrence         | 0   | 0  | 0  | J0                | 0                    |          | 0                                       | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 11.1           | Medical Professional Liability - Occurrence                             | 0   | 0  |  | 0                 | 0                    |          | 0                                       | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Earthquake  | 0   | 0  | 0  | 0                 | 0                    |          | 0                                       | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 13.1           | Comprehensive (hospital and medical) ind (b)                            | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 13.2           | Comprehensive (hospital and medical) group (b)                          | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 14.            | Credit A&H (Group and Individual)                                       | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Dental Only (b)   | 0   | 0  | ٠١   | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  |                              |                    |
|                | Disability Income (b)   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 15.4           | Medicare Supplement (b)   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Medicaid Title XIX (b)  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Medicare Title XVIII (b)  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Long-Term Care (b)<br>Federal Employees Health Benefits Plan (b)        | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
|                | Other Health (b)  |   | 0  |  |                   | 0                    |          | n                                       |                                       | 0<br>n                                | 0<br>N   |                              | 0<br>n             |
|                | Workers' Compensation   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 73                 |
| 17.1           | Other Liability - Occurrence  | 0   | 0  | 0  | 0                 | 0                    |          | 7167                                    | 0                                     | (1)                                   | 7  | 0                            | 17,439             |
| 17.2           | Other Liability - Claims-Made   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      |                                       | 0                                     | 0  | 0                            | 0                  |
|                | Excess Workers' Compensation  | 0   | 0  | 0  | 0                 | 0                    | (6       | 0 0<br>7) 2.154                         |                                       | 0                                     |  | 0                            | 0                  |
|                | Products Liability - Occurrence   | 0<br>n  | 0  | ٠١   |                   | 0                    | (0       | n , , , , , , , , , , , , , , , , , , , | ,                                     | 42,022                                | 420<br>n   |                              | 33,098             |
| 19.1           | Private Passenger Auto No-Fault (Personal Injury Protection)            | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 19 2           | Other Private Passenger Auto Liability                                  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)                   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 19.4           | Other Commercial Auto Liability   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 21.1           | Private Passenger Auto Physical Damage  Commercial Auto Physical Damage | 0   | 0  | ٠٠   | 0                 | 0                    |          | 00                                      |                                       | 0                                     | 0  | 0                            | 0                  |
|                | Aircraft (all perils)   | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 23.            | Fidelity  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 24.            | Surety  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 26.            | Burglary and Theft  | 0   | 0  | 0  | 0                 | 0                    |          | 00                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 27.<br>28.     | Boiler and Machinery<br>Credit  | 0   | 0  | 0  | J0                | 0                    |          | u  0                                    | 0                                     | 0                                     | 0  | J                            | J0                 |
| 28.<br>29.     | International   | 0<br>n  | 0<br>n   | <br>n  | n                 | 0<br>n               |          | 0                                       | u                                     | 0<br>n                                |  | 0<br>n                       | u                  |
| 30.            | Warranty  | 0   | 0  | 0  | 0                 | 0                    |          | ŏ0                                      | 0                                     | 0                                     | 0  | 0                            | 0                  |
| 31.            | Reins nonproportional assumed property                                  | XXX   | XXX  | XXX  | XXX               | XXX                  | XXX      | xxx                                     | XXX                                   | XXX                                   | XXX  | XXX                          | XXX                |
| 32.            | Reins nonproportional assumed liability                                 | XXX   | XXX  | XXX  | XXX               | XXX                  | XXX      | XXX                                     | XXX                                   | XXX                                   | XXX  | XXX                          | XXX                |
| 33.            | Reins nonproportional assumed financial lines                           | XXX   | XXX  | XXX  | XXX               | XXX                  | XXX      | xxx                                     | XXX                                   | XXX                                   | XXX  | XXX                          | XXX                |
| 34.<br>35.     | Aggregate Write-Ins for Other Lines of Business                         | 0   | 0  | 0  | J0                | 0                    | (5)      | 00<br>9) 2.321                          |                                       | 0                                     | 433  | 0                            | 51.210             |
| აა.            | DETAILS OF WRITE-INS  | 0   | U  | U  | 0                 | 0                    | (5)      | 2,321                                   | 42,041                                | 42,020                                | 433  | <u> </u>                     | 31,210             |
| 3401.          | DETAILS OF WITE-ING   |   |  |  |                   |                      | .        |   |                                       |                                       |  |                              |                    |
| 3402.          |   |   |  |  |                   |                      |          |   |                                       |                                       |  |                              |                    |
| 3403.          |   |   |  |  |                   |                      |          |   |                                       |                                       |  |                              |                    |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page           | 0   | 0  | 0  | J0                | 0                    | ······   | 0  0                                    | 0                                     | 0                                     | ļ0   | 0                            | J0                 |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                  | 0   | 0  | 0  | . 0               | 0                    |          | υ [ 0                                   | 0                                     | 0                                     | 0  | 0                            | . 0                |



|                | NAIC Group Code 0065 BUSINESS II                                  | N THE STATE C   | F South Caro   |                                     |        | LUSSES (                               |                           |                         | RING THE YEAR               | 2022                            | NAIC Com                               | pany Code 10              | 0316                                    |
|----------------|---|---|--|-------------------------------------|--------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---|
|                |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3 Dividends Paid or Credited to     | 4      | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                      |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business |        | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
|                | Fire  |   |  |                                     |        | -                                      |                           |                         |                             |                                 |  |                           |   |
|                | Allied Lines  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           | • |
|                | Federal Flood   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Private Crop  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Private Flood   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Farmowners Multiple Peril   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 4.<br>5.1      | Homeowners Multiple Peril   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Commercial Multiple Peril (Non-Elability Portion)                 |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 6.             | Mortgage Guaranty   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 8.             | Ocean Marine  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 9.             | Inland Marine   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Financial Guaranty  Medical Professional Liability - Occurrence   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Medical Professional Liability - Occurrence                       |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Earthquake  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 13.1           | Comprehensive (hospital and medical) ind (b)                      |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Comprehensive (hospital and medical) group (b)                    |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Credit A&H (Group and Individual)                                 |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Dental Only (b)   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Disability Income (b)   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicare Supplement (b)   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicaid Title XIX (b)  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Medicare Title XVIII (b)  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Long-Term Care (b)<br>Federal Employees Health Benefits Plan (b)  |   |  |                                     |        | \                                      |                           |                         |                             |                                 |  |                           |   |
| 15.0           | Other Health (b)  |   |  |                                     |        | \ \\                                   |                           |                         |                             |                                 |  |                           |   |
| 16.            | Workers' Compensation   |   |  |                                     |        | <b>A V</b>                             |                           |                         |                             |                                 |  |                           |   |
|                | Other Liability - Occurrence                                      |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Other Liability - Claims-Made                                     |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Excess Workers' Compensation                                      |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Products Liability - Occurrence  Products Liability - Claims-Made |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | 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           | Commercial Auto Physical Damage                                   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Aircraft (all perils)   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 23.            | Fidelity  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | Surety  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 26.            | Burglary and Theft  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 27.<br>28.     | Credit  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 29.            | International   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 30.            | Warranty  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 31.            |   | XXX   | XXX  | XXX                                 | XXX    | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                     |
| 32.<br>33.     | Reins nonproportional assumed liability                           | XXXXXX  | XXXXXX   | XXX                                 | XXXXXX | XXXXXX                                 | XXX                       | XXXXXX                  | XXX                         | XXX                             | XXXXXX                                 | XXXXXX                    | XXX<br>XXX                              |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business                   |   |  |                                     |        |  |                           |                         |                             |                                 |  | ······                    |   |
| 35.            | Total (a)   |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
|                | DETAILS OF WRITE-INS  |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 3401.          |   |   |  |                                     | ļ      |  |                           |                         |                             |                                 |  |                           |   |
| 3402.          |   |   |  |                                     | ·····  |  |                           | ·····                   |                             | •                               |  |                           |   |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page     |   |  |                                     |        |  |                           |                         |                             |                                 |  |                           |   |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)            |   |  | •••••                               |        |  |                           |                         |                             |                                 | •••••                                  |                           |   |
|                |   |   |  |                                     |        |  |                           |                         |                             |                                 |  | •                         | •                                       |



|                  | NAIC Group Code 0065 BUSINESS II                              | N THE STATE O                                     | F South Dake                     |   |        | LUSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                                | pany Code 10              | 0316                        |
|------------------|---|---|----------------------------------|---|--------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|---|---------------------------|-----------------------------|
|                  |   | Policy and Mer<br>Less Return F<br>Premiums on Po | Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to        | 4      | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment  | 11 Commissions            | 12                          |
|                  | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned        | Policyholders<br>on Direct Business     |        | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                       | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                  | Fire  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Allied Lines  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Federal Flood   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Private Crop  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Private Flood   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Farmowners Multiple Peril                                     |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Homeowners Multiple Peril                                     |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Commercial Multiple Peril (Non-Liability Portion)             |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 5.2<br>6.        | Mortgage Guaranty   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 8.               | Ocean Marine  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 9.               | Inland Marine   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Financial Guaranty  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Medical Professional Liability - Occurrence                   |   |                                  |   | ļ      |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Medical Professional Liability - Claims-Made                  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 1∠.<br>13.1      | Earthquake  Comprehensive (hospital and medical) ind (b)      |   | ·····                            |   | l      |  |                           |                         |                             | ·····                           |   |                           |                             |
|                  | Comprehensive (hospital and medical) group (b)                |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Credit A&H (Group and Individual)                             |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Vision Only (b)   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Dental Only (b)   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Disability Income (b)   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Medicaid Title XIX (b)  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Medicare Title XVIII (b)                                      |   |                                  |   |        | <u> </u>                               |                           |                         |                             |                                 |   |                           |                             |
|                  | Long-Term Care (b)  |   |                                  |   |        | <b>\</b>                               |                           |                         |                             |                                 |   |                           |                             |
| 15.8             | Federal Employees Health Benefits Plan (b)                    |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 15.9             | Other Health (b)  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Workers' Compensation   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Other Liability - Occurrence                                  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Excess Workers' Compensation                                  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Products Liability - Occurrence                               |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Products Liability - Claims-Made                              |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 19.2             | Other Private Passenger Auto Liability                        |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 19.3             | Commercial Auto No-Fault (Personal Injury Protection)         |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 21.4             | Private Passenger Auto Physical Damage                        |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 21.2             | Commercial Auto Physical Damage                               |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 22.              | Aircraft (all perils)   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Fidelity  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Surety  |   |                                  |   | ·····  |  |                           |                         |                             |                                 |   |                           |                             |
|                  | Burglary and Theft  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 27.<br>28.       | Credit  |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 29.              | International   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 30.              | Warranty  |   |                                  |   |        |  |                           | ļ                       |                             |                                 |   |                           |                             |
| 31.              | Reins nonproportional assumed property                        | XXX   | XXX                              | XXX                                     | XXX    | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                     | XXX                       | XXX                         |
| 32.<br>33.       | Reins nonproportional assumed liability                       | XXXXXX  | XXXXXX                           | XXX                                     | XXXXXX | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXXXXX                                  | XXXXXX                    | XXXXXX                      |
| 33.<br>34.       | Aggregate Write-Ins for Other Lines of Business               |   |                                  |   |        |  | ^^                        | ^^^                     |                             |                                 |   |                           | ·············               |
| 3 <del>4</del> . | Total (a)   |   |                                  | • |        |  |                           |                         |                             |                                 | • |                           |                             |
|                  | DETAILS OF WRITE-INS  |   |                                  |   | İ      |  |                           |                         |                             |                                 |   |                           |                             |
| 3401.            |   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 3402.            |   |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 3403.<br>3498.   | Summary of remaining write-ins for Line 34 from overflow page |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| 3496.<br>3499.   | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   |                                  |   |        |  |                           |                         |                             |                                 |   |                           |                             |
| J .JU.           | : 1 (   |   |                                  |   | 1      | 1                                      |                           |                         | 1                           |                                 |   | 1                         | 1                           |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE C   |  |                                     | = J <del>-</del>                    | LUGGLG (                               | ·                         |                         | RING THE YEAR               | 2022                            | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3 Dividends Paid or Credited to     | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty   |   | ļ  |                                     |                                     | .                                      |                           | ļ                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made   | İ   | l  |                                     |                                     | ·                                      | •••••                     | l                       |                             | •••••                           | •••••                                  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 14.            | Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.7           | Long-Term Care (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.8           | Federal Employees Health Benefits Plan (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.1           | Products Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Other Commercial Auto Liability  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety   | ····  | ····   |                                     |                                     | -                                      |                           | ·····                   |                             |                                 |  |                           |                             |
|                | Burglary and Theft   | <b>†</b>  | l  |                                     |                                     | ·                                      |                           | l                       |                             |                                 |  |                           |                             |
| 28.            | Credit   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property   | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|                | Reins nonproportional assumed liability  | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXX                                    | XXX                       | XXXXXX                  | XXX                         | XXX                             | XXXXXX                                 | XXXXXX                    | XXXXXX                      |
| 33.<br>34.     | Reins nonproportional assumed financial lines  |   |  |                                     |                                     |  |                           |                         |                             |                                 | XXX                                    |                           | XXX                         |
| 34.<br>35.     | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 50.            | DETAILS OF WRITE-INS   | 1   | 1  |                                     | 1                                   |  |                           | 1                       |                             |                                 |  | 1                         | 1                           |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |  |   |  |                                     |                                     | .  .                                   |                           |                         |                             |                                 |  |                           |                             |
| 3403.          | Owner, of consists on the land of the life |   | ·····  |                                     |                                     | ·                                      |                           | ·····                   |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page  |   |  |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
| J499.          | rotais (Lines 340 i tiliu 3403 pius 3498)(Line 34 above)   | I   | I  | 1                                   | I .                                 | 1                                      |                           | I                       |                             |                                 |  | I .                       | I .                         |



| NAIC Group Code 0065 BUSII   | NESS IN THE STATE C                          |  |                                     |  |  | •        |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 316                                     |
|--|--|--|-------------------------------------|--|--|----------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|---|
|  | Gross Premit<br>Policy and Me<br>Less Return | ums, Including mbership Fees, Premiums and blicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                      | 5                                      | 6        | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                      |
| Line of Business   | Direct Premiums<br>Written                   | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves    | Direct Losses Paid (deducting salvage) |          | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees             |
| 1. Fire  | 0  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 2.1 Allied Lines   |  |  | 0                                   |  | )                                      |          |                         |                             | 0                               | 0                                      | 0                         |   |
| 2.3 Federal Flood  | 0  | 0  |                                     |  | )                                      |          | 1                       |                             | n                               |  |                           |   |
| 2.4. Private Crop  | 0  | 0  | 0                                   |  | )                                      |          | j                       | 0                           | 0                               | 0                                      | 0                         |   |
| 2.5 Private Flood  | 0  | 0  | 0                                   |  | )0                                     |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| Farmowners Multiple Peril  |  | 0  | 0                                   |  | )  0                                   |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 4. Homeowners Multiple Peril   |  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 5.1 Commercial Multiple Peril (Non-Liability Portion)                              | 0  | 0  | 0                                   |  | )  0                                   |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 6. Mortgage Guaranty   |  |  |                                     |  | )                                      |          | )                       | 0                           | 0                               | ٥٥                                     | 0                         |   |
| 8. Ocean Marine  | 0  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 9. Inland Marine   |  | 0  | 0                                   |  | )0                                     |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 10. Financial Guaranty   |  | 0  | 0                                   |  | )  0                                   |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 11.1 Medical Professional Liability - Occurrence                                   | 0  | 0  | 0                                   |  | )  0                                   |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 11.2 Medical Professional Liability - Claims-Made                                  | 0  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 12. Earthquake   | ·····ō                                       | 0  | 0                                   | ļ                                      | 0                                      | [ ]      | ,  ō                    | 0                           | ļ0                              | 0                                      | 0                         |   |
| <ul><li>13.1 Comprehensive (hospital and medical) ind (b)</li></ul>                |  | 0  | 0                                   |  | ,  0                                   |          | ,  0                    | u                           |                                 | u                                      |                           |   |
| 14. Credit A&H (Group and Individual)  |  | 0  |                                     |  | )                                      |          | 1                       |                             | n                               |  |                           |   |
| 15.1 Vision Only (b)   |  | 0  | 0                                   |  | )                                      |          | j                       | 0                           | 0                               | 0                                      | 0                         |   |
| 15.2 Dental Only (b)   | 0  | 0  | 0                                   |  | )0                                     |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 15.3 Disability Income (b)   | 0  | 0  | 0                                   | (                                      | )  0                                   |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 15.4 Medicare Supplement (b)   |  | 0  | 0                                   |  | 00                                     |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 15.5 Medicaid Title XIX (b)  |  | 0  | 0                                   |  | 00                                     |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 15.6 Medicare Title XVIII (b)  |  | 0  | 0                                   |  | )  0                                   |          | 0                       | 0                           | 0                               | 0                                      | 0                         | • |
| 15.7 Long-Term Care (b)  |  |  | 0                                   |  | )                                      |          | )                       |                             | 0                               | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ | 0                         |   |
| 15.9 Other Health (b)  | 0  | 0  |                                     |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 16. Workers' Compensation  | 0  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 17.1 Other Liability - Occurrence  |  | 0  | 0                                   |  | )  0                                   |          | 7171                    | 0                           | (1)                             | 7                                      | 0                         |   |
| 17.2 Other Liability - Claims-Made   |  | 0  | 0                                   |  | )  0                                   |          | 00                      |                             | 0                               | 0                                      | 0                         |   |
| 17.3 Excess Workers' Compensation  |  | 0  | 0                                   |  | 0                                      |          | 00                      |                             | 0                               | 0                                      | 0                         |   |
| 18.1 Products Liability - Occurrence   | 0  | 0  | 0                                   |  | )  0                                   | (32)     | 2)10,442                | 2,915                       | 2,821                           | 2,066                                  | 0                         | • |
| 18.2 Products Liability - Claims-Made  |  | 0  | 0                                   |  | )                                      |          | J                       | 0                           | 0                               | 0                                      | 0                         |   |
| 19.2 Other Private Passenger Auto Liability  | 0  | 0  | 0                                   |  | )                                      |          | )                       | 0                           | 0                               | 0                                      | 0                         |   |
| <ul> <li>19.2 Other Private Passenger Auto Liability</li></ul>                     | 0  | 0  | 0                                   |  | )0                                     |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 19.4 Other Commercial Auto Liability   | 0  | 0  | 0                                   | (                                      | )  0                                   |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 21.1 Private Passenger Auto Physical Damage  | 0  | 0  | 0                                   |  | 00                                     |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 21.2 Commercial Auto Physical Damage   | 0  | 0  | 0                                   |  | 0                                      |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 22. Aircraft (all perils)  |  | J0   | 0                                   | ļ                                      | 0                                      | []······ | , I                     | 0                           | ļ0                              | 0                                      | J                         |   |
| 23. Fidelity   |  | n  |                                     | ······································ | )                                      |          | )                       | n                           | n                               | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ | n                         |   |
| 26. Burglary and Theft   |  | 0  |                                     |  | )                                      |          | j                       |                             | 0                               | 0                                      | 0                         |   |
| 27. Boiler and Machinery   | 0  | 0  | 0                                   |  | )0                                     |          | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 28. Credit   | 0  | 0  | 0                                   | (                                      | )  0                                   |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 29. International  | 0  | 0  | 0                                   |  | )  0                                   |          | 0  0                    | 0                           | 0                               | 0                                      | 0                         |   |
| 30. Warranty   | 0  | 0  | 0                                   |  | )  0                                   | XXX      | )0                      | 0                           | 0<br>XXX                        | 0                                      | 0<br>XXX                  | XXX                                     |
| Reins nonproportional assumed property     Reins nonproportional assumed liability | XXXXXX                                       | XXXXXX   | XXXXXX                              | XXXXXX                                 | XXXXXX                                 | XXX      |                         | XXX                         | XXX                             | XXX                                    | XXXXX                     | XXX<br>XXX                              |
| 33. Reins nonproportional assumed financial lines                                  | XXX  | XXX  | XXX                                 | XXX                                    | XXX                                    |          |                         | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                                     |
| 34. Aggregate Write-Ins for Other Lines of Business                                | 0  | 0  | 0                                   |  | )0                                     |          | 00                      | 0                           | 0                               | 0                                      | 0                         |   |
| 35. Total (a)  | 0  | 0  | 0                                   |  | 0                                      | (31      | 5) 10,613               | 2,915                       |                                 | 2,072                                  | 0                         | L                                       |
| DETAILS OF WRITE-INS   |  |  |                                     |  |  |          |                         |                             | _                               |  |                           |   |
| 01   |  |  |                                     |  |  |          |                         |                             |                                 |  |                           |   |
| 02.<br>03.   |  | ·····  |                                     |  |  | ·        |                         |                             |                                 |  |                           |   |
| 98. Summary of remaining write-ins for Line 34 from overflow page                  | n  | n  | n                                   |  | )                                      |          | n                       | n                           | n                               | n                                      | n                         |   |
| 99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                         | 0  | 0  | 0                                   | (                                      | 0                                      | (        | 0                       | 0                           | 0                               | 0                                      | 0                         |   |
| 70. Totalo (Elitos ofo i tilla ofoo pias ofoo)(Elito of above)                     | U  | ı v  | U                                   |  | , ,                                    | 1 '      | , , ,                   |                             |                                 | U                                      |                           |   |



| NAIC Group Code 0065 BUSINESS  | IN THE STATE O                                |  |                                     |                                     |  |                           | וטט                     | RING THE YEAR               | 2022                            | NAIC COIL                              | pany Code 10              |  |
|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|--|
|  | Policy and Me<br>Less Return<br>Premiums on P | iums, Including<br>embership Fees,<br>Premiums and<br>Policies not Taken | 3 Dividends Paid or Credited to     | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                                     |
| Line of Business   | Direct Premiums<br>Written                    | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, License<br>and Fees             |
| 1. Fire  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 2.3 Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 2.4 Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 2.5 Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 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   |   |  |                                     |                                     |  | •••••                     |                         |                             |                                 |  |                           |  |
| Financial Guaranty      Medical Professional Liability - Occurrence                | ••••  |  |                                     |                                     |  | •••••                     |                         |                             | ·                               |  |                           |  |
| 11.2 Medical Professional Liability - Occurrence                                   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 11.2 Medical Professional Elability - Glaims-Made                                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 13.1 Comprehensive (hospital and medical) ind (b)                                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 13.2 Comprehensive (hospital and medical) group (b)                                |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 14. Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 5.1 Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.2 Dental Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.3 Disability Income (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.4 Medicare Supplement (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.5 Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.6 Medicare Title XVIII (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 15.7 Long-Term Care (b)  |   |  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |  |
| 15.9 Other Health (b)  |   |  |                                     |                                     | · · · · · · · · · · · · · · · · · · ·  |                           |                         |                             |                                 |  |                           |  |
| 16. Workers' Compensation  |   |  |                                     |                                     |  | •••••                     |                         |                             |                                 |  |                           |  |
| 17.1 Other Liability - Occurrence  | ••••  |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 17.2 Other Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 17.3 Excess Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 18.1 Products Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 18.2 Products Liability - Claims-Made  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 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)                         |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 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   |   | · · · · · · · · · · · · · · · · · · ·                                    | XXX                                 |                                     | XXX                                    | XXX                       | vvv                     | XXX                         | vvv                             | vvv                                    | vvv                       | ······································ |
| Reins nonproportional assumed property     Reins nonproportional assumed liability |   | XXXXXX   | XXX                                 | XXXXXX                              | XXXXXX                                 | XXXXXX                    | XXXXXX                  | XXX                         | XXXXXX                          | XXXXXX                                 | XXX                       | XXX                                    |
| 33. Reins nonproportional assumed liability  |   | XXX  | XXX                                 | XXX                                 | XXXXXX                                 | XXX                       | XXX                     | XXX                         | XXX                             | XXXXX                                  | XXX                       | XXX                                    |
| 34. Aggregate Write-Ins for Other Lines of Business                                |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 35. Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| DETAILS OF WRITE-INS   |   |  |                                     | Ì                                   |  |                           |                         |                             |                                 |  |                           |  |
| 01   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 02.  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 03   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 98. Summary of remaining write-ins for Line 34 from overflow page                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |  |
| 99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)                         |   |  | 1                                   |                                     |  |                           |                         |                             | Í                               |  | 1                         |  |

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

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



|            | NAIC Group Code 0065 BUSINESS II                                | N THE STATE C   |  |                                     |                                     | LUSSES (                               | - 3 <b></b>               |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|            |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|            | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Allied Lines  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Federal Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 2.4        | Private Crop  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Private Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Farmowners Multiple Peril                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.<br>5.1  | Homeowners Multiple Peril                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|            | Commercial Multiple Peril (Norl-Liability Portion)              |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.         | Mortgage Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.         | Ocean Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.         | Inland Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Financial Guaranty  Medical Professional Liability - Occurrence |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medical Professional Liability - Occurrence                     |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Earthquake  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1       | Comprehensive (hospital and medical) ind (b)                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Comprehensive (hospital and medical) group (b)                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Credit A&H (Group and Individual)                               |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Vision Only (b)<br>Dental Only (b)                              |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|            | Disability Income (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medicare Supplement (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medicare Title XVIII (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Long-Term Care (b)  |   |  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |                             |
| 15.8       | Federal Employees Health Benefits Plan (b) Other Health (b)     |   |  |                                     |                                     | <b></b>                                |                           |                         |                             |                                 |  |                           |                             |
| 16.5       | Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Occurrence                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Claims-Made                                   |   |  |                                     | ,                                   |  |                           |                         |                             |                                 |  |                           |                             |
|            | Excess Workers' Compensation                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Products Liability - Occurrence                                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | 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                          |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 23.        | Fidelity  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Surety  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 26.        | Burglary and Theft  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Boiler and Machinery  |   |  |                                     |                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 28.<br>29. | Credit  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30. | Warranty  |   |  |                                     |                                     |  |                           | l                       |                             |                                 |  |                           |                             |
| 31.        | · · · · ·   | XXX   | XXX  | XXX                                 | XXX                                 | xxx                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | xxx                       | XXX                         |
| 32.        | Reins nonproportional assumed liability                         | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.        | Reins nonproportional assumed financial lines                   | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.        | Aggregate Write-Ins for Other Lines of Business                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.        | Total (a) DETAILS OF WRITE-INS                                  |   |  |                                     |                                     | +                                      |                           |                         |                             |                                 |  | -                         |                             |
| 3401.      | DETAILS OF WRITE-INS  |   |  |                                     |                                     |  |                           | l                       |                             |                                 |  |                           | L                           |
| 3402.      |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.      |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.      | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)          |   |  |                                     |                                     |  |                           | 1                       |                             |                                 |  |                           |                             |



|            | NAIC Group Code 0065 BUSINESS II                                  | N THE STATE O              |                           |                                     |                                     |  |                           | DUF                     | RING THE YEAR               | R 2022                          |  | pany Code 10              | 0316                        |
|------------|---|----------------------------|---------------------------|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|            |   |                            |                           | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|            | Line of Business  | Direct Premiums<br>Written | Direct Premiums<br>Earned | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Allied Lines  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Federal Flood   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Private Crop  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Private Flood   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3.<br>4.   | Farmowners Multiple Peril 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  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ·····                       |
|            | Medical Professional Liability - Occurrence                       |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Earthquake  | ]                          |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1       | Comprehensive (hospital and medical) ind (b)                      |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2       | Comprehensive (hospital and medical) group (b)                    |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ļ                           |
|            | Credit A&H (Group and Individual)                                 |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.1       | Vision Only (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Dental Only (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3       | Disability Income (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4       | Medicare Supplement (b)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Medicare Title XVIII (b)  |                            |                           |                                     |                                     | · · · · · · · · · · · · · · · · · · ·  | ······                    |                         |                             |                                 |  |                           |                             |
|            | Long-Term Care (b)  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Federal Employees Health Benefits Plan (b)                        |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9       | Other Health (b)  |                            |                           |                                     |                                     | A                                      |                           |                         |                             |                                 |  |                           |                             |
|            | Workers' Compensation   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Occurrence                                      |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Other Liability - Claims-Made                                     |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Products Liability - Occurrence                                   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 18.1       | Products Liability - Occurrence  Products Liability - Claims-Made | ·····                      |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.1       | Private Passenger Auto No-Fault (Personal Injury Protection)      |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.2       | Other Private Passenger Auto Liability                            |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3       | Commercial Auto No-Fault (Personal Injury Protection)             |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.4       | Other Commercial Auto Liability                                   |                            |                           |                                     |                                     | .   -                                  |                           |                         |                             |                                 |  |                           | ļ                           |
| 21.1       | Private Passenger Auto Physical Damage                            |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ·····                       |
| 21.2       | Commercial Auto Physical Damage                                   | ·····                      |                           |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           | ·····                       |
|            | Aircraft (all perils)   |                            |                           |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           | l                           |
| 23.<br>24. | Surety  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           | l                           |
| 26.        | Burglary and Theft  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 27.        | Boiler and Machinery  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.        | Credit  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.        | International   |                            |                           |                                     |                                     | .   -                                  |                           |                         |                             |                                 |  |                           | ļ                           |
| 30.        | Warranty  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Reins nonproportional assumed property                            | XXXXXX                     | XXX                       | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXX                             | XXX                                    | XXXXXX                    | XXX                         |
| 32.<br>33. | Reins nonproportional assumed liability                           | XXX                        | XXXXXX                    | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXXXXX                                 | XXX                       | XXX                         |
| 34.        | Aggregate Write-Ins for Other Lines of Business                   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | Total (a)   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|            | DETAILS OF WRITE-INS  |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.      |   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.      |   |                            |                           |                                     |                                     | .                                      |                           |                         |                             |                                 |  |                           | ļ                           |
| 3403.      |   |                            |                           |                                     |                                     |  |                           |                         |                             |                                 |  |                           | ·····                       |
| 3498.      | Summary of remaining write-ins for Line 34 from overflow page     |                            |                           |                                     |                                     | ·                                      |                           |                         |                             |                                 |  |                           |                             |
| 9499.      | rotais (Lines 5401 thru 3403 plus 3498)(Line 34 above)            | 1                          |                           |                                     | l                                   | 1                                      |                           | 1                       | 1                           | I                               |  | I                         | 1                           |



|            | NAIC Group Code 0065 BUSINESS II  | N THE STATE C                                   | F Washington           |                                     |                                     | LOGOLO                                 |        |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|------------|---|---|------------------------|-------------------------------------|-------------------------------------|--|--------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|            | ·   | Gross Premit<br>Policy and Mer<br>Less Return I | ıms, Including         | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6      | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|            | Line of Business  | Direct Premiums<br>Written                      | Direct Premiums Earned | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) |        | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|            | Fire  | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 2.1        | Allied Lines  |   | 0                      | ٠٥                                  |                                     | )                                      |        | n                       |                             |                                 | 0                                      | 0                         |                             |
|            | Federal Flood   | n   | 0                      | ٠١                                  |                                     | )                                      |        | n                       |                             |                                 |  |                           |                             |
|            | Private Crop  | 0   | 0                      | 0                                   | 0                                   | )                                      |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Private Flood   | 0   | 0                      | 0                                   | 0                                   | )0                                     |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 3.         | Farmowners Multiple Peril   | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 4.         | Homeowners Multiple Peril   | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0      | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 5.1        | Commercial Multiple Peril (Non-Liability Portion)   | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Commercial Multiple Peril (Liability Portion)   | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | J0                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 6.<br>8.   | Ocean Marine  | 0   | 0                      | ٠٠                                  |                                     | )                                      |        | n                       |                             |                                 | 0                                      | 0                         |                             |
| 9.         | Inland Marine   | 0   | 0                      |                                     |                                     | )                                      |        | 0                       |                             | 0                               | 0                                      | 0                         |                             |
| 10.        | Financial Guaranty  | 0   | 0                      | 0                                   |                                     | )0                                     |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 11.1       | Medical Professional Liability - Occurrence   | 0   | 0                      | 0                                   | 0                                   | )0                                     |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Medical Professional Liability - Claims-Made  | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0      | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Earthquake  | 0   | 0                      | 0                                   | J0                                  | 0                                      | ļ      | 0  0                    | 0                           | 0                               | <u>0</u>                               | 0                         | ļ                           |
| 13.1       | Comprehensive (hospital and medical) ind (b)  | ō   | 0                      | 0                                   | J                                   | 0                                      | ļ      | Ď  ŏ                    | 0                           |                                 | ļ0                                     | ļ0                        | ·····                       |
| 13.2       | Comprehensive (hospital and medical) group (b)  |   | 0                      |                                     |                                     | )  0                                   |        | J                       | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Vision Only (b)   | u   | 0                      | ٠٠                                  |                                     | )                                      |        | n  0                    |                             |                                 | 0                                      | 0                         |                             |
|            | Dental Only (b)   | 0   | 0                      |                                     | 0                                   | 0                                      |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Disability Income (b)   |   | 0                      | 0                                   | 0                                   | 0                                      |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 15.4       | Medicare Supplement (b)   | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Medicaid Title XIX (b)  | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Medicare Title XVIII (b)  | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0      | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Long-Term Care (b)  | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Federal Employees Health Benefits Plan (b) Other Health (b)                                   | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | J0                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Workers' Compensation   |   | 0                      | ٠٠                                  |                                     | )                                      |        | n  0                    |                             |                                 | 0                                      | 0                         |                             |
|            | Other Liability - Occurrence  | 0   | 0                      |                                     | 0                                   | 866                                    |        | 14.373.869              | 9.235                       | (23.306)                        | 172.544                                | 0                         |                             |
|            | Other Liability - Claims-Made   | 0   | 0                      | 0                                   |                                     | )0                                     |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Excess Workers' Compensation  | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 18.1       | Products Liability - Occurrence   | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0      | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 18.2       | Products Liability - Claims-Made  | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 19.1       | Private Passenger Auto No-Fault (Personal Injury Protection)                                  | 0   | 0                      | 0                                   | 0                                   | 0                                      |        | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                             |
| 19.2       | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection) |   | 0                      | ٠٥                                  |                                     | )                                      |        | n                       |                             |                                 | 0                                      | 0                         |                             |
| 19.3       | Other Commercial Auto Liability   | 0   | 0                      | 0                                   |                                     | 0                                      |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 21 1       | Private Passenger Auto Physical Damage  | 0   | 0                      | 0                                   |                                     | 0                                      |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 21.2       | Commercial Auto Physical Damage   | 0   | 0                      | 0                                   | 0                                   | )  0                                   |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 22.        | Aircraft (all perils)   | 0   | 0                      | 0                                   | 0                                   | 0                                      | 0      | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
| 23.        | Fidelity  | 0   | 0                      | 0                                   | J0                                  | 0                                      | ļ      | 0  0                    | 0                           | 0                               | 0                                      | 0                         |                             |
| 24.        | Surety  | ļ0  | 0                      | 0                                   | J                                   | .  0                                   | ļ      | ň Iŏ                    | 0                           | 0                               | ļ0                                     | ļ0                        | ·····                       |
| 26.<br>27. | Burglary and Theft  | 0<br>n  | 0                      | 0<br>n                              | 0                                   | ,  0                                   |        | n  0                    | 0                           | 0                               | 0<br>n                                 | 0                         | ·····                       |
| 28.        | Credit  | n   | 0                      |                                     |                                     | )n                                     |        | Ď                       | o                           | n                               | n                                      | n                         | l                           |
| 29.        | International   |   | 0                      |                                     |                                     | )                                      |        | 0                       | 0                           | 0                               | 0                                      | 0                         |                             |
| 30.        | Warranty  | 0   | 0                      | 0                                   | 0                                   | )0                                     |        | 00                      | 0                           | 0                               | 0                                      | 0                         |                             |
|            | Reins nonproportional assumed property  | XXX   | XXX                    | XXX                                 | XXX                                 | XXX                                    | XXX    | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.        | Reins nonproportional assumed liability   | XXX   | XXX                    | XXX                                 | XXX                                 | XXX                                    | XXX    |                         | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.        | Reins nonproportional assumed financial lines   | XXX0  | XXX                    | XXX                                 | XXX                                 | XXX                                    | XXX    |                         | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.<br>35. | Aggregate Write-Ins for Other Lines of Business   | 0   | 0                      | 0<br>n                              | J                                   | ) 866                                  |        |                         |                             |                                 | 172.544                                | 0                         | l                           |
| 55.        | DETAILS OF WRITE-INS  | 0   | U                      | 0                                   | 1                                   | , 000                                  | 109,00 | 4,070,009               | 9,200                       | (23,300)                        | 172,344                                | 0                         |                             |
| 3401.      | DETAILS OF MAILEMO  |   |                        |                                     |                                     |  |        |                         |                             |                                 |  |                           |                             |
| 3402.      |   |   |                        |                                     |                                     |  |        |                         |                             |                                 |  |                           |                             |
| 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 thru 3403 plus 3498)(Line 34 above)  | 0   | 0                      | 0                                   | 1 0                                 | 0                                      | 1      | 0                       | 0                           | 0                               | 0                                      | 1 0                       | 1                           |



|              | NAIC Group Code 0065 BUSINESS IN                              | N THE STATE O   |                                |                                     |       |  |                           |                         | RING THE YEAR               |                                 |  | pany Code 10              | 2010                       |
|--------------|---|---|--------------------------------|-------------------------------------|-------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|----------------------------|
|              |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | nbership Fees,<br>Premiums and | 3 Dividends Paid or Credited to     | 4     | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                         |
|              | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned      | Policyholders<br>on Direct Business |       | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, License<br>and Fees |
|              | Fire  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Allied Lines  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Federal Flood   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Private Crop  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Private Flood   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Farmowners Multiple Peril                                     |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 4.           | Homeowners Multiple Peril                                     |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.1          | Commercial Multiple Peril (Non-Liability Portion)             |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Commercial Multiple Peril (Liability Portion)                 |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Mortgage Guaranty   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Ocean Marine  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Inland Marine   |   |                                |                                     | ····· |  |                           |                         |                             |                                 |  | ·····                     |                            |
|              | Financial Guaranty  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Medical Professional Liability - Occurrence                   |   | •••••                          |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Medical Professional Liability - Claims-Made                  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 12.<br>13.1  | Comprehensive (hospital and medical) ind (b)                  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Comprehensive (hospital and medical) group (b)                |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 14.          | Credit A&H (Group and Individual)                             |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Vision Only (b)   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 5.2          | Dental Only (b)   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.3         | Disability Income (b)   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.4         | Medicare Supplement (b)                                       |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 15.5         | Medicaid Title XIX (b)  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Medicare Title XVIII (b)                                      |   |                                | ·                                   |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Long-Term Care (b)  |   |                                |                                     |       |  | <b></b>                   |                         |                             |                                 |  |                           |                            |
|              | Federal Employees Health Benefits Plan (b)                    |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Other Health (b)  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Workers' Compensation   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Other Liability - Occurrence                                  |   | •••••                          |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Excess Workers' Compensation                                  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Products Liability - Occurrence                               |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 18.2         | Products Liability - Claims-Made                              |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 19.1         | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 10.2         | 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                               |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Aircraft (all perils)   |   |                                |                                     | ····· |  |                           |                         |                             |                                 |  |                           |                            |
|              | Fidelity<br>Surety  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Surety  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Boiler and Machinery  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | Credit  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | International   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 30.          | Warranty  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 31.          | Reins nonproportional assumed property                        | XXX   | XXX                            | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| 32.          | Reins nonproportional assumed liability                       | XXX   | XXX                            | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
| 33.          | Reins nonproportional assumed financial lines                 | XXX   | XXX                            | XXX                                 | XXX   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                        |
|              | Aggregate Write-Ins for Other Lines of Business               |   |                                |                                     | ····· |  |                           |                         |                             |                                 |  |                           |                            |
|              | Total (a)   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              | DETAILS OF WRITE-INS  |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
|              |   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| 102.<br>103. |   |   |                                |                                     |       |  |                           |                         |                             |                                 |  |                           |                            |
| IUJ.         |   |   |                                |                                     |       |  |                           | ·····                   |                             |                                 |  | ·····                     |                            |
| 198.         | Summary of remaining write-ins for Line 34 from overflow page |   |                                |                                     |       | l l                                    |                           |                         |                             |                                 |  |                           |                            |



|                | NAIC Group Code 0065 BUSINESS II                                   | N THE STATE C   |  |                                     |                                     | LUGGLG (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)                      |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
| 8.             | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                        |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3           | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)<br>Long-Term Care (b)                     |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                         |   |  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |                             |
| 15.6           | Other Health (b)   |   |  |                                     |                                     | · · · · · · · · · · · · · · · · · · ·  |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 17.1           | Other Liability - Occurrence                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made                                      |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Other Private Passenger Auto No-Pault (Personal Injury Protection) |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)              |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.4           | Other Commercial Auto Liability                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage                             |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Auto Physical Damage                                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   | ·····  |                                     |                                     | -                                      |                           | ·····                   |                             |                                 |  |                           |                             |
|                | Fidelity   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Burglary and Theft   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit   |   |  |                                     |                                     | .                                      |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property                             | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXX                             | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed liability                            | XXX   | XXXXXX   | XXX                                 | XXXXX                               | XXX                                    | XXX                       | XXXXXX                  | XXXXXX                      | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |  |   | ļ  |                                     |                                     | .                                      |                           | ļ                       |                             |                                 |  |                           |                             |
| 3403.          | Summary of remaining write-ins for Line 34 from overflow page      |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)             |   | ·····  |                                     |                                     | ·                                      |                           | ·····                   |                             |                                 |  |                           |                             |
| J499.          | rotais (Lines 340 i tillu 3403 plus 3430)(Line 34 above)           | l   | ı  | 1                                   | 1                                   | 1                                      |                           | ı                       | L                           |                                 |  | 1                         | 1                           |



|                | NAIC Group Code 0065 BUSINESS II                                | N THE STATE C   |  |                                     |                                     | LUSSES (                               |                           |                         | RING THE YEAF               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken 2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Elability Portion)               |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty  Medical Professional Liability - Occurrence |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                     |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Earthquake  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)                    |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)                  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                               |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4           | Medicare Supplement (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)<br>Long-Term Care (b)                  |   |  |                                     |                                     | ·····                                  | •••••                     |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                      |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)  |   |  | \ \\                                |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence                                    |   |  |                                     |                                     | \                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made<br>Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence                                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made                                |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 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<br>21.1   | Private Passenger Auto Physical Damage                          |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage                                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety Burglary and Theft                                       |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery  | 1   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |   | XXXXXX  | XXXXXX   | XXXXXX                              | XXX                                 | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed liability                         | XXX   | XXXXXX   | XXXXXX                              | XXX                                 | XXX                                    | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business                 |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  | <u></u>                   | <u></u>                     |
|                | DETAILS OF WRITE-INS  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.<br>3403. |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)          |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                |   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II                              | N THE STATE C                                     |  |                                     |                                     | LUSSES (                               |                           |                                       | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|-------------------------------------|--|---------------------------|---------------------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Policy and Mer<br>Less Return I<br>Premiums on Po | ums, Including mbership Fees, Premiums and plicies not Taken | 3 Dividends Paid or Credited to     | 4                                   | 5                                      | 6                         | 7                                     | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written                        | Direct Premiums<br>Earned                                    | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid               | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Federal Flood   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3.             | Farmowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril                                     |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)             |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Liability Portion)                 |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 8.<br>9.       | Ocean Marine Inland Marine                                    | †····   | l  |                                     |                                     |  |                           | l                                     |                             |                                 |  |                           |                             |
|                | Financial Guaranty  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)                |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                             | •   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)                                       |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 15.5           | Medicaid Title XIX (b)  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)                                      |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                    |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence                                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence Other Liability - Claims-Made    |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 18.1           | Products Liability - Occurrence                               |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made                              |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability                        |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)         |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage                        |   | · · · · · · · · · · · · · · · · · · ·                        |                                     |                                     |  |                           | · · · · · · · · · · · · · · · · · · · |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage                               |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 23.            | Fidelity  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Surety  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
|                | Burglary and Theft  | <del> </del>                                      | ·····  |                                     |                                     |  |                           | ·····                                 |                             |                                 |  |                           |                             |
| 27.<br>28.     | Boiler and Machinery<br>Credit                                |   | ·····  |                                     |                                     |  |                           | ·····                                 |                             |                                 |  |                           |                             |
| 28.<br>29.     | International   | 1   | l  |                                     |                                     |  |                           | l                                     |                             |                                 |  |                           |                             |
| 30.            | Warranty  |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property                        | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 32.            | Reins nonproportional assumed liability                       | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines                 | XXX   | XXX  | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                   | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business               |   | ·····  |                                     |                                     | -                                      |                           | ·····                                 |                             |                                 |  |                           |                             |
| 35.            | Total (a)   | 1   | 1  |                                     |                                     |  |                           | 1                                     |                             |                                 |  | 1                         | 1                           |
| 3401.          | DETAILS OF WRITE-INS  |   | 1  |                                     |                                     |  |                           | 1                                     |                             |                                 |  |                           |                             |
| 3401.<br>3402. |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3403.          |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3498.          | Summary of remaining write-ins for Line 34 from overflow page |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   | <u> </u>   |                                     |                                     |  |                           | <u> </u>                              |                             |                                 |  |                           |                             |
|                |   |   |  |                                     |                                     |  |                           |                                       |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE O   |  |                                     |                                     | LOSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to    | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.             | Homeowners Multiple Peril  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3           | Disability Income (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)<br>Federal Employees Health Benefits Plan (b)   |   |  |                                     |                                     | ·····                                  |                           |                         |                             |                                 |  |                           |                             |
| 15.0           | Other Health (b)   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | 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   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Auto Physical Damage  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   | ·····  |                                     |                                     |  |                           |                         |                             | ·····                           |  |                           |                             |
|                | Fidelity   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Burglary and Theft   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |  | XXXXXX  | XXXXXX   | XXXXXX                              | XXXXXX                              | XXXXXX                                 | XXX                       | XXXXXX                  | XXXXXX                      | XXXXXX                          | XXX                                    | XXXXXX                    | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed liability  | XXX   | XXX  | XXXXXX                              | XXX                                 | XXX                                    | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS   |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          | Owner, of consistence with instantial to the line of the constantial to the constantial t |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page  |   |  |                                     |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| ა499.          | rotais (Lines 5401 thru 3403 plus 3498)(Line 34 above)   | 1   | ]  | 1                                   | ]                                   |  |                           |                         | 1                           | 1                               |  |                           | 1                           |



|                | NAIC Group Code 0065 BUSINESS II                              | N THE STATE O   | F Puerto Rico  |                                     |  | LUSSES (                               | _ , <b>,</b>              |                         | RING THE YEAF               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|-------------------------------------|--|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3 Dividends Paid or Credited to     | 4                                      | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business |  | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril                                     |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril                                     |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)             |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 5.2<br>6.      | Commercial Multiple Peril (Liability Portion)                 |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 10.            | Financial Guaranty  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made                  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)                  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                             |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 15.3           | Disability Income (b)   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)                                       |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)<br>Long-Term Care (b)                |   |  |                                     |  | ·····                                  | •••••                     |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)                    |   |  |                                     |  | <b></b>                                |                           |                         |                             |                                 |  |                           |                             |
| 15.6           | Other Health (b)  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |                                     |  | A V                                    |                           |                         |                             |                                 |  |                           |                             |
| 17.1           | Other Liability - Occurrence                                  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made                                 |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence                               |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | 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                        |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Auto Physical Damage                               |   |  |                                     | ·····                                  |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety  |   |  |                                     | ·                                      |  |                           |                         |                             |                                 |  |                           |                             |
|                | Burglary and Theft  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
|                | Boiler and Machinery  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     | ļ                                      |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty  | vvv   | XXX  | XXX                                 | ······································ | XXX                                    | XXX                       | vvv                     | vvv                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 31.<br>32.     | Reins nonproportional assumed property                        | XXXXXX  | XXXXXX   | XXX                                 | XXXXXX                                 | XXX                                    | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines                 | XXX   | XXX  | XXX                                 | XXX                                    | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business               |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)   |   | <u> </u>   |                                     | <u> </u>                               |  |                           | <u> </u>                |                             | <u> </u>                        |  |                           | <u> </u>                    |
|                | DETAILS OF WRITE-INS  |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |   |   |  |                                     | ļ                                      | -                                      |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |   |   |  |                                     |  |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page |   |  |                                     | l                                      |  |                           |                         |                             |                                 |  |                           |                             |
| 3490.<br>3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)        |   |  |                                     | [                                      |  |                           |                         |                             |                                 | •••••                                  |                           |                             |
|                |   |   |  |                                     | 1                                      | 1                                      |                           |                         | 1                           |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS IN  | NIDESIALEO  | F U.S. Virgin  | isianas                             |     |  |                           | DUF                     | RING THE YEAF               | 2022                            | NAIC COM                               | pany Code 10              | J316                        |
|----------------|---|---|--|-------------------------------------|-----|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ims, Including mbership Fees, Premiums and blicies not Taken 2 | 3 Dividends Paid or Credited to     | 4   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned                                      | Policyholders<br>on Direct Business |     | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 3.             | Farmowners Multiple Peril   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Liability Portion)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.<br>9.       | Ocean Marine  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 11.2           | Medical Professional Liability - Claims-Made  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 12.            | Earthquake  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) ind (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 16.9           | Other Health (b)  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence  |   |  |                                     |     |  |                           |                         |                             |                                 | •••••                                  |                           |                             |
|                | Other Liability - Claims-Made   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)                                  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | Other Private Passenger Auto Liability  Commercial Auto No-Fault (Personal Injury Protection) |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 19.3           | Other Commercial Auto Liability   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety  |   |  |                                     |     |  |                           |                         |                             |                                 |  | ·····                     |                             |
|                | Burglary and Theft  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 27.<br>28.     | Credit  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property  | XXX   | XXX  | XXX                                 | XXX | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | xxx                         |
| 32.            | Reins nonproportional assumed liability   | XXX   | XXX  | XXX                                 | XXX | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|                | Reins nonproportional assumed financial lines   | XXX   | XXX  | XXX                                 | XXX | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.<br>35.     | Aggregate Write-Ins for Other Lines of Business   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | DETAILS OF WRITE-INS  |   |  |                                     |     |  |                           | 1                       |                             |                                 |  |                           | 1                           |
| 3401.          | DETAILS OF WRITE-INS  |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.          |   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.          |   |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Summary of remaining write-ins for Line 34 from overflow page                                 |   |  |                                     |     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)  |   | I  |                                     | l   |  |                           |                         |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS II   | N THE STATE O   | F Northern Ma  |   | · · · · · · · · · · · · · · · · · · · | LUGGLG (                               | a.u.u.y                   |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|--|---|--|---|---------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |  | Gross Premiu<br>Policy and Mer<br>Less Return F<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3 Dividends Paid or Credited to         | 4                                     | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business   | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business     | Direct Unearned<br>Premium Reserves   | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   |   |  |   |                                       | ·   -                                  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Flood  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Homeowners Multiple Peril  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Liability Portion)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Liability Portion)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 9.<br>10       | Inland MarineFinancial Guaranty  |   |  |   | l                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence  |   |  |   | l                                     |  |                           | l                       |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Claims-Made   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Earthquake   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 13.2           | Comprehensive (hospital and medical) group (b)   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Vision Only (b)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Supplement (b)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Federal Employees Health Benefits Plan (b)   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 15.9           | Other Health (b)   |   |  |   |                                       | \ \\                                   |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Occurrence  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Products Liability - Claims-Made   |   |  | • |                                       |  |                           |                         |                             | •••••                           | •••••                                  |                           |                             |
|                | Private Passenger Auto No-Fault (Personal Injury Protection)  Other Private Passenger Auto Liability |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 19.2           | Commercial Auto No-Fault (Personal Injury Protection)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 19.5           | Other Commercial Auto Liability  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 21.1           | Private Passenger Auto Physical Damage   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 21.2           | Commercial Auto Physical Damage  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 23.            | Fidelity   |   |  |   |                                       | .                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Surety   |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | Burglary and Theft   |   |  |   | ·····                                 | .                                      |                           | ·····                   |                             |                                 |  |                           |                             |
|                | Boiler and Machinery   |   |  |   | ·····                                 |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 28.<br>29.     | Credit   |   |  |   | ·····                                 | -                                      |                           |                         |                             |                                 |  |                           |                             |
| 29.<br>30.     | Warranty   |   |  |   | l                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 31.            | Reins nonproportional assumed property   | XXX   | XXX  | XXX                                     | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
|                | Reins nonproportional assumed liability  | XXX   | XXX  | XXX                                     | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines  | XXX   | XXX  | XXX                                     | XXX                                   | XXX                                    | XXX                       | XXX                     | XXX                         | XXX                             | XXX                                    | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS   |   |  |   | <u> </u>                              |  |                           | <u> </u>                |                             |                                 |  |                           |                             |
| 3401.          |  |   |  |   | ļ                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 3402.          |  |   |  |   | ·····                                 | .                                      |                           | ·····                   |                             |                                 |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page  |   |  |   |                                       |  |                           |                         |                             |                                 |  |                           |                             |
| 3498.<br>3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)   |   |  |   | l                                     |  |                           | ·····                   |                             |                                 |  |                           |                             |
| 3499.          | rotais (Lines 3401 tillu 3403 pius 3490)(Line 34 above)  | l   | l  |   | 1                                     | 1                                      |                           | 1                       | l                           |                                 |  | 1                         | 1                           |



|                | NAIC Group Code 0065 BUSINESS II                                  | N THE STATE C   |  |  | = J <del>-</del>                    | LUSSES (                               |                           |                         | RING THE YEAR               | R 2022                          | NAIC Com                               | pany Code 10              | 0316                        |
|----------------|---|---|--|--|-------------------------------------|--|---------------------------|-------------------------|-----------------------------|---------------------------------|--|---------------------------|-----------------------------|
|                |   | Gross Premiu<br>Policy and Mei<br>Less Return I<br>Premiums on Po | ums, Including<br>mbership Fees,<br>Premiums and<br>plicies not Taken<br>2 | 3  Dividends Paid or Credited to       | 4                                   | 5                                      | 6                         | 7                       | 8 Direct Defense and Cost   | 9 Direct Defense and Cost       | 10 Direct Defense and Cost Containment | 11 Commissions            | 12                          |
|                | Line of Business  | Direct Premiums<br>Written  | Direct Premiums<br>Earned  | Policyholders<br>on Direct Business    | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                      | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Allied Lines  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Federal Flood   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Crop  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Private Flood   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Farmowners Multiple Peril   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 4.<br>5.1      | Homeowners Multiple Peril   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Commercial Multiple Peril (Non-Elability Portion)                 |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 6.             | Mortgage Guaranty   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 8.             | Ocean Marine  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 9.             | Inland Marine   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Financial Guaranty  Medical Professional Liability - Occurrence   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medical Professional Liability - Occurrence                       |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Earthquake  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 13.1           | Comprehensive (hospital and medical) ind (b)                      |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Comprehensive (hospital and medical) group (b)                    |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Credit A&H (Group and Individual)                                 |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Dental Only (b)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Disability Income (b)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 15.4           | Medicare Supplement (b)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicaid Title XIX (b)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Medicare Title XVIII (b)  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Long-Term Care (b)<br>Federal Employees Health Benefits Plan (b)  |   |  |  |                                     | \                                      |                           |                         |                             |                                 |  |                           |                             |
| 15.0           | Other Health (b)  |   |  | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                                     | \ \\                                   |                           |                         |                             |                                 |  |                           |                             |
| 16.            | Workers' Compensation   |   |  |  |                                     | <i>M M</i>                             |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Occurrence                                      |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Other Liability - Claims-Made                                     |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Excess Workers' Compensation                                      |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           | •••••                       |
|                | Products Liability - Occurrence  Products Liability - Claims-Made |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 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<br>21.1   | Other Commercial Auto Liability                                   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 21.1           | Commercial Auto Physical Damage                                   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 22.            | Aircraft (all perils)   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Fidelity  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | Surety  | ·····   |  |  |                                     | -                                      |                           |                         |                             |                                 |  |                           |                             |
|                | Burglary and Theft  | ·····   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 28.            | Credit  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 29.            | International   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 30.            | Warranty  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 31.            |   | XXX   | XXX  | XXX                                    | XXX                                 | XXX                                    | XXX                       | XXX                     | XXXXXX                      | XXX                             | XXX                                    | XXX                       | XXXXXX                      |
| 32.<br>33.     | Reins nonproportional assumed liability                           | XXXXXX  | XXX  | XXXXXX                                 | XXXXXX                              | XXXXXX                                 | XXXXXX                    | XXXXXX                  | XXXXXX                      | XXX                             | XXXXXX                                 | XXXXXX                    | XXX                         |
| 33.<br>34.     | Aggregate Write-Ins for Other Lines of Business                   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 35.            | Total (a)   |   | <u> </u>   |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                | DETAILS OF WRITE-INS  |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3401.          |   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3402.<br>3403. |   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page     |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
| 3499.          | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)            |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |
|                |   |   |  |  |                                     |  |                           |                         |                             |                                 |  |                           |                             |



|                | NAIC Group Code 0065 BUSINESS IN   | Gross Premiu                                      | F Grand Total                           | 3                                   | 4                                   | E                                      | 6                         | 7  | 0                           |                                 | 10  | pany Code 10              |                             |
|----------------|--|---|---|-------------------------------------|-------------------------------------|--|---------------------------|--|-----------------------------|---------------------------------|---|---------------------------|-----------------------------|
|                |  | Policy and Mer<br>Less Return F<br>Premiums on Po | nbership Fees,<br>Premiums and          | Dividends Paid or Credited to       | ,                                   | 5                                      | 0                         | ,  | Direct Defense and Cost     | Direct Defense and Cost         | Direct Defense<br>and Cost<br>Containment | Commissions               | 12                          |
|                | Line of Business   | Direct Premiums<br>Written                        | Direct Premiums                         | Policyholders<br>on Direct Business | Direct Unearned<br>Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses<br>Incurred | Direct<br>Losses Unpaid                  | Containment<br>Expense Paid | Containment<br>Expense Incurred | Expense<br>Unpaid                         | and Brokerage<br>Expenses | Taxes, Licenses<br>and Fees |
|                | Fire   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 2.1            | Allied Lines   |   |   | ٠١                                  |                                     | 0                                      | 0                         | 1  |                             | 0                               | ٠   | l                         |                             |
|                | Federal Flood  |   |   |                                     |                                     | 0                                      |                           | 0  | 0                           |                                 |   | 0                         |                             |
|                | Private Crop   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Private Flood  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 3.             | Farmowners Multiple Peril  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 4.             | Homeowners Multiple Peril  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 5.1            | Commercial Multiple Peril (Non-Liability Portion)                                      | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 00                                       | 0                           | 0                               | 0   | 0                         |                             |
|                | Commercial Multiple Peril (Liability Portion)  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 6.<br>8.       | Mortgage Guaranty Ocean Marine   | 0   | 0                                       |                                     |                                     | 0                                      | 0                         | 0  | 0                           | 0                               |   |                           |                             |
| 9.             | Inland Marine  |   |   |                                     |                                     | 0                                      |                           | 0  | 0                           |                                 |   | 0                         |                             |
| 10.            | Financial Guaranty   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 11.1           | Medical Professional Liability - Occurrence  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 11.2           | Medical Professional Liability - Claims-Made   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Earthquake   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Comprehensive (hospital and medical) ind (b)   | 0   | 0                                       | 0                                   | J0                                  | 0                                      | ļ 0                       | )  0                                     | 0                           | 0                               | 0   | J                         |                             |
| 13.2           | Comprehensive (hospital and medical) group (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Credit A&H (Group and Individual)  | 0   | 0                                       |                                     |                                     | 0                                      | 0                         | 0  | 0                           | 0                               |   |                           |                             |
|                | Pontal Only (b)  | 0   | Λ                                       | ٠١                                  |                                     | 0                                      |                           | 1  | 0                           | 0                               | ٠١  |                           |                             |
|                | Disability Income (b)  | 0   | 0                                       |                                     | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               |   | 0                         |                             |
| 15.4           | Medicare Supplement (b)  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Medicaid Title XIX (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Medicare Title XVIII (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Long-Term Care (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 00                                       | 0                           | 0                               | 0   | 0                         |                             |
|                | Federal Employees Health Benefits Plan (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 00                                       | 0                           | 0                               | 0   | 0                         |                             |
|                | Other Health (b)   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 175. 134                                  | 0                         |                             |
|                | Other Liability - Occurrence   |   | 0                                       | ٠٠                                  |                                     | 558 . 139                              | 0                         | 34,423,251                               |                             | 0                               | 1.357.955                                 |                           | 17.4                        |
|                | Other Liability - Occurrence  Other Liability - Claims-Made                            | 0   | 0                                       |                                     |                                     | 0                                      | 0                         | )0                                       |                             | 0                               | 1,557,555                                 | 0                         |                             |
|                | Excess Workers' Compensation   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
|                | Products Liability - Occurrence  | 0   | 0                                       | 0                                   | 0                                   | 153,601                                | 0                         | 71,952,676                               |                             | 0                               | 14,233,538                                | 0                         | 33,6                        |
| 18.2           | Products Liability - Claims-Made   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 19.1           | Private Passenger Auto No-Fault (Personal Injury Protection)                           | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 19.2           | Other Private Passenger Auto Liability   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 00                                       | 0                           | 0                               | 0   | 0                         |                             |
| 19.3           | Commercial Auto No-Fault (Personal Injury Protection)  Other Commercial Auto Liability | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 19.4           | Private Passenger Auto Physical Damage   |   | 0                                       | ٠٠                                  |                                     | 0                                      | 0                         |  | 0                           | 0                               | ٠   |                           |                             |
| 21.1           | Commercial Auto Physical Damage  | 0   | 0                                       |                                     |                                     | 0                                      | 0                         | 0  | 0                           | 0                               |   | 0                         |                             |
| 22.            | Aircraft (all perils)  | 0   | 0                                       | 0                                   |                                     | 0                                      | 0                         | )0                                       | 0                           | 0                               | 0   | 0                         |                             |
| 23.            | Fidelity   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | )0                                       | 0                           | 0                               | 0   | 0                         |                             |
| 24.            | Surety   | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 26.            |  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 00                                       | 0                           | 0                               | 0   | 0                         |                             |
| 27.            |  | 0   | 0                                       | 0                                   | J                                   | 0                                      | ļ0                        | .  0                                     | J0                          | 0                               | 0   | J                         |                             |
| 28.<br>29.     | Credit   | 0   | 0                                       | 0                                   | J                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 29.<br>30.     | Warranty   | u   | u                                       |                                     | J                                   | 0<br>n                                 | J                         | ,  | 0<br>n                      | n                               |   | n                         |                             |
|                | Reins nonproportional assumed property   | XXX   | XXX                                     | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                      | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 32.            | Reins nonproportional assumed liability  | XXX   | XXX                                     | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                      | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 33.            | Reins nonproportional assumed financial lines  | XXX   | XXX                                     | XXX                                 | XXX                                 | XXX                                    | XXX                       | XXX                                      | XXX                         | XXX                             | XXX                                       | XXX                       | XXX                         |
| 34.            | Aggregate Write-Ins for Other Lines of Business  | 0   | 0                                       | 0                                   | 0                                   | 0                                      | 0                         | 0  | 0                           | 0                               | 0   | 0                         |                             |
| 35.            | Total (a)  | 0   | 0                                       | 0                                   | 0                                   | 711,741                                | 0                         | 107,000,129                              | 587,065                     | 0                               | 15,766,627                                | 0                         | 51,2°                       |
|                | DETAILS OF WRITE-INS   |   |   |                                     | 1                                   |  |                           |  |                             |                                 |   | 1                         |                             |
| 3401.          |  |   |   |                                     | ·····                               | ·                                      |                           |  |                             |                                 |   | ·····                     |                             |
| 3402.          |  |   | • |                                     | l                                   |  |                           |  |                             |                                 |   | l                         |                             |
| 3403           |  |   |   |                                     |                                     | .                                      |                           | · ·  - · · · · · · · · · · · · · · · · · |                             |                                 |   |                           | l                           |
| 3403.<br>3498. | Summary of remaining write-ins for Line 34 from overflow page                          | n   | n                                       | n                                   | n                                   | 0                                      | 0                         | ) 0                                      | n                           | n                               | n   | 0                         | L                           |

### **SCHEDULE F - PART 1**

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

|          |            |                             |              | ASS     | umed Remsuran   | ce as of Decemb | er 31, Current t | ear (\$000 Offile | lea)       |          |                  |                   |                   |                |
|----------|------------|-----------------------------|--------------|---------|-----------------|-----------------|------------------|-------------------|------------|----------|------------------|-------------------|-------------------|----------------|
| 1        | 2          | 3                           | 4            | 5       | Reinsura        | ance On         | 8                | 9                 | 10         | 11       | 12               | 13                | 14                | 15             |
|          |            |                             |              |         | 6               | 7               |                  |                   |            |          |                  |                   | Amount of Assets  |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   | Pledged or        |                |
|          | NAIC       |                             |              |         |                 |                 |                  |                   |            |          | Funds Held By or |                   | Compensating      | Amount of      |
|          | Com-       |                             |              |         | Paid Losses and |                 |                  | Contingent        | Assumed    |          | Deposited With   |                   | Balances to       | Assets Pledged |
| ID       | pany       |                             | Domiciliary  | Assumed | Loss Adjustment | Known Case      |                  | Commissions       | Premiums   | Unearned | Reinsured        | Letters of Credit | Secure Letters of | or Collateral  |
| Number   | Code       | Name of Reinsured           | Jurisdiction | Premium | Expenses        | Losses and LAE  | Cols. 6 + 7      | Payable           | Receivable | Premium  | Companies        | Posted            | Credit            | Held in Trust  |
|          |            |                             | RI           | 104,764 | 19,073          | 0               | 19,073           | 0                 | 25,707     | 0        | Oompanics        | 1 03100           | Orcuit            | n cia in mast  |
|          |            |                             | n1           | 104,764 | 19,073          | 0               | 19,073           |                   | 25,707     |          | 0                |                   |                   | 0              |
|          |            | - U.S. Intercompany Pooling |              | ,       |                 | 0               | 19,073           | 0                 |            | 0        | 0                | 0                 | 0                 | 0              |
|          |            | .S. Non-Pool                |              | 0       | 0               | U               | 0                | 0                 | 0          | 0        | U                | 0                 | U                 | 0              |
|          |            | ther (Non-U.S.)             |              | 0       | 0               | 0               | 0                | 0                 | 0          | 0        | 0                | 0                 | 0                 | 0              |
| 0899999. |            |                             |              | 104,764 | 19,073          | 0               | 19,073           | 0                 | 25,707     | 0        | 0                | 0                 | 0                 | 0              |
| 1299999. | Total - Po | ools and Associations       |              | 0       | 0               | 0               | 0                | 0                 | 0          | 0        | 0                | 0                 | 0                 | 0              |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            |          |                  |                   |                   |                |
|          |            |                             |              |         |                 |                 |                  |                   |            | <u></u>  |                  |                   |                   |                |
| 9999999  | otals      |                             |              | 104,764 | 19,073          | 0               | 19,073           | 0                 | 25,707     | 0        | 0                | 0                 | 0                 | 0              |

### SCHEDULE F - PART 2 Premium Portfolio Reinsurance Effected or (Canceled) during

| 1      | 2    | Premium Portfolio Reinsurance Effected or (Canceled) dui | ang Garront Toa |                     | 6                                       |
|--------|------|--|-----------------|---------------------|---|
| 1      | 2    | 3  | 4               | 5                   | 6                                       |
|        | NAIC |  |                 |                     |   |
|        | Com- |  |                 |                     |   |
| ID     | pany |  | Date of         | Original            | Reinsurance                             |
| Number | Code | Name of Company  | Contract        | Original<br>Premium | Premium                                 |
|        |      |  |                 |                     |   |
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|        |      |  |                 |                     |   |

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

|                          |                        |  |              |         |              | Ceded      | Reinsurance | e as of Dece | mber 31, Cu | urrent Year ( | \$000 Omitte | ed)          |            |           |              |           |                  |             |             |
|--------------------------|------------------------|--|--------------|---------|--------------|------------|-------------|--------------|-------------|---------------|--------------|--------------|------------|-----------|--------------|-----------|------------------|-------------|-------------|
| 1                        | 2                      | 3  | 4            | 5       | 6            |            |             |              | Reinsur     | rance Recover | able On      | ,            |            |           | 16           | Reinsuran | ce Payable       | 19          | 20          |
|                          |                        |  |              |         |              | 7          | 8           | 9            | 10          | 11            | 12           | 13           | 14         | 15        | 1            | 17        | 18               | Net Amount  | Funds Held  |
|                          |                        |  |              |         |              | •          | -           |              |             |               |              |              |            |           |              |           |                  | Recoverable | by          |
|                          | NAIC                   |  |              |         |              |            |             |              |             |               |              |              |            |           | Amount in    |           | Other            | From        | Company     |
|                          | Com-                   |  |              |         | Reinsurance  |            |             | Known        | Known       | IBNR          | IBNR         |              | Contingent | Columns   | Dispute      | Ceded     | Amounts          | Reinsurers  | Under       |
| ID                       | pany                   |  | Domiciliary  | Special | Premiums     | Paid       | Paid        | Case Loss    | Case LAE    | Loss          | LAE          | Unearned     | Commis-    | 7 through | included in  | Balances  | Due to           | Cols. 15 -  | Reinsurance |
| Number                   | Code                   | Name of Reinsurer                            | Jurisdiction | Code    | Ceded        | Losses     | LAE         | Reserves     | Reserves    | Reserves      | Reserves     | Premiums     | sions      | 14 Totals | Column 15    | Payable   | Reinsurers       | [17 + 18]   | Treaties    |
| 05-0316605               |                        | FACTORY MUTUAL INSURANCE COMPANY             | DI           | Oodc    | 10           | LUSSES     | LAL         | 0            | Neserves    | Neserves      | Neseives     | n Fieliliums | 510115     | 14 10(a)5 | Oolulliii 10 | rayable   | Neilisuleis<br>0 | [17 . 10]   | 11Catics    |
|                          |                        | norized - Affiliates - U.S. Non-Pool - Other |              |         | 10           | 0          | 0           | 0            | 0           |               | 0            | 0            |            | 0         | 0            | 0         | 0                | 0           |             |
|                          |                        |  |              |         | 10           | 0          | 0           |              | 0           | 0             | 0            | 0            |            |           | 0            | 0         | 0                | 0           | 0           |
|                          |                        | norized - Affiliates - U.S. Non-Pool         |              |         |              |            |             |              |             | Ü             |              |              |            |           |              | · ·       |                  |             |             |
|                          |                        | norized - Affiliates - Other (Non-U.S.)      |              |         | 0            | 0          | 0           |              |             | 0             | 0            |              |            |           |              | 0         | 0                |             | 0           |
|                          |                        | norized - Affiliates                         | In.          |         | 10           | 0          | 0           | 0            |             | 0             | 0            | 0            | 0          |           | 0            | 0         | 0                |             | 0           |
| 06-0237820               | . 20699 .              | ACE PROPERTY & CASUALTY INS CO               | PA           |         | 0            | 5          | 0           | 263          | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,269       | 0           |
| 36-0719665               | . 19232 .              | ALLSTATE INSURANCE COMPANY                   | IL           |         | 0            | 4          | 0           | 432          | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,437       | 0           |
| 13-5124990               | . 19380 .              | AMERICAN HOME ASSURANCE COMPANY              | NY           |         | 0  -         | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | 0         | 0                | 1,001       | 0           |
| 94-1390273               | . 19801 .              | ARGONAUT INSURANCE COMPANY                   | IL           |         | 0  -         | 19         | 0           | 574          | 38          | 812           | 151          | 0            | 0          | 1,594     | 0            | 0         | 0                | 1,594       | 0           |
| 39-0971527               | . 10472 .              | CAPITOL INDEMNITY CORPORATION                | WI           |         | 0  -         | 0          | 0           | 30           | 38          | 812           | 151          | 0            | 0          | 1,031     | 0            | 0         | 0                | 1,031       | 0           |
| 13-5010440               | . 35289 .              | CONTINENTAL INSURANCE COMPANY                | PA           |         | 0            | 0          | 0           | /5           | 38          | 812           | 151          | 0            | 0          | 1,076     | 0            | 0         | 0                | 1,076       | 0           |
| 38-2145898               | . 33499 .              | DORINCO REINSURANCE COMPANY                  | MI           |         | 0            | 0          | 0           | 125          | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1, 126      | 0           |
| 63-0329091               | . 25186 .              | EMC PROPERTY & CASUALTY                      | IA           |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | 0         | 0                | 1,001       | 0           |
| 39-0264050               | . 21458 .              | EMPLOYERS INSURANCE OF WAUSAU                | WI           |         | 0            | 0          | 0           | 200          | 38          | 812           | 151          | 0            | 0          | 1,201     | 0            | 0         | 0                | 1,201       | 0           |
| 22-2005057               | . 26921 .              | EVEREST REINSURANCE COMPANY                  | DE           |         | 0            | 24         | 0           | 1,228        | 38          | 812           | 151          | 0            | 0          | 2,253     | 0            | 0         | 0                | 2,253       | 0           |
| 13-2673100               | . 22039 .              | GENERAL REINSURANCE CORP                     | DE           |         | 0            | 0          | 0           | 1            | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,002       | 0           |
| 13-1958482               | . 11967 .              | GENERAL STAR NATIONAL INS. CO                | DE           |         | 0            | 1          | 0           | 61           | 38          | 812           | 151          | 0            | 0          | 1,063     | 0            | 0         | 0                |             | 0           |
| 13-5617450               | . 11231 .              | GENERALI US BRANCH                           | NY           |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | 0         | 0                | 1,001       | 0           |
| 59-1027412               | . 22578 .              | HORACE MANN INSURANCE COMPANY                | IL           |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | 0         | 0                | 1,001       | 0           |
| 23-0723970               | . 22713 .              | INSURANCE COMPANY OF NORTH AMERICA           | PA           |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | 0         | 0                | 1,001       | 0           |
| 13-4924125               | . 10227 .              | MUNICH REINSURANCE AMERICA INC               | DE           |         | 0            | 0          | 0           | 400          | 38          | 812           | 151          | 0            | 0          | 1,401     | 0            | 0         | 0                | 1,401       | 0           |
| 38-0865250               | . 11991 .              | NATIONAL CASUALTY COMPANY                    | OH           |         | 0            | 0          | 0           | 20           | 38          | 812           | 151          | 0            | 0          | 1,021     | 0            | 0         | 0                | 1,021       | 0           |
| 25-0410420               | . 24147 .              | OLD REPUBLIC INSURANCE CO                    | PA           |         | 0            | 1          | 0           | 253          | 38          | 812           | 151          | 0            | 0          | 1,255     | 0            | 0         | 0                | 1,255       | 0           |
| 23-1642962               | . 12262 .              | PENNSYLVANIA MANUFACTURERS ASSOC INS         | PA           |         | 0            | 0          | 0           | 25           | 38          | 812           | 151          | 0            | 0          | 1,026     | 0            | 0         | 0                | 1,026       | 0           |
| 95-2801326               | . 22179 .              | REPUBLIC INDEMNITY COMPANY OF AMERICA        | CA           |         | 0  -         | 0          | 0           | 14           | 38          | 812           | 151          | 0            | 0          | 1,015     | 0            | 0         | 0                | 1,015       | 0           |
| 16-0366830               | . 22314 .              | RSUI IND CO                                  | NH           |         | 0  -         | 0          | 0           | /5           | 38          | 812           | 151          | 0            | 0          | 1,076     | 0            | 0         | 0                | 1,076       | 0           |
| 75-1444207               | . 30058 .              | SCOR REINSURANCE COMPANY                     | NY           |         | 0            | 0          | 0           | 350          | 38          | 812           | 151          | 0            | 0          | 1,351     | 0            | 0         | 0                | 1,351       | 0           |
| 13-2997499               | . 38776 .              | SIRIUSPOINT AMERICA INSURANCE CO             | NY           |         | 0            | 3          | 0           | 73           | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,077       | 0           |
| 75-1670124               | . 38318 .              | STARR IND & LIAB COMPANY                     | 1 X          |         | 0            | 4          | 0           | 355          | 38          | 812           | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,360       | 0           |
| 13-1675535               | . 25364 .              | SWISS REINSURANCE AMERICA CORPORATION        | NY           |         | 0            | 2          | 0           | 459          | 38          | 812           | 151          | 0            | 0          | 1,462     | 0            | 0         | 0                |             | 0           |
| 94-1517098               | . 25534 .              | TIG INSURANCE COMPANY                        | CA           |         | 0            | 6          | 0           | 1,125        | 38          | 812           | 151          | 0            | 0          | 2, 132    | 0            | 0         | 0                | 2, 132      | 0           |
| 13-2918573               | . 42439 .              | TOA-RE INSURANCE COMPANY OF AMERICA          | UE           |         | 0            | 0          | 0           | 125          | 38          | 812<br>812    | 151          | 0            | 0          |           | 0            | 0         | 0                | 1,126       | 0           |
| 31-4423946               | . 10952 .              | TRANSAMERICA CASUALTY INS CO                 | IA           |         | <u>0</u>  -  | 0          | 0           | 20           | 38          |               |              | 0            | 0          |           | 0            | J         | 0                | 1,021       | 0           |
| 06-0566050<br>48-0921045 | . 25658 .<br>. 39845 . | TRAVELERS INDEMNITY COMPANY                  | МО           |         | 0            | 3          | 0           | 18           | 38          | 812<br>812    | 151<br>151   | 0            | 0          |           | 0            | J         | J0               | 1,022       | 0           |
|                          |                        | WESTPORT INSURANCE CORPORATION               | MU           |         |              | 0<br>26    | 0           | 0            | 38          |               |              | 0            | 0          |           | 0            | 0         | 0                | ,           | 0           |
| 13-1290712               | . 20583 .              | XL REINSURANCE AMERICA INC.                  | INT          |         | 0            |            | 0           | 643          |             | 812           | 151          | 0            | 0          | 1,670     | 0            | 0         | 0                | 1,670       | 0           |
|                          |                        | norized - Other U.S. Unaffiliated Insurers   | Lanz.        |         | 0            | 98         | 0           | -,           | 1, 178      | 25, 172       | 4,681        | 0            | 0          | 38,073    | 0            | 0         | •                | 38,073      | 0           |
| AA-9995081               | . 00000 .              | AGENCY MANAGERS LTD                          | NY           |         | 0            | 1          | 0           |              | 0           | 0             | 0            | 0            | 0          | 62        | 0            | 0         | 0                | 62          | 0           |
| AA-9995022               |                        | EXCESS AND CASUALTY REINSURANCE ASSOC        | PA           |         | 0            | 222<br>223 | 59<br>59    | 2,278        | 38          | 812<br>812    | 151<br>151   | 0            | 0          | 3,560     | 0            | 0         | 0                | 3,560       | 0           |
|                          |                        | norized - Pools - Voluntary Pools            | LITA         |         | 0            | 223        |             | ,            | 38          |               | 151          | ŭ            | ŭ          |           | 0            | 0         | 0                | - ,         | 0           |
| AA-1360015               | . 00000 .              | ASSICURAZIONI GEN S P A                      | TWAL         |         | <sup>0</sup> |            | 0           | 0            | 38          | 812<br>812    | 151          | 0            | 0          | 1,001     | 0            |           | 0                | 1,001       | 0           |
| AA-5280012<br>AA-3190080 | . 00000 .              | CENTRAL REINSURANCE CORPORATION              | I WIN        |         | <u>0</u>  -  | 0          | 0           |              | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | ū         | 0                | 1,001       | 0           |
| AA-3190080<br>AA-2230425 | .00000 .               | HEDDINGTON INSURANCE LTD                     | DMU          |         | <sup>0</sup> |            | 0           | 158          | 38          | 812           | 151          | 0            | 0          | 1,026     | 0            |           | 0                | 1,026       | 0           |
|                          |                        | NISSAN FIRE & MARINE INSURANCE CO. LTD       | IDN          |         | 0            | 2          |             | 138          | 38          | 812           | 151          |              |            | 1, 161    | 0            |           | 0                | 1, 161      | 0           |
| AA-1580065<br>AA-1121375 | .00000 .               | TRAVELERS INS CO LTD                         | CDD          |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | J         | 0                | 1,001       | 0           |
| AA-1121375<br>AA-1121480 | . 00000 .              | UNIONAMERICA INSURANCE COMPANY LTD           | CDD          |         | <u>0</u>  -  |            | 0           | 0            | 38          | 812           | 151          | 0            |            | 1,001     | 0            | J         | 0                | 1,001       | v           |
|                          | . 00000 .              | WINTERTHUR SCHWEIZERISCHE VERSGES AG         | CUE          |         | 0            | 0          | 0           | 0            | 38          | 812           | 151          | 0            | 0          | 1,001     | 0            | J         | 0                | 1,001       | 0           |
| AA-1460185               | . 00000 .              | VASIDA FIRE & MARINE INS CO OF FIREDE        | CDD          |         | 0            |            |             | 0            | 38          | 812           | 151          | J            |            | 1,001     |              | J         |                  | 1,001       | 0           |

#### **SCHEDULE F - PART 3**

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

| 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   7   7   8   8   9   10   11   12   13   14   15   7   7   8   10   10   11   12   13   14   15   7   7   8   10   10   10   10   10   10   10  |            | , |   |                   |              |       | Ceded  | Remoulance | e as of Dece | imber 31, Cu |               |        | u)       |    |        | ,         |         |            | ,      |   |
|--|------------|---|---|-------------------|--------------|-------|--------|------------|--------------|--------------|---------------|--------|----------|----|--------|-----------|---------|------------|--------|---|
| NAIC   Company   Name of Reinsurer   Domicillary   Special   Domicillary   Special   Paid     | 1          | 2                                       | 3   | 4                 | 5            | 6     |        |            | 1            |              | ance Recovera |        |          |    |        | 16        |         |            |        |   |
| NAIC   Code   Part   Code   Name of Reinsurer   Domiciliary   Paid   Code   Coded   Coses   LAE   Reserves     |            |   |   |                   |              |       | 7      | 8          | 9            | 10           | 11            | 12     | 13       | 14 | 15     |           | 17      | 18         |        |   |
| Com-   |            |   |   |                   |              |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| Description      |            |   |   |                   |              |       |        |            |              |              |               |        |          |    |        |           |         | Other      |        |   |
| Number   Code   Name of Reinsurer   Jurisdiction   Code   Losses   LAE   Reserves   Re   |            | Com-                                    |   |                   |              |       |        |            | -            |              |               |        |          |    |        |           |         |            |        |   |
| 1299999   Total Authorized Excluding Protected Cells (Sum of 0899999, 09999999)   10   323   59   9,486   1,589   3,222   6,181   0   0   5,1886   0   0   0   5,888   0   0   0   5,888   0   0   0   0   0   0   0   0   0   |            |   |   |                   |              |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 1499999   Total Authorized Excluding Princeted Cells (Sum of 0899999, 09999999, 109999999, 10999999, 10999999, 10999999, 1099999, 1099999, 1099999, 1099999, 1099999, 1099999, 1099999, 1099   |            |   |   | Jurisdiction      | Code         | Ceded | Losses | LAE        |              |              |               |        | Premiums |    |        | Column 15 | Payable | Reinsurers |        |   |
| 1099999, 1010 Huauthorized - Affiliates - U.S. Non-Pool  |            |   |   |                   |              | 0     | 2      | 0          | 183          | 342          | 7,308         | 1,359  | 0        | 0  | 9, 194 | 0         | 0       | 0          | 9,194  | 0 |
| 1899999 Total Unauthorized - Affiliales - U.S. Non-Pool  | 1499999. T | Total Authorize                         | d Excluding Protected Cells (Sum of       | f 0899999, 0999   | 9999,        |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 199999   Total Unauthorized - Affiliates - Other (Non-U.S.)  |            | 1099999, 1199                           | 9999 and 1299999)                         |                   |              | 10    | 323    | 59         | 9,466        | 1,558        | 33,292        | 6, 191 | 0        | 0  | 50,889 | 0         | 0       | 0          | 50,889 | 0 |
| 2299999. Total Unauthrorized - Affiliates   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |            |   |   |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 42-158991   46599   Bit RE INS CORPAW   14.  | 2199999. T | Total Unauthor                          | ized - Affiliates - Other (Non-U.S.)      |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 95-146743   1982   FINANCIA INDENITY CORPANY   IL   4. 0 0 0 0 44 38 812 151 0 0 0 1.045 0 0 0 0 1.045 0 0 0 0 1.045 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |            |   |   |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers   |            |   |   | IA                | 4            | 0     | 0      | 0          | 14           | 38           |               | 151    | 0        | 0  |        | 0         | 0       | 0          |        |   |
| Al-13096   .0000   .E-R RUXIERS ICERINGS ALL IDISSES STARFT   DEL   4  |            |   |   | IL                | 4            | 0     | 0 .    | 0          | 44           | 38           |               |        | 0        | 0  |        | 0         | 0       | 0          |        |   |
| Al-1121077   | 2399999. T | Total Unauthor                          | zed - Other U.S. Unaffiliated Insurer     | 'S                |              | 0     | 0      | 0          | 58           | 76           | 1,624         | 302    | 0        | 0  | 2,060  | 0         | 0       | 0          | 2,060  | 0 |
| Al-112087   .00000   INSBARS (C LTD.   GSR.   .4   | AA-1340085 | 00000 . E+S F                           | RUCKVERSICHERUNGS AKLIENGESELSCHAFT       | DEU               | 4            | 0     | 0      | 0          | 5            | 38           |               | 151    | 0        | 0  |        | 0         | 0       | 0          | 1,006  | 0 |
| Al-130230   .0000   FA TIARD   FRA   |            | 00000 . LONDO                           | ON AND EDINBURGH INSURANCE CO. LTD        | GBR               | 4            | 0     | 0      | 0          | 0            | 38           |               | 151    | 0        | 0  |        | 0         | 0       | 0          | 1,001  | 0 |
| Al-130230   .0000   FA TIARD   | AA-1121077 | 00000 . NISS/                           | AN INS. CO. (EUROPE) LTD                  | GBR               | 4            | 0     | 0      | 0          | 0            | 38           |               | 151    | 0        | 0  |        | 0         | 0       | 0          | 1,001  | 0 |
| 289999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 23999999, 23999999, 23999999, 23999999, 23999999, 23999999, 239999999, 23999999, 239999999, 239999999, 23999999, 23999999, 23999999 | AA-1320230 | 00000 . PFA 1                           | TIARD                                     | FRA               | 4            | 0     | 0 .    | 0          | 0            | 38           |               |        | 0        | 0  |        | 0         | 0       | 0          |        | 0 |
| 2499999, 2599999 and 2699999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |            |   |   |                   |              | 0     | 0      | 0          | 5            | 152          | 3,248         | 604    | 0        | 0  | 4,009  | 0         | 0       | 0          | 4,009  | 0 |
| 3299999. Total Certified - Affiliates - U.S. Non-Pool 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 2899999. T | Total Unauthor                          | ized Excluding Protected Cells (Sum       | of 2299999, 23    | 399999,      |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 359999. Total Certified - Affiliates - Other (Non-U.S.)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |            | 2499999, 2599                           | 9999 and 2699999)                         |                   |              | 0     | 0      | 0          | 63           | 228          | 4,872         | 906    | 0        | 0  | 6,069  | 0         | 0       | 0          | 6,069  | 0 |
| 369999. Total Certified - Affiliates   | 3299999. T | otal Certified -                        | Affiliates - U.S. Non-Pool                |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3999999 and 4099999)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 3599999. T | otal Certified -                        | Affiliates - Other (Non-U.S.)             |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 3899999, 3999999 and 4099999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 3699999. T | otal Certified -                        | Affiliates                                |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 4299999. T | Total Certified I                       | Excluding Protected Cells (Sum of 3)      | 699999, 37999     | 99,          |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |            | 3899999, 3999                           | 9999 and 4099999)                         |                   |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 5099999. Total Reciprocal Jurisdiction - Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 4699999. T | otal Reciproca                          | al Jurisdiction - Affiliates - U.S. Non-l | Pool              |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 4999999. T | otal Reciproca                          | al Jurisdiction - Affiliates - Other (No  | n-U.S.)           |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 5199999, 5299999, 5399999 and 5499999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 5099999. T | otal Reciproca                          | al Jurisdiction - Affiliates              | •                 |              | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 5199999, 5299999, 5399999 and 5499999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 5699999. T | otal Reciproca                          | al Jurisdiction Excluding Protected C     | ells (Sum of 50   | 99999.       |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)  10 323 59 9,529 1,786 38,164 7,097 0 0 56,958 0 0 0 56,958 0  |            |   |   | ,                 | ,            | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) 10 323 59 9,529 1,786 38,164 7,097 0 0 56,958 0 0 0 56,958 0  |            |   |   | tion and Certific | ed Excluding |       |        |            |              |              |               |        |          |    |        |           |         |            |        |   |
| 5809090 Total Protected Cells (Sum of 1309090 2709090 4109090 and 5509090)   |            |   |   |                   |              |       | 323    | 59         | 9,529        | 1,786        | 38, 164       | 7,097  | 0        | 0  | 56,958 | 0         | 0       | 0          | 56,958 | 0 |
|  | 5899999. T | otal Protected                          | Cells (Sum of 1399999, 27999999, 4        | 199999 and 55     | 599999)      | 0     | 0      | 0          | 0            | 0            | 0             | 0      | 0        | 0  | 0      | 0         | 0       | 0          | 0      | 0 |
| 999999 Totals 10 323 59 9,529 1,786 38,164 7,097 0 0 56,958 0 0 0 56,958 0   | 9999999 T  | otals                                   | · · · · · · · · · · · · · · · · · · ·     |                   | ,            | 10    | 323    | 59         | 9,529        | 1,786        | 38,164        | 7,097  | 0        | 0  | 56,958 | 0         | 0       | 0          | 56,958 | 0 |

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

|                          |  |             |            |            |             |             | (Credit Ri   | sk)        |                  |                |             |                |                |               |             |                |               |
|--------------------------|--|-------------|------------|------------|-------------|-------------|--------------|------------|------------------|----------------|-------------|----------------|----------------|---------------|-------------|----------------|---------------|
|                          |  |             | Colla      | ateral     |             | 25          | 26           | 27         |                  |                |             | Ceded F        | Reinsurance Ci | redit Risk    |             |                |               |
|                          |  | 21          | 22         | 23         | 24          |             |              |            | 28               | 29             | 30          | 31             | 32             | 33            | 34          | 35             | 36            |
|                          |  |             |            |            |             |             |              |            |                  |                |             |                |                |               |             |                | Credit Risk   |
|                          |  |             |            |            |             |             |              |            |                  |                |             |                |                |               |             | Credit Risk on | on Un-        |
|                          |  |             |            |            |             |             |              |            |                  |                |             |                |                |               |             | Collateralized |               |
|                          |  |             |            |            |             |             |              |            |                  |                | Reinsurance |                |                |               |             |                | Recoverables  |
|                          |  |             |            |            |             |             |              |            |                  |                | Payable &   |                |                |               |             | (Col. 32 *     | (Col. 33 *    |
|                          |  |             |            |            | Single      |             |              |            | Total Amount     |                | Funds Held  |                | Total          | Stressed Net  |             | Factor         | Factor        |
|                          |  |             |            | Issuing or | Beneficiary |             | Net          |            | Recoverable      |                | (Cols.      |                | Collateral     | Recoverable   |             | Applicable to  |               |
| ID                       |  |             |            | Confirming | Trusts &    | Total Funds |              | Applicable | from             | Stressed       | 17+18+20;   |                | (Cols. 21+22   |               |             | Reinsurer      | Reinsurer     |
| Number                   |  | Multiple    |            | Bank       | Other       | Held,       | Net of Funds | Sch. F     | Reinsurers       | Recoverable    | but not in  | Stressed Net   | + 24, not in   | Collateral    | Reinsurer   | Designation    | Designation   |
| From                     | Name of Reinsurer                                    | Beneficiary | Letters of | Reference  | Allowable   | Payables &  | Held &       | Penalty    | Less Penalty     | (Col. 28 *     | excess of   | Recoverable    | Excess of      | Offsets       | Designation | Equivalent in  | Equivalent in |
| Col. 1                   | From Col. 3  | Trusts      | Credit     | Number     | Collateral  | Collateral  | Collateral   | (Col. 78)  | (Cols. 15-27)    | 120%)          | Col. 29)    | (Cols. 29-30)  | Col. 31)       | (Cols. 31-32) | Equivalent  | Col. 34)       | Col. 34)      |
|                          | FACTORY MUTUAL INSURANCE COMPANY                     | 0           | 0          |            | 0           | 0           | 0            | 0          | XXX              | XXX            | XXX         | XXX            | XXX            | XXX           | XXX         | XXX            | XXX           |
|                          | otal Authorized - Affiliates - U.S. Non-Pool - Other | 0           | 0          | XXX        | 0           | Ŭ           |              | 0          | XXX              | XXX            | XXX         | XXX            | XXX            | XXX           | XXX         | XXX            | XXX           |
|                          | otal Authorized - Affiliates - U.S. Non-Pool         | 0           | 0          | XXX        | 0           | v           | •            | 0          | XXX              | XXX            | XXX         | XXX            | XXX            | XXX           | XXX         | XXX            | XXX           |
|                          | otal Authorized - Affiliates - Other (Non-U.S.)      | 0           | 0          | XXX        | 0           |             |              | 0          | 0                | 0              | 0           | 0              | 0              | 0             | XXX         | 0              | 0             |
|                          | otal Authorized - Affiliates                         | 0           | 0          | XXX        | 0           | , ,         |              | 0          |                  | 0              |             |                | 0              |               | XXX         | 0              | 0             |
| 06-0237820               | ACE PROPERTY & CASUALTY INS CO                       | 0           | 0          |            | 0           | 0           |              | 0          | 1,269            | 1,523          | 0           | 1,523          | 0              | 1,523         | 1           | 0              | 24            |
| 36-0719665               | ALLSTATE INSURANCE COMPANY                           | 0           | 0          |            | 0           | 0           | 1,437        | 0          | 1,437            | 1,724          | 0           | 1,724          | 0              | 1,724         | 2           | 0              | 36            |
| 13-5124990               | AMERICAN HOME ASSURANCE COMPANY                      | 0           | 0          |            | 0           | 0           | 1,001        | 0          | 1,001            | 1,201          | 0           | 1,201          | 0              | 1,201         | 3           | 0              | 34            |
|                          | ARGONAUT INSURANCE COMPANY                           | 0           | 0          |            | 0           | 0           | 1,594        | 0          | 1,594            | 1,913          | 0           | 1,913          | 0              | 1,913         | 4           | 0              | 63            |
|                          | CAPITOL INDEMNITY CORPORATION                        | 0           | 0          |            | 0           | 0           | 1,031        | 0          | 1,031            | 1,237          | 0           | 1,237          | 0              | 1,237         | 3           | 0              | 35            |
|                          | CONTINENTAL INSURANCE COMPANY                        | 0           | 0          |            | 0           | 0           | 1,076        | 0          | 1,076            | 1,291<br>1,351 | 0           | 1,291<br>1,351 | 0              | 1,291         | 3           | 0              | 36            |
|                          | EMC PROPERTY & CASUALTY                              | 0           |            |            |             |             | 1, 120       | 0          |                  | 1,351          |             |                |                | 1,351         | 3           | 0              | 38            |
|                          | EMPLOYERS INSURANCE OF WAUSAU                        |             |            |            |             |             | 1,001        |            | 1,201            | 1,201          |             |                |                | 1,201         | 2           |                | 34            |
|                          | EVEREST REINSURANCE COMPANY                          |             | ٥          |            |             |             | 2.253        |            | 2.253            | 2.704          |             | 2.704          | o              | 2.704         | 2           |                | 57            |
|                          | GENERAL REINSURANCE CORP                             | n           | n          |            | n           |             | 1.002        | 0<br>n     | 1.002            | 1.202          |             | 1.202          | o              | 1.202         | 1           | n              | 10            |
|                          | GENERAL STAR NATIONAL INS. CO.                       | 0           | 0          |            | 0           | 0           | 1,063        | 0          | 1.063            | 1,276          | 0           | 1,276          | 0              | 1,276         | 1           | 0              | 20            |
|                          | GENERAL I US BRANCH                                  | 0           | 0          |            | 0           | 0           | 1.001        | 0          | 1.001            | 1.201          | 0           | 1.201          | 0              | 1.201         | 3           | 0              | 34            |
|                          | HORACE MANN INSURANCE COMPANY                        | 0           | 0          |            | 0           | 0           | 1.001        | 0          | 1.001            | 1,201          | 0           | 1.201          | 0              | 1.201         | 6           | 0              | 144           |
| 23-0723970               | INSURANCE COMPANY OF NORTH AMERICA                   | 0           | 0          |            | 0           | 0           | 1.001        | 0          | 1.001            | 1.201          | 0           | 1.201          | 0              | 1.201         | 1           | 0              | 19            |
| 13-4924125               | MUNICH REINSURANCE AMERICA INC                       | 0           | 0          |            | 0           | 0           | 1,401        | 0          | 1,401            | 1,681          | 0           | 1,681          | 0              | 1,681         | 2           | 0              | 35            |
| 38-0865250               | NATIONAL CASUALTY COMPANY                            | 0           | 0          |            | 0           | 0           | 1,021        | 0          | 1,021            | 1,225          | 0           | 1,225          | 0              | 1,225         | 2           | 0              | 26            |
| 25-0410420               | OLD REPUBLIC INSURANCE CO.                           | 0           | 0          |            | 0           | 0           | 1,255        | 0          | 1,255            | 1,506          | 0           | 1,506          | 0              | 1,506         | 2           | 0              | 32            |
|                          | PENNSYLVANIA MANUFACTURERS ASSOC INS                 | 0           | 0          |            | 0           | 0           | 1,026        | 0          | 1,026            | 1,231          | 0           | 1,231          | 0              | 1,231         | 2           | 0              | 26            |
|                          | REPUBLIC INDEMNITY COMPANY OF AMERICA                | 0           | 0          |            | 0           | 0           | 1,015        | 0          | 1,015            | 1,218          | 0           | 1,218          | 0              | 1,218         | 2           | 0              | 26            |
|                          | RSUI IND CO  | 0           | 0          |            | 0           | 0           | 1,076        | 0          | 1,076            | 1,291          | 0           | 1,291          | 0              | 1,291         | 2           | 0              | 27            |
|                          | SCOR REINSURANCE COMPANY                             | 0           | 0          |            | 0           | 0           | 1,351        | 0          | 1,351            | 1,621          | 0           | 1,621          | 0              |               | 2           | 0              | 34            |
|                          | SIRIUSPOINT AMERICA INSURANCE CO                     | 0           | 0          |            | 0           | 0           | 1,077        | 0          | 1,077            | 1,292          | 0           | 1,292          | 0              | 1,292         | 4           | 0              | 43            |
|                          | STARR IND & LIAB COMPANY                             | 0           | 0          |            | 0           | 0           | 1,360        | 0          | 1,360            | 1,632          | 0           |                | 0              | 1,632         | 3           | 0              | 46            |
|                          | SWISS REINSURANCE AMERICA CORPORATION                | 0           | 0          |            | 0           | 0           | 1,462        | 0          | 1,462            | 1,754          | 0           | 1,754          | 0              | 1,754         | 2           | 0              | 37            |
| 94-1517098               | TIG INSURANCE COMPANY                                | 0           | 0          |            | 0           | 0           | 2,132        | 0          | 2, 132<br>1, 126 | 2,558          | 0           | 2,558          | 0              | 2,558         | 6           | 0              | 307           |
| 13-2918573<br>31-4423946 | TRANSAMERICA CASUALTY INS CO                         | 0           | 0          |            | 0           | 0           | 1, 126       | 0          | 1, 126           | 1,351<br>1.225 | 0           | 1,351<br>1.225 | 0              | 1,351         | 3           | 0              |               |
|                          | TRAVELERS INDEMNITY COMPANY                          | J           |            |            |             |             | 1,021        |            | 1,021            |                |             |                |                | 1,225         | 1           |                | 20            |
|                          | WESTPORT INSURANCE CORPORATION                       | J           |            |            | J           |             | 1,022        |            | 1,022            | 1,226          |             |                |                | 1,226         | 2           |                | 20            |
|                          | XL REINSURANCE AMERICA INC.                          | n           | n          |            | n           | n           | 1,670        | 0          | 1,670            | 2.004          |             | 2.004          | n              | 2.004         | 2           | n              | 42            |
|                          | otal Authorized - Other U.S. Unaffiliated Insurers   | Λ           | 0          | XXX        | 0           | 0           | 38,073       | 0          | 38,073           | 45.688         | 0           | 45,688         | 0              | 45,688        | XXX         | Λ              | 1,543         |
|                          | AGENCY MANAGERS LTD                                  | 0           | 0          |            | 0           | 0           | 38,073       | 0          | 62               | 45,688         | 0           | 45,688         | 0              | 45,088        | 6           | 0              | 1,043         |
|                          | EXCESS AND CASUALTY REINSURANCE ASSOC.               | n           | n          |            | n           | n           | 3,560        | 712        | 2,848            | 3.418          | 0           | 3,418          | 0<br>n         | 3,418         | 6           | n              | 410           |
|                          | otal Authorized - Pools - Voluntary Pools            | n           | 0          | XXX        | n           | n           | 3,622        | 712        | 2.910            | 3.492          | 0           | 3.492          | Λ              | 3,492         | XXX         | n              | 419           |
|                          | ASSICURAZIONI GEN S P A                              | 0           | 0          | ^^^        | 0           | 0           | 1.001        | 7 12       | 1.001            | 1.201          | 0           | 1.201          | 0              | 1.201         | 3           | 0              | 34            |
|                          | CENTRAL REINSURANCE CORPORATION                      | n           | n          |            | n           | n           | 1,001        | 0          | 1,001            | 1,201          | 0           | 1,201          | n              | 1,201         | 3           | n              | 34            |
|                          | HEDDINGTON INSURANCE LTD.                            | n           |            |            | n           | n           | 1.026        | 0          | 1,001            | 1,201          | 0           | 1,201          | n              | 1,201         | 6           | n              | 148           |
| /// 0 100000             |  | J           | J          | l          |             |             | 1,020        |            | 1,020            |                |             |                |                |               |             |                |               |

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

|                          |   |             |            |            |             |             | (Credit Ri   | sk)        |               |                |             |               |               |               |             |                |                |
|--------------------------|---|-------------|------------|------------|-------------|-------------|--------------|------------|---------------|----------------|-------------|---------------|---------------|---------------|-------------|----------------|----------------|
|                          |   |             | Coll       | ateral     |             | 25          | 26           | 27         |               |                |             | Ceded F       | Reinsurance C | redit Risk    |             |                |                |
|                          |   | 21          | 22         | 23         | 24          |             |              |            | 28            | 29             | 30          | 31            | 32            | 33            | 34          | 35             | 36             |
|                          |   |             |            |            |             |             |              |            |               |                |             |               |               |               |             |                | Credit Risk    |
|                          |   |             |            |            |             |             |              |            |               |                |             |               |               |               |             | Credit Risk on |                |
|                          |   |             |            |            |             |             |              |            |               |                |             |               |               |               |             | Collateralized | collateralized |
|                          |   |             |            |            |             |             |              |            |               |                | Reinsurance |               |               |               |             | Recoverables   |                |
|                          |   |             |            |            |             |             |              |            |               |                | Payable &   |               |               |               |             | (Col. 32 *     | (Col. 33 *     |
|                          |   |             |            |            | Single      |             |              |            | Total Amount  |                | Funds Held  |               | Total         | Stressed Net  |             | Factor         | Factor         |
|                          |   |             |            | Issuing or | Beneficiary |             | Net          |            | Recoverable   |                | (Cols.      |               | Collateral    | Recoverable   |             | Applicable to  | Applicable to  |
| ID                       |   |             |            | Confirming | Trusts &    | Total Funds | Recoverable  | Applicable | from          | Stressed       | 17+18+20;   |               | (Cols. 21+22  |               |             | Reinsurer      | Reinsurer      |
| Number                   |   | Multiple    |            | Bank       | Other       | Held,       | Net of Funds | Sch. F     | Reinsurers    | Recoverable    | but not in  | Stressed Net  | + 24, not in  | Collateral    | Reinsurer   | Designation    | Designation    |
| From                     | Name of Reinsurer   | Beneficiary | Letters of | Reference  | Allowable   | Payables &  | Held &       | Penalty    | Less Penalty  | (Col. 28 *     | excess of   | Recoverable   | Excess of     | Offsets       | Designation | Equivalent in  | Equivalent in  |
| Col. 1                   | From Col. 3   | Trusts      | Credit     | Number     | Collateral  | Collateral  | Collateral   | (Col. 78)  | (Cols. 15-27) | 120%)          | Col. 29)    | (Cols. 29-30) | Col. 31)      | (Cols. 31-32) | Equivalent  | Col. 34)       | Col. 34)       |
| AA-2230425               | I.R.B., IST. DE RESS DO BRAZIL  | 0           | 0          |            | 0           | 0           | 1, 161       | 0          |               | 1,393          | 0           | 1,393         | 0             | 1,393         | 4           | 0              | 46             |
| AA-1580065               | NISSAN FIRE & MARINE INSURANCE CO. LTD  | 0           | 0          |            | 0           | 0           | 1,001        | 0          | 1,001         | 1,201          | 0           |               | 0             | 1,201         | 6           | 0              | 144            |
| AA-1121375<br>AA-1121480 | UNIONAMERICA INSURANCE COMPANY LTD.   | 0           | 0          |            | 0           | 0           | 1,001        | 0          | 1,001         | 1,201<br>1,201 | 0           | 1,201         | 0             | 1,201         | l           | 0              | 19             |
|                          | WINTERTHUR SCHWEIZERISCHE VERSGES AG  | 0           |            |            |             |             | 1,001        |            | 1,001         |                |             | 1,201         |               | 1,201         | 0           |                | 25             |
| AA-1400185               | YASUDA FIRE & MARINE INS CO OF EUROPE   |             |            |            |             |             | 1,001        |            | 1,001         |                |             |               |               | 1,201         | 6           |                | 144            |
|                          | otal Authorized - Other Non-U.S. Insurers   | 0           | 0          | XXX        |             | 0           | 9. 194       | 0          | 9.194         | 11.033         | Λ           | 11.033        |               |               | XXX         |                | 738            |
|                          | otal Authorized Excluding Protected Cells (Sum of   | 0           |            |            | 0           | U           | 3, 134       | 0          | 3,134         | 11,000         | U           | 11,000        | •             | 11,000        | ^^^         |                | 730            |
|                          | 1899999, 0999999, 1099999, 1199999 and 1299999)   | 0           | 0          | XXX        | 0           | 0           | 50.889       | 712        | 50.177        | 60.212         | 0           | 60,212        | 0             | 60.212        | XXX         | 0              | 2.700          |
|                          | otal Unauthorized - Affiliates - U.S. Non-Pool  | 0           |            | XXX        | 0           | 0           | - , -        | 0          | XXX           | XXX            | XXX         | XXX           | XXX           | XXX           | XXX         | XXX            | XXX            |
|                          | otal Unauthorized - Affiliates - Other (Non-U.S.)   | 0           | 0          | XXX        | 0           | 0           |              | 0          | 0             | 0              | 0           | 0             | 0             |               | XXX         | 0              | 0              |
|                          | otal Unauthorized - Affiliates  | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | 0             | 0              | 0           | 0             | 0             | 0             | XXX         | 0              | 0              |
| 42-1158991               | EMC REINS COMPANY   | 0           | 0          |            | 0           | 0           | 52           | 52         | 963           | 1, 156         | 0           | 1, 156        | 0             | 1, 156        | 6           | 0              | 139            |
| 95-1466743               | FINANCIAL INDEMNITY COMPANY   | 0           | 0          |            | 0           | 0           | 82           | 82         | 963           |                | 0           | 1, 156        | 0             |               | 3           | 0              | 32             |
|                          | otal Unauthorized - Other U.S. Unaffiliated Insurers  | 0           | 0          | XXX        | 0           | 0           | 134          | 134        | 1,926         | 2,311          | 0           | 2,311         | 0             | 2,011         | XXX         | 0              | 171            |
|                          | E+S RUCKVERSICHERUNGS AKLIENGESELSCHAFT   | 0           | 0          |            | 0           | 0           | 43           | 43         | 963           |                | 0           | 1, 156        | 0             |               | 2           | 0              | 24             |
|                          | LONDON AND EDINBURGH INSURANCE CO. LTD  | 0           | 0          |            | 0           | 0           | 38           | 38         | 963           | 1, 156         | 0           | 1, 156        | 0             |               | 6           | 0              | 139            |
|                          | NISSAN INS. CO. (EUROPE) LTD.   | 0           | 0          |            | 0           | 0           | 38           | 38         | 963           |                | 0           |               | 0             | 1, 156        | 6           | 0              | 139            |
|                          | PFA TIARD   | 0           | 0          |            | 0           | 0           | 38           | 38         | 963           | 1,156          | 0           | 1,156         | 0             | 1,156         | 6           | 0              | 139            |
|                          | otal Unauthorized - Other Non-U.S. Insurers otal Unauthorized Excluding Protected Cells (Sum of | 0           | 0          | XXX        | 0           | 0           | 157          | 157        | 3,852         | 4,622          | 0           | 4,622         | 0             | 4,622         | XXX         | 0              | 440            |
|                          | 2299999, 2399999, 2499999, 2599999 and 2699999)   | 0           | 0          | xxx        | _           | 0           | 291          | 291        | 5.778         | 6.934          |             | 6,934         | 0             | 6,934         | XXX         |                | 611            |
|                          | otal Certified - Affiliates - U.S. Non-Pool   | 0           |            | XXX        | 0           | •           |              | 0          | XXX           | XXX            | XXX         | XXX           | XXX           | XXX           | XXX         | XXX            | XXX            |
|                          | otal Certified - Affiliates - 0.5. Non-Poor   | 0           | 0          | XXX        | 0           | 0           |              | 0          | 0             | 0              | ^^^         |               |               |               | XXX         | ^^^            | ^^^            |
|                          | otal Certified - Affiliates - Other (Non-0.5.)  | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | 0             | 0              | 0           | 0             | 0             | 0             | XXX         | 0              | 0              |
|                          | otal Certified - Affiliates  otal Certified Excluding Protected Cells (Sum of                   | 0           | 0          | ^^^        | 0           | 0           | U            | U          | 1             | 0              | 0           | 1             | · ·           | 1             | ^^^         | 1              | U              |
|                          | 699999, 3799999, 3899999, 3999999 and 4099999)  | 0           | 0          | xxx        | n           | 0           | 0            | 0          | 0             | 0              | n           | 0             | n             | 0             | XXX         | 0              | n              |
|                          | otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool                                       | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | XXX           | XXX            | XXX         | XXX           | XXX           | XXX           | XXX         | XXX            | XXX            |
|                          | otal Reciprocal Jurisdiction - Affiliates - Other (Non-   | İ           | 1          |            | 1           |             |              |            | 130.          | 1              |             | 130.          |               |               |             | 1              |                |
|                          | J.S.)   | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | 0             | 0              | 0           | 0             | 0             | 0             | XXX         | 0              | 0              |
|                          | otal Reciprocal Jurisdiction - Affiliates   | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | 0             | 0              | 0           | 0             | 0             | 0             | XXX         | 0              | 0              |
|                          | otal Reciprocal Jurisdiction Excluding Protected Cells  |             |            |            |             |             |              |            |               |                |             |               |               |               |             |                |                |
|                          | Sum of 5099999, 5199999, 5299999, 5399999 and   |             |            |            |             |             |              |            |               |                |             |               |               |               |             |                |                |
|                          | (49999)   | 0           | 0          | XXX        | 0           | 0           | 0            | 0          | 0             | 0              | 0           | 0             | 0             | 0             | XXX         | 0              | 0              |
|                          | otal Authorized, Unauthorized, Reciprocal Jurisdiction  |             | 1          |            | 1           |             |              |            |               | 1              |             |               | 1             |               | 1           |                |                |
|                          | and Certified Excluding Protected Cells (Sum of   |             | 1          |            | 1           |             |              |            |               |                |             |               | 1             |               |             |                |                |
|                          | 499999, 2899999, 4299999 and 5699999)   | 0           | 0          | XXX        | 0           | 0           | 51, 180      | 1,003      | 55,955        | 67,146         | 0           | 67, 146       | 0             | 67,146        | XXX         | 0              | 3,311          |
|                          | otal Protected Cells (Sum of 1399999, 2799999,  | _           | _          | VVV        | _           | _           | _            | _          | VVV           | V///           | VVV         | VVV           | VVV           | VVV           | VVV         | VVV            | V)//           |
|                          | 199999 and 5599999)   | 0           | 0          | XXX        | 0           | 0           | 0            | 1 000      | XXX           | XXX<br>67,146  | XXX         | XXX           | XXX           | XXX<br>67.146 | XXX         | XXX            | XXX            |
| 9999999 To               | tais  | 0           | 0          | XXX        | 0           | 0           | 51,180       | 1,003      | 55,955        | 67,146         | 0           | 67,146        | 0             | 6/,146        | XXX         | 0              | 3,311          |

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

|             |   |         |               |                |               |               | (Aging of C  | Ceded Reins  | surance)    |             |              |             |          |              |             |            |              |             |
|-------------|---|---------|---------------|----------------|---------------|---------------|--------------|--------------|-------------|-------------|--------------|-------------|----------|--------------|-------------|------------|--------------|-------------|
|             |   | Reir    | nsurance Reco | overable on Pa | id Losses and | Paid Loss Adj | ustment Expe | nses         | 44          | 45          | 46           | 47          | 48       | 49           | 50          | 51         | 52           | 53          |
|             |   | 37      |               |                | Overdue       | •             | •            | 43           |             |             |              |             |          |              |             |            |              | 1           |
|             |   |         | 38            | 39             | 40            | 41            | 42           |              |             |             |              | Recoverable |          |              |             |            |              | ı           |
|             |   |         |               |                |               |               |              |              | Total       | Recoverable |              | on Paid     |          |              | Percentage  |            |              | l .         |
|             |   |         |               |                |               |               |              |              | Recoverable |             | Total        | Losses &    |          |              | of Amounts  |            |              | l .         |
|             |   |         |               |                |               |               |              |              | on Paid     | Losses &    | Recoverable  |             |          |              | More Than   |            |              | Amounts in  |
|             |   |         |               |                |               |               |              |              | Losses &    | LAE Over 90 |              | Days Past   |          |              | 90 Davs     | Percentage |              | Col. 47 for |
|             |   |         |               |                |               |               |              | Total Dua    | LAE         |             |              | ,           |          |              |             |            | la tha       |             |
| ID          |   |         |               |                |               |               | T. ( . )     | Total Due    |             | Days Past   |              | Due Amounts | A 4      |              | Overdue Not |            | Is the       | Reinsurers  |
|             |   |         |               |                |               |               | Total        | Cols. 37+42  |             | Due Amounts |              | Not in      | Amounts  |              | in Dispute  | 120 Days   | Amount in    | with Values |
| Number      |   |         |               |                |               |               | Overdue      | (In total    | Dispute     |             |              | Dispute     | Received | Percentage   | (Col.       | Overdue    | Col. 50 Less | Less Than   |
| From        | Name of Reinsurer                               |         | 1 - 29        | 30 - 90        | 91 - 120      | Over 120      | Cols. 38+39  | should equal |             | Included in | in Dispute   | (Cols. 40 + | Prior    | Overdue Col. |             | (Col. 41/  | Than 20%?    | 20% in      |
| Col. 1      | From Col. 3                                     | Current | Days          | Days           | Days          | Days          | +40+41       | Cols. 7+8)   | Col. 43     |             | (Cols 43-44) | 41 - 45)    | 90 Days  | 42/Col. 43   | 46+48])     | Col. 43)   | (Yes or No)  | Col. 50     |
| 05-0316605  | FACTORY MUTUAL INSURANCE COMPANY                | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
| 0399999. To | otal Authorized - Affiliates - U.S. Non-Pool -  |         |               |                |               |               |              |              |             |             |              |             |          |              |             |            |              | ı           |
|             | Other   | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 0499999. To | otal Authorized - Affiliates - U.S. Non-Pool    | 0       | 0             | 0              |               |               | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 0799999. To | otal Authorized - Affiliates - Other (Non-U.S.) | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 0899999. To | otal Authorized - Affiliates                    | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 06-0237820  | ACE PROPERTY & CASUALTY INS CO                  | 5       | 0             | 0              | 0             | 0             | 0            | 5            | 0           | 0           | 5            | 0           | 2        | 0.0          | 0.0         | 0.0        | YES          | 0           |
| 36-0719665  | ALLSTATE INSURANCE COMPANY                      | 4       | 0             | 0              | 0             | 0             | 0            | 4            | 0           | 0           | 4            | 0           | 3        | 0.0          | 0.0         | 0.0        | YES          | 0           |
| 13-5124990  | AMERICAN HOME ASSURANCE COMPANY                 | 0       |               |                | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 0           |
| 94-1390273  | ARGONAUT INSURANCE COMPANY                      | 19      | 0             | 0              | 0             | 0             | 0            | 19           | 0           | 0           | 19           | 0           | 0        | 0.0          |             | 0.0        | YES          | l0          |
| 39-0971527  | CAPITOL INDEMNITY CORPORATION                   | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | l0          |
|             | CONTINENTAL INSURANCE COMPANY                   | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | l0          |
|             | DORINCO REINSURANCE COMPANY                     | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | l0          |
|             | EMC PROPERTY & CASUALTY                         | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | . 0         |
|             | EMPLOYERS INSURANCE OF WAUSAU                   | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | l0          |
|             | EVEREST REINSURANCE COMPANY                     | 24      | 0             | 0              | 0             | 0             | 0            | 24           | 0           | 0           | 24           | 0           | 4        | 0.0          |             | 0.0        | YES          | 0           |
| 13-2673100  | GENERAL REINSURANCE CORP                        | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 0           |
|             | GENERAL STAR NATIONAL INS. CO.                  | 1       | 0             | 0              | 0             | 0             | 0            | 1            | 0           | 0           | 1            | 0           | 0        | 0.0          |             | 0.0        | YES          | 0           |
| 13-5617450  | GENERALI US BRANCH                              | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 0           |
| 59-1027412  | HORACE MANN INSURANCE COMPANY                   | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          |             |
| 23-0723970  | INSURANCE COMPANY OF NORTH AMERICA              | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          |             |
|             | MUNICH REINSURANCE AMERICA INC.                 | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 1 0         |
|             | NATIONAL CASUALTY COMPANY                       | 0       | 0             | 0              | 0             | 0             | 0            | 0            | 0           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | OLD REPUBLIC INSURANCE CO.                      | 1       | 0             | 0              | 0             | 0             | 0            | 1            | 0           | 0           | 1            | 0           | 7        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | PENNSYLVANIA MANUFACTURERS ASSOC INS            | n       | n             | n              | 0             | n             | n            | n            | n           | 0           | n            | 0           | n        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | REPUBLIC INDEMNITY COMPANY OF AMERICA           | n       | n             | n              | 0             | n             | n            | n            | n           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | RSUI IND CO                                     | n       | n             | n              | 0             | n             | n            | n            | n           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | SCOR REINSURANCE COMPANY                        | n       | n             | n              | 0             | n             | n            | n            | n           | 0           | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | SIRIUSPOINT AMERICA INSURANCE CO                | 2       | n             | 1              | 0             | n             | 1            | 3            | n           | 0           | 3            | 0           | 0        | 33.3         | 0.0         | 0.0        | YES          | 1 0         |
|             | STARR IND & LIAB COMPANY                        | 4       | n             | n              | n             | n             | n            | 4            | n           | n           | 4            | n           | 7        | 0.0          |             | 0.0        | YES          | l           |
| 13-1675535  | SWISS REINSURANCE AMERICA CORPORATION           | 2       | n             | n              | 0             | n             | n            | 2            | n           | 0           | 2            | 0           | 1        | 0.0          |             | 0.0        | YES          | 1 0         |
|             | TIG INSURANCE COMPANY                           | 6       | n             | n              | 0             | n             | n            | 6            | n           | 0           | 6            | 0           | 20       |              |             | 0.0        | YES          | 1 0         |
| 13-2918573  | TOA-RE INSURANCE COMPANY OF AMERICA             | n       | n             | n              | n             | n             | n            | n            | n           | n           | n            | n           | n        | 0.0          |             | 0.0        | YES          | ı           |
| 31-4423946  | TRANSAMERICA CASUALTY INS CO                    | n       | n             | n              | n             | n             | n            | n            | n           | n           | n            | n           | n        | 0.0          |             | 0.0        | YES          | i n         |
| 06-0566050  | TRAVELERS INDEMNITY COMPANY                     | 3       | n             | n              | n             | n             | n            | 3            | n           | n           | 3            | n           | n        | 0.0          | 0.0         | 0.0        | YES          | I 0         |
|             | WESTPORT INSURANCE CORPORATION                  | n       | n             | n              | n             | n             | n            | n            | n           | n           | n            | n           | n        | 0.0          | 0.0         | 0.0        | YES          | I 0         |
|             | XL REINSURANCE AMERICA INC.                     |         | n             | n              | n             | n             | n            | 26           | n           | n           | 26           | n           | n        | 0.0          |             | 0.0        | YES          | l           |
|             | otal Authorized - Other U.S. Unaffiliated       | 20      |               |                |               |               |              | 20           |             |             | 20           |             |          |              |             |            | 120          | 1           |
|             | nsurers   | 97      | n             | 1              | n             | n             | 1            | 98           | n           | 0           | 98           | 0           | 44       | 1.0          | 0.0         | 0.0        | xxx          | ı 0         |
|             | AGENCY MANAGERS LTD                             | 1       | 0             | 0              | 0             | 0             | 0            |              |             | ·           |              | 0           |          |              |             | 0.0        | YES          | 0           |
|             | EXCESS AND CASUALTY REINSURANCE ASSOC.          | 79      | n             |                | n             | 196           | 201          | 280          |             |             | 280          | 196         | 52       |              |             | 70.0       | NO           |             |
|             | otal Authorized - Pools - Voluntary Pools       | 80      |               | 5              | 0             |               | 201          | 281          |             | 0           |              | 196         | 52       |              |             | 69.8       | XXX          | 0           |
|             | ASSICURAZIONI GEN S P A                         | 0       | 0             | 0              |               |               | 0            | 0            |             |             |              | 0           |          |              |             | 0.0        | YES          | 0           |
|             | CENTRAL REINSURANCE CORPORATION                 | n       |               |                | 0<br>n        | o             | 0<br>n       | n            |             |             | n            | n           | 0        |              |             | 0.0        | YES          | l           |
| AA 0200012  | OLITHIAL HEINOUNANUL OUN ONATION                | l∪      | l∪            | U              | U             | U             | U            | <u> </u> ∪   | U           | JU          | U            | JU          | l        |              |             |            | LO           | U           |

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

|             |   |         |               |                 |               |               |              | Ceded Reins |             |               |              |             | 1        | •            | , ,         |            |              |             |
|-------------|---|---------|---------------|-----------------|---------------|---------------|--------------|-------------|-------------|---------------|--------------|-------------|----------|--------------|-------------|------------|--------------|-------------|
|             |   | Reir    | nsurance Reco | overable on Pai | id Losses and | Paid Loss Adj | ustment Expe | nses        | 44          | 45            | 46           | 47          | 48       | 49           | 50          | 51         | 52           | 53          |
|             |   | 37      |               |                 | Overdue       |               |              | 43          |             |               |              |             |          |              |             |            |              | į J         |
|             |   |         | 38            | 39              | 40            | 41            | 42           |             |             |               |              | Recoverable |          |              |             |            |              | 1           |
|             |   |         |               |                 |               |               |              |             | Total       | Recoverable   | ,            | on Paid     |          |              | Percentage  |            |              |             |
|             |   |         |               |                 |               |               |              |             | Recoverable |               | Total        | Losses &    |          |              | of Amounts  |            |              | 1           |
|             |   |         |               |                 |               |               |              |             | on Paid     | Losses &      | Recoverable  |             |          |              | More Than   |            |              | Amounts in  |
|             |   |         |               |                 |               |               |              |             | Losses &    | LAE Over 90   |              |             |          |              | 90 Days     | Doroontono |              | Col. 47 for |
|             |   |         |               |                 |               |               |              | T. (.) D .  |             |               |              | Days Past   |          |              | , ,         | Percentage | 1. 0         |             |
|             |   |         |               |                 |               |               |              | Total Due   | LAE         | Days Past     |              | Due Amounts |          |              | Overdue Not | More Than  | Is the       | Reinsurers  |
| ID          |   |         |               |                 |               |               | Total        | Cols. 37+42 |             | Due Amounts   |              | Not in      | Amounts  |              | in Dispute  | 120 Days   | Amount in    |             |
| Number      |   |         |               |                 |               |               | Overdue      | (In total   | Dispute     | in Dispute    | Amounts Not  | Dispute     | Received | Percentage   | (Col.       | Overdue    | Col. 50 Less |             |
| From        | Name of Reinsurer   |         | 1 - 29        | 30 - 90         | 91 - 120      | Over 120      | Cols. 38+39  |             | Included in | Included in   | in Dispute   | (Cols. 40 + | Prior    | Overdue Col. | 47/[Cols.   | (Col. 41/  | Than 20%?    | 20% in      |
| Col. 1      | From Col. 3   | Current | Days          | Days            | Days          | Days          | +40+41       | Cols. 7+8)  | Col. 43     | Cols. 40 & 41 | (Cols 43-44) | 41 - 45)    | 90 Days  | 42/Col. 43   | 46+48])     | Col. 43)   | (Yes or No)  | Col. 50     |
| AA-3190080  | HEDDINGTON INSURANCE LTD.   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
| AA-2230425  | I.R.B., IST. DE RESS DO BRAZIL  | 1       | 0             | 1               | 0             | 0             | l1           | 2           | 0           | 0             | 2            | 0           | 0        | 50.0         | 0.0         | 0.0        | YES          | l0          |
| AA-1580065  | NISSAN FIRE & MARINE INSURANCE CO. LTD  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | TRAVELERS INS CO LTD  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | UNIONAMERICA INSURANCE COMPANY LTD.   | 0       | 0             | n               | n             | 0             | n            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | WINTERTHUR SCHWEIZERISCHE VERSGES AG  | n       | n             | n               | n             | n             | n            | n           | n           | n             | n            | n           | n        | 0.0          | 0.0         | 0.0        | YES          | n           |
| AA-1121575  | YASUDA FIRE & MARINE INS CO OF EUROPE   | 0       | n             | n               | n             | n             | n            | n           | n           | 0             | n            | n           | 0        | 0.0          |             | 0.0        | YES          | n           |
|             | otal Authorized - Other Non-U.S. Insurers                                     | 1       | 0             | 1               | 0             |               | U            |             |             | 0             |              | 0           | 0        | 50.0         | 0.0         | 0.0        | XXX          |             |
|             |   | I       | U             |                 | U             | U             |              | 2           | U           | 0             | 2            | U           | U        | 50.0         | 0.0         | 0.0        | ***          |             |
| 1499999. To | otal Authorized Excluding Protected Cells (Sum                                |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1 l         |
|             | of 0899999, 0999999, 1099999, 1199999 and                                     |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1           |
|             | 299999)   | 178     | 0             | 7               | 0             | 196           | 203          | 381         | 0           | 0             | ***          | 196         | 96       | 53.3         | 41.1        | 51.4       | XXX          | 0           |
| 1899999. To | otal Unauthorized - Affiliates - U.S. Non-Pool                                | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 2199999. To | otal Unauthorized - Affiliates - Other (Non-U.S.)                             | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 2299999. To | otal Unauthorized - Affiliates  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | EMC REINS COMPANY   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | FINANCIAL INDEMNITY COMPANY   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | otal Unauthorized - Other U.S. Unaffiliated                                   |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              |             |
|             | nsurers   | 0       | 0             | ٥               | 0             | 0             | ۸ .          | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          |             |
|             |   |         | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          |             |            | YES          | 0           |
|             | E+S RUCKVERSICHERUNGS AKLIENGESELSCHAFT                                       | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        |              | 0.0         | 0.0        |              | J           |
|             | LONDON AND EDINBURGH INSURANCE CO. LTD  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | J           |
|             | NISSAN INS. CO. (EUROPE) LTD  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          |             | 0.0        | YES          | J0          |
|             | PFA TIARD   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | YES          | 0           |
|             | otal Unauthorized - Other Non-U.S. Insurers                                   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Unauthorized Excluding Protected Cells                                   |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1           |
| (           | Sum of 2299999, 2399999, 2499999, 2599999                                     |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1           |
| a           | and 2699999)  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 3299999. To | otal Certified - Affiliates - U.S. Non-Pool                                   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Certified - Affiliates - Other (Non-U.S.)                                | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Certified - Affiliates   | 0       | 0             | 0               | 0             |               | n            | 0           | 0           | 0             | · -          | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Certified - Affiliates  otal Certified Excluding Protected Cells (Sum of | 0       | 0             |                 | 0             | 0             |              |             | 0           | · ·           | -            | 0           | 0        | 0.0          | 3.0         | 0.0        | ///          |             |
|             | 3699999, 3799999, 3899999, 3999999 and  |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1           |
|             |   | _       | _             |                 | _             | _             | _            | _           | _           | 0             | 0            | 0           | 0        |              |             | 0.0        | V0/0/        |             |
|             | 1099999)  | 0       | 0             | U               | U             | 0             | 0            | 0           | 0           | 0             | U            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Reciprocal Jurisdiction - Affiliates - U.S.                              |         |               |                 |               |               |              |             |             |               |              |             |          |              | <u> </u>    |            |              | į J         |
|             | Non-Pool  | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Reciprocal Jurisdiction - Affiliates - Other                             |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | 1           |
| (           | Non-U.S.)   | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 5099999. To | otal Reciprocal Jurisdiction - Affiliates                                     | 0       | 0             | 0               | 0             | 0             | 0            | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
|             | otal Reciprocal Jurisdiction Excluding Protected                              |         |               |                 |               |               |              |             |             | 1             |              |             |          |              | 1           |            |              |             |
|             | Cells (Sum of 5099999, 5199999, 5299999).                                     |         |               |                 |               |               |              |             |             |               |              |             |          |              |             |            |              | į J         |
|             | 5399999 and 5499999)  | 0       | n             | n               | n             | n             | n            | n           | n           | n             | n            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | n           |
| 3           | 000000 and 040000)  | U       | U             | U               | U             | U             | U            | U           |             |               | U            | U           | U        | 0.0          | 0.0         | 0.0        | ^^^          | U           |

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

|   | ~~  | ~. – |       |      | · · · · · |       |      | ~~. |  |
|---|-----|------|-------|------|-----------|-------|------|-----|--|
| ( | Agi | ng d | of Ce | eded | Rein      | surai | nce) |     |  |

|             |   | Rein    | surance Reco | verable on Pai | d Losses and | Paid Loss Adj | ustment Exper | nses        | 44          | 45            | 46           | 47          | 48       | 49           | 50          | 51         | 52           | 53          |
|-------------|---|---------|--------------|----------------|--------------|---------------|---------------|-------------|-------------|---------------|--------------|-------------|----------|--------------|-------------|------------|--------------|-------------|
|             |   | 37      |              |                | Overdue      |               |               | 43          |             |               |              |             |          |              |             |            |              |             |
|             |   |         | 38           | 39             | 40           | 41            | 42            |             |             |               |              | Recoverable |          |              |             |            |              |             |
|             |   |         |              |                |              |               |               |             | Total       | Recoverable   |              | on Paid     |          |              | Percentage  |            |              |             |
|             |   |         |              |                |              |               |               |             | Recoverable | on Paid       | Total        | Losses &    |          |              | of Amounts  |            |              |             |
|             |   |         |              |                |              |               |               |             | on Paid     | Losses &      |              | LAE Over 90 |          |              | More Than   | _          |              | Amounts in  |
|             |   |         |              |                |              |               |               |             | Losses &    | LAE Over 90   | on Paid      | Days Past   |          |              | ,           | Percentage |              | Col. 47 for |
|             |   |         |              |                |              |               |               | Total Due   | LAE         | Days Past     | Losses &     | Due Amounts |          |              | Overdue Not | More Than  | Is the       | Reinsurers  |
| ID          |   |         |              |                |              |               | Total         | Cols. 37+42 |             | Due Amounts   |              | Not in      | Amounts  | _            | in Dispute  | 120 Days   | Amount in    | with Values |
| Number      |   |         |              |                |              |               | Overdue       | (In total   | Dispute     | in Dispute    | Amounts Not  |             | Received | Percentage   | (Col.       | Overdue    | Col. 50 Less | Less Than   |
| From        | Name of Reinsurer                             |         | 1 - 29       | 30 - 90        | 91 - 120     |               | Cols. 38+39   |             |             | Included in   | in Dispute   | (Cols. 40 + |          | Overdue Col. | 47/[Cols.   | (Col. 41/  | Than 20%?    | 20% in      |
| Col. 1      | From Col. 3                                   | Current | Days         | Days           | Days         | Days          | +40+41        | Cols. 7+8)  | Col. 43     | Cols. 40 & 41 | (Cols 43-44) | 41 - 45)    | 90 Days  | 42/Col. 43   | 46+48])     | Col. 43)   | (Yes or No)  | Col. 50     |
|             | otal Authorized, Unauthorized, Reciprocal     |         |              |                |              |               |               |             |             |               |              |             |          |              |             |            |              |             |
|             | urisdiction and Certified Excluding Protected |         |              |                |              |               |               |             |             |               |              |             |          |              |             |            |              |             |
|             | Cells (Sum of 1499999, 2899999, 4299999 and   |         |              |                |              |               |               |             |             |               |              |             |          |              |             |            |              |             |
|             | 69999)  | 178     | 0            | 7              | 0            | 196           | 203           | 381         | 0           | 0             | 381          | 196         | 96       | 53.3         | 41.1        | 51.4       | XXX          | 0           |
|             | otal Protected Cells (Sum of 1399999,         |         |              |                |              |               |               |             |             |               |              |             |          |              |             |            |              |             |
|             | 799999, 4199999 and 5599999)                  | 0       | 0            | 0              | 0            | 0             | 0             | 0           | 0           | 0             | 0            | 0           | 0        | 0.0          | 0.0         | 0.0        | XXX          | 0           |
| 9999999 Tot | tals  | 178     | 0            | 7              | 0            | 196           | 203           | 381         | 0           | 0             | 381          | 196         | 96       | 53.3         | 41.1        | 51.4       | XXX          | 0           |

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

|             |  |            |           |              |             | Provision for   | Reinsurance   | e for Certified | Reinsurers)     |                  |                |                |              |                |                   |             |                 |
|-------------|--|------------|-----------|--------------|-------------|-----------------|---------------|-----------------|-----------------|------------------|----------------|----------------|--------------|----------------|-------------------|-------------|-----------------|
|             |  |            |           |              |             |                 |               |                 | Provision for C | ertified Reinsur | rance          |                |              |                |                   |             |                 |
|             |  | 54         | 55        | 56           | 57          | 58              | 59            | 60              | 61              | 62               | 63             | 64             | 65           | Complete i     | if Col. 52 = "No" | : Otherwise | 69              |
|             |  | ٠.         |           | •            | · ·         |                 |               | Percent of      |                 | 02               |                | ٠.             |              | oopioto        | Enter 0           | , 0         | • • •           |
|             |  |            |           |              |             |                 |               | Collateral      |                 |                  |                |                |              | 66             | 67                | 68          | Provision for   |
|             |  |            |           |              |             |                 |               | Provided for    | Percent Credit  |                  |                |                | 20% of       | 00             | 07                | 00          | Overdue         |
|             |  |            |           |              |             |                 |               | Net             | Allowed on      | 20% of           |                | Provision for  | Recoverable  |                |                   |             | Reinsurance     |
|             |  |            |           |              |             | Net             |               | Recoverables    | Net             | Recoverable      |                | Reinsurance    | on Paid      | Total          |                   |             | Ceded to        |
|             |  |            |           |              |             |                 |               |                 |                 |                  | A              |                |              | Total          |                   |             |                 |
|             |  |            |           | Danasat      |             | Recoverables    |               | Subject to      | Recoverables    |                  | Amount of      | with Certified | Losses & LAE | Collateral     | Net               |             | Certified       |
|             |  |            |           | Percent      | 0.1         | Subject to      | D . II A      | Collateral      | Subject to      | Losses & LAE     | Credit Allowed | Reinsurers     | Over 90 Days | Provided (Col. | Unsecured         |             | Reinsurers      |
| ID.         |  | Certified  | Effective | Collateral   | Catastrophe | Collateral      | Dollar Amoun  | Requirements    | Collateral      | Over 90 Days     | for Net        | Due to         | Past Due     | 20 + Col. 21 + | Recoverable       |             | (Greater of     |
| ID          |  | Reinsurer  |           | Required for |             | Requirements    | of Collateral | ([Col. 20 +     | Requirements    |                  | Recoverables   | Collateral     | Amounts Not  | Col. 22 +      | for Which         |             | [Col. 62 + Col. |
| Number      | No. of Delay   | Rating     | Certified | Full Credit  |             | for Full Credit | Required      | Col. 21 + Col.  | (Col. 60 / Col. | Amounts in       | (Col. 57 +     | Deficiency     | in Dispute   | Col. 24, not   | Credit is         | 20% of      | 65] or Col.68;  |
| From        | Name of Reinsurer                                    | (1 through |           | (0% through  | Collateral  | (Col. 19 -      | (Col. 56 *    | 22 + Col. 24] / | 56, not to      | Dispute (Col.    | [Col. 58 *     | (Col. 19 -     | (Col. 47 *   | to Exceed      | Allowed (Col.     | Amount in   | not to Exceed   |
| Col. 1      | From Col. 3  | 6)         | Rating    | 100%)        | Deferral    | Col. 57)        | Col. 58)      | Col. 58)        | exceed 100%)    | 45 * 20%)        | Col. 61])      | Col. 63)       | 20%)         | Col. 63)       | 63 - Col. 66)     | Col. 67     | Col. 63)        |
| 05-0316605  | FACTORY MUTUAL INSURANCE COMPANY                     | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
|             | otal Authorized - Affiliates - U.S. Non-Pool - Other |            |           | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 0499999. To | otal Authorized - Affiliates - U.S. Non-Pool         |            |           | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 0799999. To | otal Authorized - Affiliates - Other (Non-U.S.)      |            |           | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 0899999. To | otal Authorized - Affiliates                         |            |           | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 06-0237820  | ACE PROPERTY & CASUALTY INS CO                       | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 36-0719665  | ALLSTATE INSURANCE COMPANY                           | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-5124990  | AMERICAN HOME ASSURANCE COMPANY                      | XXX        | XXX       | xxx          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | xxx            | XXX          | xxx            | XXX               | XXX         | XXX             |
| 94-1390273  | ARGONAUT INSURANCE COMPANY                           | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 39-0971527  | CAPITOL INDEMNITY CORPORATION                        | XXX        | XXX       | xxx          | xxx         | XXX             | xxx           | XXX             | xxx             | XXX              | xxx            | xxx            | XXX          | xxx            | XXX               | XXX         | XXX             |
| 13-5010440  | CONTINENTAL INSURANCE COMPANY                        | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 38-2145898  | DORINCO REINSURANCE COMPANY                          | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 63-0329091  | EMC PROPERTY & CASUALTY                              | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 39-0264050  | EMPLOYERS INSURANCE OF WAUSAU                        | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 22-2005057  | EVEREST REINSURANCE COMPANY                          | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-2673100  | GENERAL REINSURANCE CORP                             | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-1958482  | GENERAL STAR NATIONAL INS. CO.                       | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-5617450  | GENERALI US BRANCH                                   | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 59-1027412  | HORACE MANN INSURANCE COMPANY                        | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 23-0723970  | INSURANCE COMPANY OF NORTH AMERICA                   | 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             |
| 38-0865250  | NATIONAL CASUALTY COMPANY                            | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 25-0410420  | OLD REPUBLIC INSURANCE CO.                           | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 23-1642962  | PENNSYLVANIA MANUFACTURERS ASSOC INS                 | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 95-2801326  | REPUBLIC INDEMNITY COMPANY OF AMERICA                | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | xxx             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 16-0366830  | RSUI IND CO  | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 75–1444207  | SCOR REINSURANCE COMPANY                             | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-2997499  | SIRIUSPOINT AMERICA INSURANCE CO                     | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 75–1670124  | STARR IND & LIAB COMPANY                             | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-1675535  | SWISS REINSURANCE AMERICA CORPORATION                | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 94-1517098  | TIG INSURANCE COMPANY                                | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 13-2918573  | TOA-RE INSURANCE COMPANY OF AMERICA                  | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 31-4423946  | TRANSAMERICA CASUALTY INS CO                         | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 06-0566050  | TRAVELERS INDEMNITY COMPANY                          | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| 48-0921045  | WESTPORT INSURANCE CORPORATION                       | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
|             | XL REINSURANCE AMERICA INC.                          | XXX        | XXX       | XXX          |             | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
|             | otal Authorized - Other U.S. Unaffiliated Insurers   |            | ۸۸۸       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| AA-9995081  | AGENCY MANAGERS LTD                                  | V///       | VVV       |              |             |                 |               |                 |                 |                  |                |                |              |                |                   |             |                 |
|             |  | XXX        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
|             | EXCESS AND CASUALTY REINSURANCE ASSOC.               | ХХХ        | XXX       | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
|             | otal Authorized - Pools - Voluntary Pools            | 100/       | 2007      | XXX          | XXX         | XXX             | XXX           | XXX             | XXX             | XXX              | XXX            | XXX            | XXX          | XXX            | XXX               | XXX         | XXX             |
| AA-1360015  | ASSICURAZIONI GEN S P A                              | XXX        | XXX       | XXX          | 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)

|             |  |             |              |              |              | Provision for   | Ttellisurance | o lor Certified | Provision for C | ertified Reinsu | rance          |                |              |                |                 |  |                 |
|-------------|--|-------------|--------------|--------------|--------------|-----------------|---------------|-----------------|-----------------|-----------------|----------------|----------------|--------------|----------------|-----------------|--|-----------------|
|             |  | 54          | 55           | 56           | 57           | 58              | 59            | 60              | 61              | 62              | 63             | 64             | 65           | Complete i     | f Col. 52 = "No | ". Otherwise                                     | 69              |
|             |  |             | 00           |              | 0.           |                 | 00            | Percent of      |                 | 02              |                | ٠.             |              | Complete.      | Enter 0         | , 0  |                 |
|             |  |             |              |              |              |                 |               | Collateral      |                 |                 |                |                |              | 66             | 67              | 68   | Provision for   |
|             |  |             |              |              |              |                 |               |                 | Percent Credit  |                 |                |                | 20% of       | 00             | 07              | 00   | Overdue         |
|             |  |             |              |              |              |                 |               | Net             | Allowed on      | 20% of          |                | Provision for  |              |                |                 |  | Reinsurance     |
|             |  |             |              |              |              | Net             |               | Recoverables    |                 | Recoverable     |                | Reinsurance    | on Paid      | Total          |                 |  | Ceded to        |
|             |  |             |              |              |              | Recoverables    |               | Subject to      | Recoverables    | on Paid         | Amount of      | with Certified | Losses & LAE | Collateral     | Net             |  | Certified       |
|             |  |             |              | Percent      |              | Subject to      |               | Collateral      | Subject to      |                 | Credit Allowed | Reinsurers     |              | Provided (Col. | Unsecured       |  | Reinsurers      |
|             |  | Certified   | Effective    | Collateral   | Catastrophe  | Collateral      | Dollar Amount | Requirements    |                 | Over 90 Days    | for Net        | Due to         | ,            | 20 + Col. 21 + | Recoverable     |  | (Greater of     |
| ID          |  | Reinsurer   |              | Required for | Recoverables |                 | of Collateral | ([Col. 20 +     | Requirements    |                 | Recoverables   | Collateral     | Amounts Not  | Col. 22 +      | for Which       |  | [Col. 62 + Col. |
| Number      |  | Rating      | Certified    | Full Credit  |              | for Full Credit | Required      | Col. 21 + Col.  | (Col. 60 / Col. | Amounts in      | (Col. 57 +     | Deficiency     | in Dispute   | Col. 24, not   | Credit is       | 20% of   | 65] or Col.68;  |
| From        | Name of Reinsurer  | (1 through  |              | (0% through  | Collateral   | (Col. 19 -      | (Col. 56 *    | 22 + Col. 24] / | 56, not to      | Dispute (Col.   | [Col. 58 *     | (Col. 19 -     | (Col. 47 *   | to Exceed      | Allowed (Col.   | Amount in  | not to Exceed   |
| Col. 1      | From Col. 3  | (1 tillough | Rating       | 100%)        | Deferral     | Col. 13 -       | Col. 58)      | Col. 58)        | exceed 100%)    | 45 * 20%)       | Col. 61])      | Col. 63)       | 20%)         | Col. 63)       | 63 - Col. 66)   | Col. 67  | Col. 63)        |
|             | CENTRAL REINSURANCE CORPORATION                            | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| AA-3190080  | HEDDINGTON INSURANCE LTD.                                  | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| AA-2230425  | I.R.B. IST. DE RESS DO BRAZIL                              | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  |                 |
|             | NISSAN FIRE & MARINE INSURANCE CO. LTD                     | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX<br>XXX     | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | TRAVELERS INS CO LTD                                       | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | UNIONAMERICA INSURANCE COMPANY LTD.                        | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX<br>XXX     | XXX          | XXX            | XXX             | XXX  | XXX             |
|             |  | XXX         |              |              | XXX          | XXX             |               |                 |                 |                 |                | XXX            |              |                |                 |  |                 |
|             | WINTERTHUR SCHWEIZERISCHE VERSGES AG                       | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | YASUDA FIRE & MARINE INS CO OF EUROPE                      |             | ****         |              |              |                 |               |                 |                 |                 |                |                |              |                |                 |  |                 |
|             | otal Authorized - Other Non-U.S. Insurers                  |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Authorized Excluding Protected Cells (Sum of 089      | 99999, 0999 | 9999,        | 1001         | 1001         | 1001            |               | 1001            |                 | 1001            |                |                | 1001         | 1001           | 1001            |  |                 |
|             | 099999, 1199999 and 1299999)                               |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Unauthorized - Affiliates - U.S. Non-Pool             |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Unauthorized - Affiliates - Other (Non-U.S.)          |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Unauthorized - Affiliates                             |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| 42-1158991  | EMC REINS COMPANY  | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| 95-1466743  | FINANCIAL INDEMNITY COMPANY                                | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| 2399999. To | otal Unauthorized - Other U.S. Unaffiliated Insurers       |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| AA-1340085  | E+S RUCKVERSICHERUNGS AKLIENGESELSCHAFT                    | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| AA-1120887  | LONDON AND EDINBURGH INSURANCE CO. LTD                     | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| AA-1121077  | NISSAN INS. CO. (EUROPE) LTD                               | XXX         | XXX          | XXX          | xxx          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | xxx  | XXX             |
| AA-1320230  | PFA TIARD  | XXX         | XXX          | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| 2699999. To | otal Unauthorized - Other Non-U.S. Insurers                |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
| 2899999. To | otal Unauthorized Excluding Protected Cells (Sum of 2      | 2299999. 23 | 399999,      |              |              |                 |               |                 |                 |                 |                |                |              |                |                 |  |                 |
|             | 499999, 2599999 and 2699999)                               |             | ,            | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Certified - Affiliates - U.S. Non-Pool                |             |              | XXX          | 0            | 0               | 0             | XXX             | XXX             | 0               | 0              | 0              | 0            | 0              |                 | 0  |                 |
| _           | otal Certified - Affiliates - Other (Non-U.S.)             |             |              | XXX          | 0            |                 | 0             |                 | XXX             | 0               | 0              | 0              | 0            | 0              |                 |  |                 |
|             | otal Certified - Affiliates                                |             |              | XXX          | 0            |                 | 0             |                 | XXX             | 0               | 0              | 0              | 0            | 0              |                 |  |                 |
|             | otal Certified Excluding Protected Cells (Sum of 36999     | 000 370000  | 00 3800000   | 7000         | <u> </u>     | -               | 0             | 7000            | 7000            | 0               |                | 0              | 0            |                | -               | <del>                                     </del> | -               |
|             | 1999999 and 4099999)                                       | 999, 019998 | 33, 3033333, | xxx          | 0            | 0               | 0             | XXX             | xxx             | 0               | ٥              | 0              | 0            | 0              | 0               | 0  | 0               |
|             | otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool  |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             |  |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  |                 |
|             | otal Reciprocal Jurisdiction - Affiliates - Other (Non-U.S | J.)         |              |              |              |                 |               |                 |                 |                 |                |                |              |                |                 |  | XXX             |
|             | otal Reciprocal Jurisdiction - Affiliates                  | /O : C.E.O. | 00000        | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Reciprocal Jurisdiction Excluding Protected Cells     | (Sum of 509 | 199999,      | 2007         | 100/         | 1001            | 1001          | 100/            | 100             | 2004            | 1001           | 1001           | 1001         | 2001           | 100/            | 1004   | 2001            |
|             | 199999, 5299999, 5399999 and 5499999)                      |             |              | XXX          | XXX          | XXX             | XXX           | XXX             | XXX             | XXX             | XXX            | XXX            | XXX          | XXX            | XXX             | XXX  | XXX             |
|             | otal Authorized, Unauthorized, Reciprocal Jurisdiction     |             |              | 1001         |              |                 |               | 1001            |                 |                 |                |                |              |                |                 |  |                 |
|             | Protected Cells (Sum of 1499999, 2899999, 4299999 a        |             |              | XXX          | 0            | 0               | 0             | XXX             | XXX             | 0               | 0              | 0              | 0            | 0              | 0               | 0  |                 |
|             | otal Protected Cells (Sum of 1399999, 2799999, 4199        | 999 and 55  | 599999)      | XXX          | 0            | 0               | 0             | XXX             | XXX             | 0               | 0              | 0              | 0            | 0              |                 | 0  |                 |
| 9999999 To  | otals  |             |              | XXX          | 0            | 0               | 0             | XXX             | XXX             | 0               | 0              | 0              | 0            | 0              | 0               | 0  | 0               |

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

| From   Name of Reinsurer   Dispute   Collateral Deficiency   Col. 47 - 20% of the   Col.    |             |  |                     |                      | (Total Provision for I | Reinsurance)                           |                        |                       |                       |                       |                      |
|--|-------------|--|---------------------|----------------------|------------------------|--|------------------------|-----------------------|-----------------------|-----------------------|----------------------|
| Part   |             |  | 70                  |                      |                        | Provision for Over                     | due Authorized and     |                       |                       |                       |                      |
| Complete   First   Complete      |             |  |                     | Provision for Unauth | horized Reinsurance    | Reciprocal Juriso                      | liction Reinsurance    |                       | Total Provision       | for Reinsurance       |                      |
| Col. 152 = No.   Col.   |             |  |                     | 71                   | 72                     | 73                                     | 74                     | 75                    | 76                    | 77                    | 78                   |
| Part   |             |  |                     |                      |                        | Complete if                            | Complete if            |                       |                       |                       |                      |
| Provision for Coverage   Provision for Cover   |             |  |                     |                      |                        | Col. 52 = "Yes";                       | Col. 52 = "No";        |                       |                       |                       |                      |
| Provision for Coverage   Provision for Cover   |             |  |                     |                      |                        | Otherwise Enter 0                      | Otherwise Enter 0      |                       |                       |                       |                      |
| Part      |             |  |                     |                      |                        |  |                        |                       |                       |                       |                      |
| Part      |             |  |                     |                      |                        |  | Greater of 20% of Net  |                       |                       |                       |                      |
| Project   Proj   |             |  |                     |                      |                        | 20% of Recoverable                     |                        |                       |                       |                       |                      |
| Provision for Northead Final Provision for   |             |  |                     |                      |                        |  |                        |                       |                       |                       |                      |
| Description   Process      |             |  | 20% of              |                      | Provision for Overdue  |  |                        |                       |                       |                       |                      |
| Liber   Name of Reinsurers   Despetable   Superpart   Despetable   Superpart   Despetable   De   |             |  | Recoverable on Paid | Provision for        |                        |  |                        | Provision for Amounts |                       |                       |                      |
| Description      |             |  | Losses & LAE Over   |                      |                        |  |                        |                       | Provision for Amounts |                       |                      |
| Number   Name of Reinsures   Amounts in Dispute (Col. 7 = 20%)   Collected Deficiency (Col. 7 = 20%)   Collected Deficiency (Col. 7 = 20%)   Col. 1 = 20   | ID          |  | 90 Days past Due    |                      |                        |  |                        |                       |                       | Provision for Amounts |                      |
| From   Name of Reinsurer   Dispute   Collateral Deficiency   Col. 47 - 20% of the   Col.    | Number      |  |                     | Reinsurers Due to    |                        |  |                        |                       |                       |                       | Total Provision for  |
| Col. 1   | From        | Name of Reinsurer                                    | Dispute             |                      |                        |  |                        |                       |                       |                       | Reinsurance          |
| Post      | Col. 1      | From Col. 3  | (Col. 47 * 20%)     | (Col. 26)            | `Amount in Col. 16)    |  | Cols. [40 + 411 * 20%) | (Cols. 73 + 74)       | Excess of Col. 15)    | (Cols. 64 + 69)       | (Cols. 75 + 76 + 77) |
| 0.009999_Total Authorized - Affiliates - U.S. Non-Pool   0   | 05-0316605  | FACTORY MUTUAL INSURANCE COMPANY                     | 0                   |                      | XXX                    | 0                                      | 0                      | 0                     |                       |                       | r                    |
| 0.499999, Total Authorized - Affiliates   U.S. Non-Pool   0   XXX  | 0399999. To | otal Authorized - Affiliates - U.S. Non-Pool - Other | 0                   |                      | XXX                    | 0                                      | 0                      | 0                     | XXX                   | XXX                   | (                    |
| 0.799999. Total Authorized - Affiliates - Other (No.U.S.)  |             |  |                     |                      |                        | 0                                      | 0                      | 0                     |                       |                       | (                    |
| 0.00000000000000000000000000000000000  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | (                    |
| 18-0718956   ALISTIE INSPANCE COPPAN   |             |  | 0                   | XXX                  | XXX                    | 0                                      | 0                      | 0                     | XXX                   | XXX                   | (                    |
| 15-12490   METICAN HOLE RISSANICE CORPAN   0   0   0   XXX   XXX   0   0   0   XXX   | 06-0237820  | ACE PROPERTY & CASUALTY INS CO                       | 0                   | XXX                  | XXX                    | 0                                      | 0                      | 0                     | XXX                   | XXX                   |                      |
| 94-1980/27 JROSHAM INBARNES COPAN  | 36-0719665  | ALLSTATE INSURANCE COMPANY                           | 0                   | XXX                  | XXX                    | 0                                      | 0                      | 0                     | XXX                   | XXX                   | .lc                  |
| 99-097192   CPFICE IDEBNATE ORDER 99-097100   0  | 13-5124990  | AMERICAN HOME ASSURANCE COMPANY                      | 0                   | XXX                  |                        | 0                                      | 0                      | 0                     | XXX                   | XXX                   | C                    |
| 19-50140   ONT-INITATAL INSPANCE CURPAN*   0   XXX   XXX   XXX   0   0   0   XXX   X | 94-1390273  | ARGONAUT INSURANCE COMPANY                           | 0                   | XXX                  | XXX                    | 0                                      | 0                      | 0                     | XXX                   | XXX                   | . C                  |
| 32-14-598   ORTHOR ENDRANCE CORPANY   0   0   0   0   0   0   0   0   0  | 39-0971527  | CAPITOL INDEMNITY CORPORATION                        | 0                   | XXX                  |                        | 0                                      | 0                      | 0                     | XXX                   | XXX                   | C                    |
| 8-0000001   INC PROPERTY & CASUALTY   0   XOX  | 13-5010440  | CONTINENTAL INSURANCE COMPANY                        | 0                   | XXX                  |                        | 0                                      | 0                      | 0                     | XXX                   |                       | . C                  |
| 39-025400  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | . 0                  |
| 22-005677   PIPEST FEINSANCE (OIPAN)   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | . 0                  |
| 13-857310   EBERAL FEINSANCE COPP   0   XXX   XXX  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | ļ0                   |
| 13-195842   GERAL STAR NATIONAL INS. O.   0   0   0   0   0   0   0   0   0  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | ļ0                   |
| 13-5617450   CEREAL LI IS BRANCH   0   XXX   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | ļ0                   |
| 59-107412   HRADE MANN INSURANCE CORPAN   0  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | . 0                  |
| 22-072870   INSURANCE COMPANY OF MORTH ALERICA   0   XXX   XXX   0   0   0   0   XXX   XXX   33-086525   MIT (INAL CASHLITY COMPANY   0   0   0   0   0   XXX   XXX   XXX   33-086526   MIT (INAL CASHLITY COMPANY   0   0   0   0   0   0   XXX   XXX   XXX   0   0   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | 0                    |
| 13-4924125   MUNICH REINSIPANCE ALBERICA INC.   0  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | ļ0                   |
| 38-086525   MTTOMAL CASUALTY CORPINY   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | ]0                   |
| 25-0410420   QLD REPUBLIC INSURANCE CO.  |             |  | 0                   |                      |                        | 0                                      | ]0                     | I                     |                       |                       | J                    |
| 23-1642982   PENNSYLWANI A MANUFACTURERS ASSOC INS   0   |             |  | 0                   |                      |                        | 0                                      | 0                      | l0                    |                       |                       | J0                   |
| 95-2801326 REPUBLIC INDENNITY COMPANY OF AMERICA 0 XXX XXX 0 0 0 0 0 XXX XXX XXX 16-0368830 RSUI IND CO XXX XXX XXX 0 0 0 0 0 0 XXX XXX XXX 13-2997499 SIRILUSPOINT AMERICA INSURANCE COMPANY 0 XXX XXX 0 0 0 0 0 0 XXX XXX XXX 13-2997499 SIRILUSPOINT AMERICA INSURANCE CO 0 0 0 0 XXX XXX XXX 0 0 0 0 0 0 XXX XXX XXX 13-297499 SIRILUSPOINT AMERICA INSURANCE CO 0 0 0 0 XXX XXX XXX 13-1675555 SINISS REINSURANCE AMERICA COMPANY 0 0 XXX XXX XXX 0 0 0 0 0 0 XXX XXX XX  |             |  | U                   |                      |                        | ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰ | 0                      | l                     |                       |                       | ļ                    |
| 16-0366830   RSUI   IND CO   |             |  | ۷                   |                      |                        | U                                      | 0                      | l                     |                       |                       | ļ                    |
| 75-144207   SCR EINSLRANCE COMPANY   SCR EINSLRANCE COMPANY   SCR EINSLRANCE COMPANY   STRILLSPOINT AIRERICA INSLRANCE COMPANY   STRILLSPOINT AIRERICA INSLRANCE COMPANY   STRILLSPOINT AIRERICA CORPORATION   S   |             |  |                     |                      |                        |  | n                      | l                     |                       |                       | r                    |
| 13-2997499   SIRIUSPOINT AMERICA INSURANCE CO  |             |  | n l                 |                      |                        |  | n                      | n                     |                       |                       | r                    |
| 75-1670124   STARR IND & LIAB COMPANY   0  |             |  | n l                 |                      |                        |  | n                      | n                     |                       |                       | r                    |
| 13-167535   SII ISS REINSURANCE AMERICA CORPORATION   0   XXX   XXX   0   0   0   0   XXX   XXX   XXX   0   0  |             |  | n l                 |                      |                        | n                                      | n                      | n                     |                       |                       | r                    |
| 94-1517098   |             |  | 0                   |                      |                        |  | 0                      |                       |                       |                       |                      |
| 13-2918573       TOA-RE INSURANCE COMPANY OF AMERICA       0       XXX       XX  |             |  |                     |                      |                        |  | 0                      | 0                     |                       |                       |                      |
| 31-4423946   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | .                    |
| 48-0921045       WESTPORT INSURANCE CORPORATION       0       XXX <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td><u>.</u></td>  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | <u>.</u>             |
| 48-0921045       WESTPORT INSURANCE CORPORATION       0       XXX <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td>.l</td>  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | .l                   |
| 13-1290712       XL REINSURANCE AMERICA INC.       0       XXX   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       |                      |
| 0999999. Total Authorized - Other U.S. Unaffiliated Insurers         0         XXX         XXX         0         0         0         XXX         XXX           AA-9995081  |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       |                      |
| AA-9995081       AGENCY MANAGERS LTD       0       0       0       XXX       XXX         AA-9995022       EXCESS AND CASUALTY REINSURANCE ASSOC       39       XXX       XXX       0       712       712       XXX       XXX   |             |  | 0                   |                      |                        | 0                                      | 0                      | 0                     |                       |                       | (                    |
|  | AA-9995081  | AGENCY MANAGERS LTD                                  | 0                   |                      | XXX                    | 0                                      | 0                      | 0                     |                       | XXX                   |                      |
| 119999 Total Authorized - Pools - Voluntary Pools 39 XXX XXX 0 712 XXX XXX YXX   | AA-9995022  | EXCESS AND CASUALTY REINSURANCE ASSOC.               | 39                  | XXX                  | XXX                    | 0                                      | 712                    | 712                   | XXX                   | XXX                   | 712                  |
| 1100000.10tat/10tat/01iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   | 1199999. To | otal Authorized - Pools - Voluntary Pools            | 39                  | XXX                  | XXX                    | 0                                      | 712                    | 712                   | XXX                   | XXX                   | 712                  |

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

| (Total Provision for Reinsurance) |  |                     |   |                       |                                     |                        |                                 |                       |                       |                      |
|-----------------------------------|--|---------------------|---|-----------------------|-------------------------------------|------------------------|---------------------------------|-----------------------|-----------------------|----------------------|
|                                   |  | 70                  | 70 Provision for Overdue Authorized and |                       |                                     |                        |                                 |                       |                       |                      |
|                                   |  |                     | Provision for Unauth                    | horized Reinsurance   | Reciprocal Jurisdiction Reinsurance |                        | Total Provision for Reinsurance |                       |                       |                      |
|                                   |  |                     | 71                                      | 72                    | 73                                  | 74                     | 75                              | 76                    | 77                    | 78                   |
|                                   |  |                     |   |                       | Complete if                         | Complete if            |                                 |                       |                       |                      |
|                                   |  |                     |   |                       | Col. 52 = "Yes";                    | Col. 52 = "No";        |                                 |                       |                       |                      |
|                                   |  |                     |   |                       | Otherwise Enter 0                   | Otherwise Enter 0      |                                 |                       |                       |                      |
|                                   |  |                     |   |                       |                                     |                        |                                 |                       |                       |                      |
|                                   |  |                     |   |                       |                                     | Greater of 20% of Net  |                                 |                       |                       |                      |
|                                   |  |                     |   |                       | 20% of Recoverable                  | Recoverable Net of     |                                 |                       |                       |                      |
|                                   |  |                     |   |                       | on Paid Losses &                    | Funds Held &           |                                 |                       |                       |                      |
|                                   |  | 20% of              |   | Provision for Overdue | LAE Over 90 Days                    | Collateral, or 20% of  |                                 |                       |                       |                      |
|                                   |  | Recoverable on Paid | Provision for                           | Reinsurance from      | Past Due Amounts                    | Recoverable on Paid    | Provision for Amounts           |                       |                       |                      |
|                                   |  | Losses & LAE Over   | Reinsurance with                        | Unauthorized          | Not in Dispute + 20%                | Losses & LAE Over 90   |                                 | Provision for Amounts |                       |                      |
| ID                                |  | 90 Days past Due    | Unauthorized                            | Reinsurers and        | of Amounts in                       | Days Past Due          | and Reciprocal                  | Ceded to Unauthorized | Provision for Amounts |                      |
| Number                            |  | Amounts Not in      | Reinsurers Due to                       | Amounts in Dispute    | Dispute                             | (Greater of Col. 26 *  | Jurisdiction                    | Reinsurers            | Ceded to Certified    | Total Provision for  |
| From                              | Name of Reinsurer  | Dispute             | Collateral Deficiency                   | (Col. 70 + 20% of the | ([Col. 47 * 20%] +                  | 20% or                 | Reinsurers                      | (Cols. 71 + 72 Not in | Reinsurers            | Reinsurance          |
| Col. 1                            | From Col. 3  | (Col. 47 * 20%)     | (Col. 26)                               | Amount in Col. 16)    | [Col. 45 * 20%])                    | Cols. [40 + 41] * 20%) | (Cols. 73 + 74)                 | Excess of Col. 15)    | (Cols. 64 + 69)       | (Cols. 75 + 76 + 77) |
| AA-1360015                        | ASSICURAZIONI GEN S P A  | (001. 71 2070)      | (C0I. 26)                               | XXXXXX                | [001.40 2070])                      | 0013. [40 + 41] 20%)   | (0015. 13 + 14)                 | XXXXX                 | (Cois. 64 + 69)       | (0015. 10 + 10 + 11) |
|                                   | ASSICURAZIONI GEN S P A  | 0                   |   | XXXXXX                | 10                                  | J                      | l                               |                       | XXX                   | 0                    |
| AA-5280012                        |  | 0                   | XXX                                     |                       |                                     | 0                      | 0                               | XXX                   |                       | 0                    |
|                                   | HEDDINGTON INSURANCE LTD.  | J0                  | XXX                                     | XXX                   | ļ0                                  | J0                     | J0                              | XXX                   | XXX                   | 0                    |
| AA-2230425                        | I.R.B., IST. DE RESS DO BRAZIL                                     | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
|                                   | NISSAN FIRE & MARINE INSURANCE CO. LTD                             | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
|                                   | TRAVELERS INS CO LTD   | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
|                                   | UNIONAMERICA INSURANCE COMPANY LTD.                                | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
|                                   | WINTERTHUR SCHWEIZERISCHE VERSGES AG                               | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
| AA-1121575                        | YASUDA FIRE & MARINE INS CO OF EUROPE                              | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
|                                   | otal Authorized - Other Non-U.S. Insurers                          | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |
| 1499999. To                       | otal Authorized Excluding Protected Cells (Sum of 0899999,         |                     |   |                       |                                     |                        |                                 |                       |                       |                      |
| C                                 | 999999, 1099999, 1199999 and 1299999)                              | 39                  | XXX                                     | XXX                   | 0                                   | 712                    | 712                             | XXX                   | XXX                   | 712                  |
| 1899999. To                       | otal Unauthorized - Affiliates - U.S. Non-Pool                     | 0                   | 0                                       | 0                     | XXX                                 | XXX                    | XXX                             | 0                     | XXX                   | 0                    |
| 2199999. To                       | otal Unauthorized - Affiliates - Other (Non-U.S.)                  | 0                   | 0                                       | 0                     | XXX                                 | XXX                    | XXX                             | 0                     | XXX                   | 0                    |
|                                   | otal Unauthorized - Affiliates                                     | 0                   | 0                                       | 0                     | XXX                                 | XXX                    | XXX                             | 0                     | XXX                   | 0                    |
|                                   | EMC REINS COMPANY  | 0                   |   | 0                     | XXX                                 | XXX                    | XXX                             |                       | XXX                   | 52                   |
|                                   | FINANCIAL INDEMNITY COMPANY  | 0                   | 82                                      | 0                     | XXX                                 | XXX                    | XXX                             | 82                    | XXX                   | 82                   |
|                                   | otal Unauthorized - Other U.S. Unaffiliated Insurers               | 0                   | 134                                     | 0                     | XXX                                 | XXX                    | XXX                             | 134                   | XXX                   | 134                  |
|                                   | E+S RUCKVERSICHERUNGS AKLIENGESELSCHAFT                            | 0                   | 43                                      | 0                     | XXX                                 | XXX                    | XXX                             | 43                    | XXX                   | 43                   |
|                                   | LONDON AND EDINBURGH INSURANCE CO. LTD.                            |                     | 43                                      | l0                    | XXXXX                               | XXX                    | XXX                             | 43                    | XXX                   |                      |
|                                   | NISSAN INS. CO. (EUROPE) LTD.                                      | 0                   | 38                                      | l0                    | XXXXXX                              | XXX                    | XXXXXX                          | 38                    | XXXXXX                | 38                   |
|                                   | PEA TIARD  |                     | 38                                      | l0                    |                                     |                        | XXX                             | 38                    |                       | 38                   |
|                                   |  | U                   |   | 0                     | XXX                                 | XXX                    |                                 |                       | XXX                   | 38                   |
|                                   | otal Unauthorized - Other Non-U.S. Insurers                        | 0                   | 157                                     | 0                     | XXX                                 | XXX                    | XXX                             | 157                   | XXX                   | 157                  |
|                                   | otal Unauthorized Excluding Protected Cells (Sum of 2299999,       |                     |   |                       |                                     |                        |                                 |                       |                       |                      |
|                                   | (399999, 2499999, 2599999 and 2699999)                             | 0                   | 291                                     | 0                     | XXX                                 | XXX                    | XXX                             | 291                   | XXX                   | 291                  |
|                                   | otal Certified - Affiliates - U.S. Non-Pool                        | XXX                 | XXX                                     | XXX                   | XXX                                 | XXX                    | XXX                             | XXX                   | 0                     | 0                    |
| 3599999. To                       | otal Certified - Affiliates - Other (Non-U.S.)                     | XXX                 | XXX                                     | XXX                   | XXX                                 | XXX                    | XXX                             | XXX                   | 0                     | 0                    |
| 3699999. To                       | otal Certified - Affiliates  | XXX                 | XXX                                     | XXX                   | XXX                                 | XXX                    | XXX                             | XXX                   | 0                     | 0                    |
| 4299999. To                       | otal Certified Excluding Protected Cells (Sum of 3699999, 3799999, |                     |   |                       |                                     |                        |                                 |                       |                       |                      |
|                                   | 889999, 3999999 and 4099999)                                       | XXX                 | XXX                                     | XXX                   | XXX                                 | XXX                    | XXX                             | XXX                   | 0                     | 0                    |
|                                   | otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool          | 0                   | XXX                                     | XXX                   | 0                                   | 0                      |                                 | XXX                   | XXX                   | 0                    |
|                                   | otal Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)       | 0                   | XXX                                     | XXX                   | 0                                   | <u> </u>               |                                 |                       | XXX                   | n                    |
|                                   | otal Reciprocal Jurisdiction - Affiliates                          | 0                   | XXX                                     | XXX                   | 0                                   | 0                      |                                 |                       | XXX                   | 0                    |
|                                   |  | U                   | ^^^                                     | ^^^                   | U                                   | U                      | U                               | ^^^                   | ^^^                   | U                    |
|                                   | otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of     | 0                   | VVV                                     | V///                  | _                                   | _                      | _                               | VVV                   | VVV                   | •                    |
| 5                                 | (099999, 5199999, 5299999, 5399999 and 5499999)                    | 0                   | XXX                                     | XXX                   | 0                                   | 0                      | 0                               | XXX                   | XXX                   | 0                    |

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

|            |  | 70                  | 70                    |                       |                    | due Authorized and     |                       |                       |                    |                      |
|------------|--|---------------------|-----------------------|-----------------------|--------------------|------------------------|-----------------------|-----------------------|--------------------|----------------------|
|            |  |                     | Provision for Unauth  | norized Reinsurance   | Reciprocal Jurisd  | iction Reinsurance     |                       | Total Provision       | for Reinsurance    |                      |
|            |  |                     | 71                    | 72                    | 73                 | 74                     | 75                    | 76                    | 77                 | 78                   |
|            |  |                     |                       |                       | Complete if        | Complete if            |                       |                       |                    | 1                    |
|            |  |                     |                       |                       | Col. 52 = "Yes";   | Col. 52 = "No";        |                       |                       |                    | i l                  |
|            |  |                     |                       |                       | Otherwise Enter 0  | Otherwise Enter 0      |                       |                       |                    | l                    |
|            |  |                     |                       |                       |                    | Greater of 20% of Net  |                       |                       |                    | l                    |
|            |  |                     |                       |                       | 20% of Recoverable | Recoverable Net of     |                       |                       |                    | i                    |
|            |  |                     |                       |                       | on Paid Losses &   | Funds Held &           |                       |                       |                    | i                    |
|            |  | 20% of              |                       | Provision for Overdue | LAE Over 90 Days   | Collateral, or 20% of  |                       |                       |                    | 1                    |
|            |  | Recoverable on Paid | Provision for         | Reinsurance from      | Past Due Amounts   | Recoverable on Paid    | Provision for Amounts |                       |                    | i                    |
|            |  | Losses & LAE Over   | Reinsurance with      | Unauthorized          |                    | Losses & LAE Over 90   | Ceded to Authorized   | Provision for Amounts |                    | 1                    |
| ID         |  | 90 Days past Due    | Unauthorized          | Reinsurers and        | of Amounts in      | Days Past Due          | •                     |                       |                    | i l                  |
| Number     |  | Amounts Not in      | Reinsurers Due to     | Amounts in Dispute    | Dispute            | (Greater of Col. 26 *  | Jurisdiction          | Reinsurers            | Ceded to Certified | Total Provision for  |
| From       | Name of Reinsurer  | Dispute             | Collateral Deficiency | (Col. 70 + 20% of the | ([Col. 47 * 20%] + | 20% or                 | Reinsurers            | (Cols. 71 + 72 Not in | Reinsurers         | Reinsurance          |
| Col. 1     | From Col. 3  | (Col. 47 * 20%)     | (Col. 26)             | Amount in Col. 16)    | [Col. 45 * 20%])   | Cols. [40 + 41] * 20%) | (Cols. 73 + 74)       | Excess of Col. 15)    | (Cols. 64 + 69)    | (Cols. 75 + 76 + 77) |
|            | otal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified |                     |                       |                       |                    |                        |                       |                       |                    | 1                    |
|            | Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and      |                     |                       | _                     | _                  |                        |                       |                       | _                  | 1                    |
|            | 699999)  | 39                  | 291                   | 0                     | 0                  | 712                    | 712                   | 291                   | 0                  | 1,003                |
|            | otal Protected Cells (Sum of 1399999, 2799999, 4199999 and           |                     |                       |                       |                    |                        |                       |                       |                    | ا                    |
|            | 599999)  | 0                   | 0                     | 0                     | 0                  | 0                      | 0                     | 0                     | 0                  | 1 0                  |
| 9999999 To | tais   | 39                  | 291                   | 0                     | 0                  | 712                    | 712                   | 291                   | 0                  | 1,003                |

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

| Issuing or Confirmin | a Ranks for Letters o | of Credit from | Schedule F    | Part 3 | \$000 Omitted) |
|----------------------|-----------------------|----------------|---------------|--------|----------------|
| 133uniq or Committee | y Danks for Ections t | n Olcul Holli  | Ochicadic i . |        | WOOD CHILLEGY  |

| 1                                       | 2           | 3                             | 4                                 | 5                        |
|---|-------------|-------------------------------|-----------------------------------|--------------------------|
| Issuing or Confirming<br>Bank Reference |             |                               |                                   |                          |
| Bank Reference                          |             |                               |                                   |                          |
| Number Used in Col. 23 of               | 1 -444      | Amaniana Dauliana Aasaalatian |                                   |                          |
| In Col. 23 of                           | Letters of  | American Bankers Association  | La travella Conference De Li Nova | 1.41                     |
| Sch F Part 3                            | Credit Code | (ABA) Routing Number          | Issuing or Confirming Bank Name   | Letters of Credit Amount |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
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|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
|   |             |                               |                                   |                          |
| Total                                   |             |                               |                                   | l l                      |

#### N

#### ANNUAL STATEMENT FOR THE YEAR 2022 OF THE APPALACHIAN INSURANCE COMPANY

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

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

|    | 1                 | 2               | 3             |
|----|-------------------|-----------------|---------------|
|    | Name of Reinsurer | Commission Rate | Ceded Premium |
| 1. |                   | 0.000 .         | 0             |
| 2. |                   | 0.000 .         | 0             |
| 3. |                   | 0.000 .         | 0             |
| 4. |                   | 0.000 .         | 0             |
| 5. |                   | 0.000 .         | 0             |

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                 | <u>Total Recoverables</u> | Ceded Premiums | <u>Affiliated</u> |
| 6.  | EXCESS AND CASUALTY REINSURANCE A | 3,559                     | 0              | Yes [ ] No [ X ]  |
| 7.  | EVEREST REINSURANCE COMPANY       | 2,252                     | 0              | Yes [ ] No [ X ]  |
| 8.  | TIG INSURANCE COMPANY             | 2,132                     | 0              | Yes [ ] No [ X ]  |
| 9.  | XL REINSURANCE AMERICA INC.       | 1,670                     | 0              | Yes [ ] No [ X ]  |
| 10. | ARGONAUT INSURANCE COMPANY        | 1,593                     | 0              | Yes [ ] No [ X ]  |

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

#### **SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

|     | Restatement of Balance Sheet to Identity Net Cre                                 | 1 As Reported (Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|-----|--|------------------------------|---------------------------------|-----------------------------------|
|     | ASSETS (Page 2, Col. 3)  |                              |                                 |                                   |
| 1.  | Cash and invested assets (Line 12)   | 319,768,668                  | 0                               | 319,768,668                       |
| 2.  | Premiums and considerations (Line 15)  | 25,706,650                   | 0                               | 25,706,650                        |
| 3.  | Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) | 380,745                      | (380,745)                       | 0                                 |
| 4.  | Funds held by or deposited with reinsured companies (Line 16.2)                  | 0                            | 0                               | 0                                 |
| 5.  | Other assets   | 3,659,156                    | 0                               | 3,659,156                         |
| 6.  | Net amount recoverable from reinsurers   | 0                            | 55,953,758                      | 55,953,758                        |
| 7.  | Protected cell assets (Line 27)  | 0                            | 0                               | 0                                 |
| 8.  | Totals (Line 28)   | . 349,515,219                | 55,573,013                      | 405,088,232                       |
|     | LIABILITIES (Page 3)   |                              |                                 |                                   |
| 9.  | Losses and loss adjustment expenses (Lines 1 through 3)                          |                              | 56,576,013                      | 145,871,269                       |
| 10. | Taxes, expenses, and other obligations (Lines 4 through 8)                       | 5,443,763                    | 0                               | 5,443,763                         |
| 11. | Unearned premiums (Line 9)   | 0                            | 0                               | 0                                 |
| 12. | Advance premiums (Line 10)   | 0                            | 0                               | 0                                 |
| 13. | Dividends declared and unpaid (Line 11.1 and 11.2)                               | 0                            | 0                               | 0                                 |
| 14. | Ceded reinsurance premiums payable (net of ceding commissions (Line 12)          | 0                            | 0                               | 0                                 |
| 15. | Funds held by company under reinsurance treaties (Line 13)                       | 0                            | 0                               | 0                                 |
| 16. | Amounts withheld or retained by company for account of others (Line 14)          | 131                          | 0                               | 131                               |
| 17. | Provision for reinsurance (Line 16)  | 1,003,000                    | (1,003,000)                     | 0                                 |
| 18. | Other liabilities  | 195,703                      | 0                               | 195,703                           |
| 19. | Total liabilities excluding protected cell business (Line 26)                    | . 95,937,853                 | 55,573,013                      | 151,510,866                       |
| 20. | Protected cell liabilities (Line 27)   | . 0                          | 0                               | 0                                 |
| 21. | Surplus as regards policyholders (Line 37)                                       | 253,577,366                  | XXX                             | 253,577,366                       |
| 22. | Totals (Line 38)   | 349,515,219                  | 55,573,013                      | 405,088,232                       |

| NOTE: | Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? | Yes [ X ] | No [ | ] |
|-------|--|-----------|------|---|
|       | If yes, give full explanation: Refer to footnote 26 for full description of the intercompany pooling agreement.                                  |           |      |   |

# Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities

### NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

# Schedule P - Part 1A - Homeowners/Farmowners **NONE**

# Schedule P - Part 1B - Private Passenger Auto Liability/Medical **N O N E**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical **N O N E** 

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

(\$000 OMITTED)

|      |                   | Pr                    | emiums Earn | ed          |                       |       | Los                   | s and Loss Ex | pense Payme           | ents      |             |                            | 12                    |
|------|-------------------|-----------------------|-------------|-------------|-----------------------|-------|-----------------------|---------------|-----------------------|-----------|-------------|----------------------------|-----------------------|
|      | ears in           | 1                     | 2           | 3           |                       |       |                       | and Cost      | Adjusting             | and Other | 10          | 11                         |                       |
|      | /hich             |                       |             |             | Loss Pa               |       | Containmer            | nt Payments   |                       | nents     |             |                            | Number of             |
|      | ıms Were          |                       |             |             | 4                     | 5     | 6                     | 7             | 8                     | 9         |             | Total Net                  | Claims                |
|      | ned and           | D'and and             |             |             | D'and and             |       | D'and and             |               | Discoulation of       |           | Salvage and |                            | Reported              |
|      | es Were<br>curred | Direct and<br>Assumed | Ceded       | Net (1 - 2) | Direct and<br>Assumed | Ceded | Direct and<br>Assumed | Ceded         | Direct and<br>Assumed | Ceded     | Received    | (4 - 5 + 6 - 7<br>+ 8 - 9) | Direct and<br>Assumed |
| IIIC | Julieu            | Assumed               | Ceded       | Net (1 - 2) |                       |       | Assumed               | Ceded         | Assumed               | Ceded     | Neceived    | + 0 - 9)                   | Assumed               |
| 1.   | Prior             | XXX                   | XXX         | XXX         | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | XXX                   |
| 2.   | 2013              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 3.   | 2014              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 4.   | 2015              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 5.   | 2016              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 6.   | 2017              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         |             | 0                          | 0                     |
| 7.   | 2018              | 0                     | 0           | 0           | 0                     |       |                       | 0             |                       | 0         |             | 0                          | 0                     |
| 8.   | 2019              | 0                     | 0           | 0           |                       |       |                       |               |                       |           |             | 0                          | 0                     |
| 9.   | 2020              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 10.  | 2021              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 11.  | 2022              | 0                     | 0           | 0           | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | 0                     |
| 12.  | Totals            | XXX                   | XXX         | XXX         | 0                     | 0     | 0                     | 0             | 0                     | 0         | 0           | 0                          | XXX                   |

|     |        |                |                 |                |        |                |   |                |       |                            |       | 23                        | 24                         | 25                            |
|-----|--------|----------------|-----------------|----------------|--------|----------------|---|----------------|-------|----------------------------|-------|---------------------------|----------------------------|-------------------------------|
|     |        | Cooo           | Losses<br>Basis | Unpaid         | · IBNR |                |   | Containment    |       | Adjusting and Other Unpaid |       |                           |                            |                               |
|     |        | 13             | 14              | 15             | 16     | 17             | Case Basis         Bulk + IBNR           7         18         19         20 |                |       | 21 22                      |       |                           |                            | Number                        |
|     |        | Direct         |                 | Direct         |        | Direct         |   | Direct         |       | Direct                     |       | Salvage<br>and<br>Subrog- | Total Net<br>Losses<br>and | of Claims<br>Outstand-<br>ing |
|     |        | and<br>Assumed | Ceded           | and<br>Assumed | Ceded  | and<br>Assumed | Ceded   | and<br>Assumed | Ceded | and<br>Assumed             | Ceded | ation<br>Anticipated      | Expenses<br>Unpaid         | Direct and                    |
|     |        | Assumed        | Ceded           | Assumed        | Ceded  | Assumed        | Ceded   | Assumed        | Ceded | Assumed                    | Ceded | Anticipateu               | Ulipalu                    | Assumed                       |
| 1.  | Prior  | 138            | 111             | 486            | 429    | 0              | 0   | 175            | 180   | 0                          | 0     | 0                         | 79                         | 2                             |
| 2.  | 2013   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 3.  | 2014   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 4.  | 2015   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 5.  | 2016   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 6.  | 2017   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 7.  | 2018   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 8.  | 2019   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 9.  | 2020   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 10. | 2021   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 11. | 2022   | 0              | 0               | 0              | 0      | 0              | 0   | 0              | 0     | 0                          | 0     | 0                         | 0                          | 0                             |
| 12. | Totals | 138            | 111             | 486            | 429    | 0              | 0   | 175            | 180   | 0                          | 0     | 0                         | 79                         | 2                             |

|     |        |                          | Total          |     |                          | oss Expense F  |     |           |                 | 34                                       |                  | nce Sheet                  |
|-----|--------|--------------------------|----------------|-----|--------------------------|----------------|-----|-----------|-----------------|--|------------------|----------------------------|
|     |        |                          | d Loss Expense |     |                          | ed /Premiums [ |     | Nontabula |                 |  |                  | ter Discount               |
|     |        | 26                       | 27             | 28  | 29                       | 30             | 31  | 32        | 33              | Inter-                                   | 35               | 36                         |
|     |        | Direct<br>and<br>Assumed | Ceded          | Net | Direct<br>and<br>Assumed | Ceded          | Net | Loss      | Loss<br>Expense | Company Pooling Participation Percentage | Losses<br>Unpaid | Loss<br>Expenses<br>Unpaid |
| 1.  | Prior  | XXX                      | XXX            | XXX | XXX                      | XXX            | XXX | 0         | 0               | XXX                                      | 84               | (5)                        |
| 2.  | 2013   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 3.  | 2014   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 4.  | 2015   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 5.  | 2016   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               |  | 0                | 0                          |
| 6.  | 2017   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 7.  | 2018   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 8.  | 2019   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 9.  | 2020   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 10. | 2021   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 11. | 2022   | 0                        | 0              | 0   | 0.0                      | 0.0            | 0.0 | 0         | 0               | 2.0                                      | 0                | 0                          |
| 12. | Totals | XXX                      | XXX            | XXX | XXX                      | XXX            | XXX | 0         | 0               | XXX                                      | 84               | (5                         |

# Schedule P - Part 1E - Commercial Multiple Peril NONE

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

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

### SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY) (\$000 OMITTED)

|        |          | Pr         | emiums Earn | ed          |            | (\$00  | Los        |            | pense Payme | ents  |             |                | 12         |
|--------|----------|------------|-------------|-------------|------------|--------|------------|------------|-------------|-------|-------------|----------------|------------|
| Ye     | ears in  | 1          | 2           | 3           |            |        |            | and Cost   | Adjusting   |       | 10          | 11             |            |
|        | Vhich    | ·          | _           | · ·         | Loss Pa    | yments |            | t Payments | Payn        |       |             |                | Number of  |
| Premiu | ums Were |            |             |             | 4          | 5      | 6          | 7          | 8           | 9     |             | Total Net      | Claims     |
|        | ned and  |            |             |             |            |        |            |            |             |       | Salvage and |                | Reported   |
|        | es Were  | Direct and |             |             | Direct and |        | Direct and |            | Direct and  |       |             | (4 - 5 + 6 - 7 | Direct and |
| Ind    | curred   | Assumed    | Ceded       | Net (1 - 2) | Assumed    | Ceded  | Assumed    | Ceded      | Assumed     | Ceded | Received    | + 8 - 9)       | Assumed    |
| 1.     | Prior    | XXX        | XXX         | XXX         | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 2.     | 2013     | 2,610      | 2,610       | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 3.     | 2014     | 2,339      | 2,339       | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 4.     | 2015     | 2,598      | 2,598       | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 5.     | 2016     | 2,664      | 2,664       | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 6.     | 2017     | 2,681      | 2,681       | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 7.     | 2018     | 7          | 7           | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 8.     | 2019     | 0          | 0           | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 9.     | 2020     | 0          | 0           | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 10.    | 2021     | 0          | 0           | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 11.    | 2022     | 0          | 0           | 0           | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |
| 12.    | Totals   | XXX        | XXX         | XXX         | 0          | 0      | 0          | 0          | 0           | 0     | 0           | 0              | XXX        |

| Г           |        |         |        |         |       |         |              |             |        |              |         | 23             | 24        | 25               |
|-------------|--------|---------|--------|---------|-------|---------|--------------|-------------|--------|--------------|---------|----------------|-----------|------------------|
|             |        |         | Losses | Unpaid  |       | Defens  | e and Cost ( | Containment | Unpaid | Adjust       | ing and | 20             |           | 20               |
|             |        | Case    |        |         | BNR   |         |              |             | - IBNR | Other Unpaid |         |                |           |                  |
|             |        | 13      | 14     | 15      | 16    | 17      | 18           | 19          | 20     | 21           | 22      | Calvaga        | Total Net | Number of Claims |
|             |        |         |        |         |       |         |              |             |        |              |         | Salvage<br>and | Losses    | Outstand-        |
|             |        | Direct  |        | Direct  |       | Direct  |              | Direct      |        | Direct       |         | Subrog-        | and       | ing              |
|             |        | and     | 0.4.4  | and     | 0.4.4 | and     | 0.4.4        | and         | 0.4.4  | and          | 0.4.4   | ation          | Expenses  | Direct and       |
| <del></del> |        | Assumed | Ceded  | Assumed | Ceded | Assumed | Ceded        | Assumed     | Ceded  | Assumed      | Ceded   | Anticipated    | Unpaid    | Assumed          |
| 1.          | Prior  | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 2.          | 2013   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 3.          | 2014   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 4.          | 2015   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 5.          | 2016   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 6.          | 2017   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 7.          | 2018   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 8.          | 2019   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 9.          | 2020   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 10.         | 2021   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 11.         | 2022   | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |
| 12.         | Totals | 0       | 0      | 0       | 0     | 0       | 0            | 0           | 0      | 0            | 0       | 0              | 0         | 0                |

|     |        |                          | Total          |             | Loss and L               | oss Expense F  | Percentage |           |                 | 34  | Net Balar        | nce Sheet                  |
|-----|--------|--------------------------|----------------|-------------|--------------------------|----------------|------------|-----------|-----------------|---|------------------|----------------------------|
|     |        | Losses and               | d Loss Expense | es Incurred |                          | ed /Premiums E |            | Nontabula | r Discount      |   | Reserves At      |                            |
|     |        | 26                       | 27             | 28          | 29                       | 30             | 31         | 32        | 33              | Inter-  | 35               | 36                         |
|     |        | Direct<br>and<br>Assumed | Ceded          | Net         | Direct<br>and<br>Assumed | Ceded          | Net        | Loss      | Loss<br>Expense | Company<br>Pooling<br>Participation<br>Percentage | Losses<br>Unpaid | Loss<br>Expenses<br>Unpaid |
| 1.  | Prior  | XXX                      | XXX            | XXX         | XXX                      | XXX            | XXX        | 0         | 0               | XXX   | 0                | 0                          |
| 2.  | 2013   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 3.  | 2014   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 4.  | 2015   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 5.  | 2016   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 6.  | 2017   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 7.  | 2018   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 8.  | 2019   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 9.  | 2020   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 10. | 2021   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 11. | 2022   | 0                        | 0              | 0           | 0.0                      | 0.0            | 0.0        | 0         | 0               | 2.0   | 0                | 0                          |
| 12. | Totals | XXX                      | XXX            | XXX         | XXX                      | XXX            | XXX        | 0         | 0               | XXX   | 0                | 0                          |

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE (\$000 OMITTED)

|     |          | Pr         | emiums Earn | ed          |            | (+      | Los        | s and Loss Ex | cpense Payme | ents      |             |                | 12         |
|-----|----------|------------|-------------|-------------|------------|---------|------------|---------------|--------------|-----------|-------------|----------------|------------|
| Ye  | ars in   | 1          | 2           | 3           |            |         | Defense    | and Cost      | Adjusting    | and Other | 10          | 11             |            |
|     | /hich    |            |             |             | Loss Pa    | ayments | Containmer | nt Payments   |              | nents     |             |                | Number of  |
|     | ıms Were |            |             |             | 4          | 5       | 6          | 7             | 8            | 9         |             | Total Net      | Claims     |
|     | ned and  |            |             |             |            |         |            |               |              |           | Salvage and |                | Reported   |
|     | es Were  | Direct and |             |             | Direct and |         | Direct and |               | Direct and   |           |             | (4 - 5 + 6 - 7 | Direct and |
| Inc | curred   | Assumed    | Ceded       | Net (1 - 2) | Assumed    | Ceded   | Assumed    | Ceded         | Assumed      | Ceded     | Received    | + 8 - 9)       | Assumed    |
| 1.  | Prior    | XXX        | XXX         | XXX         | 558        | 447     | 356        | 0             | 176          | 0         | 0           | 643            | XXX        |
| 2.  | 2013     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 3.  | 2014     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 4.  | 2015     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 5.  | 2016     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 6.  | 2017     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 7.  | 2018     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 8.  | 2019     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 9.  | 2020     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 10. | 2021     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 11. | 2022     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0            | 0         | 0           | 0              | 0          |
| 12. | Totals   | XXX        | XXX         | XXX         | 558        | 447     | 356        | 0             | 176          | 0         | 0           | 643            | XXX        |

|     |        |                |       |                |       |                |              |                |        |                |         | 23                   | 24                  | 25                         |
|-----|--------|----------------|-------|----------------|-------|----------------|--------------|----------------|--------|----------------|---------|----------------------|---------------------|----------------------------|
|     |        |                |       | Unpaid         |       | Defens         | e and Cost ( |                |        | Adjusti        | ing and |                      |                     |                            |
|     |        |                | Basis |                | BNR   |                | Basis        |                | - IBNR |                | Unpaid  |                      |                     |                            |
|     |        | 13             | 14    | 15             | 16    | 17             | 18           | 19             | 20     | 21             | 22      | Salvage<br>and       | Total Net<br>Losses | Number of Claims Outstand- |
|     |        | Direct         |       | Direct         |       | Direct         |              | Direct         |        | Direct         |         | Subrog-              | and                 | ing                        |
|     |        | and<br>Assumed | Ceded | and<br>Assumed | Ceded | and<br>Assumed | Ceded        | and<br>Assumed | Ceded  | and<br>Assumed | Ceded   | ation<br>Anticipated | Expenses<br>Unpaid  | Direct and<br>Assumed      |
| 1.  | Prior  | 8,877          | 4,602 | 25,547         | 9,623 | 0              | 0            | 1,358          | 758    | 2,452          | 0       | 0                    | 23,251              | 116                        |
| 2.  | 2013   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 3.  | 2014   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 4.  | 2015   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 5.  | 2016   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 6.  | 2017   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 7.  | 2018   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 8.  | 2019   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 9.  | 2020   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 10. | 2021   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 11. | 2022   | 0              | 0     | 0              | 0     | 0              | 0            | 0              | 0      | 0              | 0       | 0                    | 0                   | 0                          |
| 12. | Totals | 8,877          | 4,602 | 25,547         | 9,623 | 0              | 0            | 1,358          | 758    | 2,452          | 0       | 0                    | 23,251              | 116                        |

| l   |        | Ι             | Total          |             | Loss and I    | oss Expense F  | Percentage | 1         |            | 34                       | Net Balar   | nce Sheet        |
|-----|--------|---------------|----------------|-------------|---------------|----------------|------------|-----------|------------|--------------------------|-------------|------------------|
|     |        | Losses and    | d Loss Expense | es Incurred |               | ed /Premiums E |            | Nontabula | r Discount | 34                       | Reserves Af |                  |
|     |        | 26            | 27             | 28          | 29            | 30             | 31         | 32        | 33         | Inter-<br>Company        | 35          | 36               |
|     |        | Direct<br>and |                |             | Direct<br>and |                |            |           | Loss       | Pooling<br>Participation | Losses      | Loss<br>Expenses |
|     |        | Assumed       | Ceded          | Net         | Assumed       | Ceded          | Net        | Loss      | Expense    | Percentage               | Unpaid      | Unpaid           |
| 1.  | Prior  | XXX           | XXX            | XXX         | XXX           | XXX            | XXX        | 0         | 0          | XXX                      | 20 , 199    | 3,052            |
| 2.  | 2013   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 3.  | 2014   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 4.  | 2015   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 5.  | 2016   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 6.  | 2017   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 7.  | 2018   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 8.  | 2019   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 9.  | 2020   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 10. | 2021   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 11. | 2022   | 0             | 0              | 0           | 0.0           | 0.0            | 0.0        | 0         | 0          | 2.0                      | 0           | 0                |
| 12. | Totals | XXX           | XXX            | XXX         | XXX           | XXX            | XXX        | 0         | 0          | XXX                      | 20,199      | 3,052            |

# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE APPALACHIAN INSURANCE COMPANY SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE (\$000 OMITTED)

|       |          |            |             |             |            | (ψου    | O OWITTED  |               |            |       |             |                | 40         |
|-------|----------|------------|-------------|-------------|------------|---------|------------|---------------|------------|-------|-------------|----------------|------------|
|       |          | Pr         | emiums Earn |             |            |         |            | s and Loss Ex |            |       |             |                | 12         |
|       | ears in  | 1          | 2           | 3           |            |         |            | and Cost      | Adjusting  |       | 10          | 11             |            |
| V     | Vhich    |            |             |             | Loss Pa    | ayments | Containmen | nt Payments   | Payn       | nents |             |                | Number of  |
| Premi | ums Were |            |             |             | 4          | 5       | 6          | 7             | 8          | 9     |             | Total Net      | Claims     |
| Ear   | ned and  |            |             |             |            |         |            |               |            |       | Salvage and | Paid Cols      | Reported   |
| Loss  | ses Were | Direct and |             |             | Direct and |         | Direct and |               | Direct and |       |             | (4 - 5 + 6 - 7 | Direct and |
| In    | curred   | Assumed    | Ceded       | Net (1 - 2) | Assumed    | Ceded   | Assumed    | Ceded         | Assumed    | Ceded | Received    | +8-9)          | Assumed    |
|       |          |            |             |             |            |         |            |               |            |       |             |                |            |
| 1.    | Prior    | XXX        | XXX         | XXX         |            |         |            |               |            |       |             |                | XXX        |
| 2.    | 2012     |            |             |             |            |         |            |               |            |       |             |                |            |
| ۷.    | 2013     |            |             |             |            |         |            |               |            |       |             |                |            |
| 3.    | 2014     |            |             |             |            |         |            |               |            |       |             |                |            |
|       |          |            |             |             |            |         |            |               |            |       |             |                |            |
| 4.    | 2015     |            |             |             |            |         |            |               |            |       |             |                |            |
| _     | 0040     |            |             |             |            |         |            |               |            |       |             |                |            |
| 5.    | 2016     |            |             |             |            |         |            |               | •••••      |       |             |                |            |
| 6.    | 2017     |            |             |             |            |         |            |               |            |       |             |                |            |
| ٥.    | 2017     |            |             |             |            |         |            |               |            |       |             |                |            |
| 7.    | 2018     |            |             |             |            |         |            |               |            |       |             |                |            |
|       |          |            |             |             |            |         |            |               |            |       |             |                |            |
| 8.    | 2019     |            |             |             |            |         |            |               |            |       |             |                |            |
| 9.    | 2020     |            |             |             |            |         |            |               |            |       |             |                |            |
| 9.    | 2020     |            |             |             |            |         |            |               |            |       |             |                |            |
| 10.   | 2021     |            |             |             |            |         |            |               |            |       |             |                |            |
|       |          |            |             |             |            |         |            |               |            |       |             |                |            |
| 11.   | 2022     |            |             |             |            |         |            |               |            |       |             |                |            |
| 40    | Tatala   | V////      | V////       | XXX         |            |         |            |               |            |       |             |                | VVVV       |
| 12.   | Totals   | XXX        | XXX         | <b>7XX</b>  |            |         |            |               |            |       |             |                | XXX        |

|     |        |                | Losses | Unpaid         |       | Defens         | e and Cost ( | Containment    | Unpaid | Adjusti        | ng and | 23                        | 24                         | 25                                      |
|-----|--------|----------------|--------|----------------|-------|----------------|--------------|----------------|--------|----------------|--------|---------------------------|----------------------------|---|
|     |        | Case I         |        | Bulk +         | IBNR  | Case           |              | Bulk +         |        | Other I        |        |                           |                            |   |
|     |        | 13<br>Direct   | 14     | 15<br>Direct   | 16    | 17<br>Direct   | 18           | 19<br>Direct   | 20     | 21<br>Direct   | 22     | Salvage<br>and<br>Subrog- | Total Net<br>Losses<br>and | Number<br>of Claims<br>Outstand-<br>ing |
|     |        | and<br>Assumed | Ceded  | and<br>Assumed | Ceded | and<br>Assumed | Ceded        | and<br>Assumed | Ceded  | and<br>Assumed | Ceded  | ation<br>Anticipated      | Expenses<br>Unpaid         |   |
| 1.  | Prior  |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 2.  | 2013   |                |        |                | ••••• |                | •••••        |                |        |                |        |                           |                            |   |
| 3.  | 2014   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 4.  | 2015   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 5.  |        |                |        |                |       | ,              |              |                |        |                |        |                           |                            |   |
| 6.  | 2017   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 7.  | 2018   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 8.  | 2019   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 9.  | 2020   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 10. | 2021   |                |        |                | ••••• |                |              |                |        |                |        |                           | •••••                      |   |
| 11. | 2022   |                |        |                |       |                |              |                |        |                |        |                           |                            |   |
| 12. | Totals |                |        |                |       |                |              |                |        |                |        |                           |                            |   |

|     |        |               | Total          |             | Loss and L    | oss Expense F  | Percentage | 1         |            | 34                       | Net Balar   | nce Sheet        |
|-----|--------|---------------|----------------|-------------|---------------|----------------|------------|-----------|------------|--------------------------|-------------|------------------|
|     |        | Losses and    | d Loss Expense | es Incurred |               | ed /Premiums E |            | Nontabula | r Discount |                          | Reserves At |                  |
|     |        | 26            | 27             | 28          | 29            | 30             | 31         | 32        | 33         | Inter-<br>Company        | 35          | 36               |
|     |        | Direct<br>and | 0-4-4          | Net         | Direct<br>and | 0-4-4          | Net        | 1         | Loss       | Pooling<br>Participation | Losses      | Loss<br>Expenses |
|     |        | Assumed       | Ceded          | Net         | Assumed       | Ceded          | Net        | Loss      | Expense    | Percentage               | Unpaid      | Unpaid           |
| 1.  | Prior  | XXX           | XXX            | XXX         | XXX           | XXX            | XXX        |           |            | XXX                      |             |                  |
| 2.  | 2013   |               |                |             |               |                |            |           |            |                          |             |                  |
| 3.  | 2014   |               |                |             |               |                |            |           |            |                          |             |                  |
| 4.  | 2015   |               |                |             |               |                |            |           |            |                          |             |                  |
| 5.  | 2016   |               |                |             |               |                |            |           |            |                          |             | •                |
| 6.  | 2017   |               |                |             |               |                |            |           |            |                          |             |                  |
| 7.  | 2018   |               |                |             |               |                |            |           |            |                          |             |                  |
| 8.  | 2019   |               |                |             |               |                |            |           |            |                          |             |                  |
| 9.  | 2020   |               |                |             |               |                |            |           |            |                          |             |                  |
| 10. | 2021   |               |                |             |               |                |            |           |            |                          |             | •                |
| 11. | 2022   |               |                |             |               |                |            |           |            |                          |             |                  |
| 12. | Totals | XXX           | XXX            | XXX         | XXX           | XXX            | XXX        |           |            | XXX                      |             |                  |

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

|        |  | Pr     | emiums Earn | ed         |         | ,          | Los        | s and Loss Ex | cpense Payme | ents        |                 |            | 12        |
|--------|--|--------|-------------|------------|---------|------------|------------|---------------|--------------|-------------|-----------------|------------|-----------|
| Ye     | ears in                                    | 1      | 2           | 3          |         |            | Defense    | and Cost      | Adjusting    | and Other   | 10              | 11         |           |
| V      | Vhich                                      |        |             |            | Loss Pa | ayments    | Containmer | nt Payments   | Payn         | nents       |                 |            | Number of |
| Premiu | ums Were                                   | ed and |             |            | 4       | 5          | 6          | 7             | 8            | 9           |                 | Total Net  | Claims    |
| Earr   | ed and es Were Direct and                  |        |             |            |         |            |            |               |              |             | Salvage and     | Paid Cols  | Reported  |
| Loss   |  |        |             | Direct and |         | Direct and |            | Direct and    |              | Subrogation | (4 - 5 + 6 - 7) | Direct and |           |
| Ind    | ses Were Direct and Assumed Ceded Net (1 - |        | Net (1 - 2) | Assumed    | Ceded   | Assumed    | Ceded      | Assumed       | Ceded        | Received    | + 8 - 9)        | Assumed    |           |
| 1.     | Prior                                      | XXX    | XXX         | XXX        | 0       | 0          | 0          | 0             | 0            | 0           | 0               | 0          | XXX       |
| 2.     | 2021                                       | 0      | 0           | 0          | 0       | 0          | 0          | 0             | 0            | 0           | 0               | 0          | XXX       |
| 3.     | 2022                                       | 0      | 0           | 0          | 0       | 0          | 0          | 0             | 0            | 0           | 0               | 0          | XXX       |
| 4.     | Totals                                     | XXX    | XXX         | XXX        | 0       | 0          | 0          | 0             | 0            | 0           | 0               | 0          | XXX       |

|    |        |         |        |         |        |         |              |             |        |         |        | 23          | 24        | 25         |
|----|--------|---------|--------|---------|--------|---------|--------------|-------------|--------|---------|--------|-------------|-----------|------------|
|    |        |         | Losses | Unpaid  |        | Defens  | e and Cost C | Containment | Unpaid |         | ng and |             |           |            |
|    |        | Case    | Basis  | Bulk +  | · IBNR | Case    | Basis        | Bulk +      | - IBNR | Other I | Jnpaid |             |           |            |
|    |        | 13      | 14     | 15      | 16     | 17      | 18           | 19          | 20     | 21      | 22     |             |           | Number     |
|    |        |         |        |         |        |         |              |             |        |         |        | Salvage     | Total Net | of Claims  |
|    |        |         |        |         |        |         |              |             |        |         |        | and         | Losses    | Outstand-  |
|    |        | Direct  |        | Direct  |        | Direct  |              | Direct      |        | Direct  |        | Subrog-     | and       | ing        |
|    |        | and     |        | and     |        | and     |              | and         |        | and     |        | ation       | Expenses  | Direct and |
|    |        | Assumed | Ceded  | Assumed | Ceded  | Assumed | Ceded        | Assumed     | Ceded  | Assumed | Ceded  | Anticipated | Unpaid    | Assumed    |
| 1. | Prior  | 0       | 0      | 0       | 0      | 0       | 0            | 0           | 0      | 0       | 0      | 0           | 0         | 0          |
| 2. | 2021   | 0       | 0      | 0       | 0      | 0       | 0            | 0           | 0      | 0       | 0      | 0           | 0         | 0          |
| 3. | 2022   | 0       | 0      | 0       | 0      | 0       | 0            | 0           | 0      | 0       | 0      | 0           | 0         | 0          |
| 4. | Totals | 0       | 0      | 0       | 0      | 0       | 0            | 0           | 0      | 0       | 0      | 0           | 0         | 0          |

|    |        |            | Total                     |             |          | oss Expense F  |         |           |            | 34            |             | nce Sheet    |
|----|--------|------------|---------------------------|-------------|----------|----------------|---------|-----------|------------|---------------|-------------|--------------|
|    |        | Losses and | d Loss Expense            | es Incurred | (Incurre | ed /Premiums E | Earned) | Nontabula | r Discount |               | Reserves Af | ter Discount |
|    |        | 26         | 26 27 28<br>Direct<br>and |             | 29       | 30             | 31      | 32        | 33         | Inter-        | 35          | 36           |
|    |        |            |                           |             |          |                |         |           |            | Company       |             |              |
|    |        | Direct and |                           |             | Direct   |                |         |           |            | Pooling       |             | Loss         |
|    |        | and        |                           |             | and      |                |         |           | Loss       | Participation | Losses      | Expenses     |
|    |        | Assumed    | Ceded                     | Net         | Assumed  | Ceded          | Net     | Loss      | Expense    | Percentage    | Unpaid      | Unpaid       |
| 1. | Prior  | XXX        | XXX                       | XXX         | XXX      | XXX            | XXX     | 0         | 0          | XXX           | 0           | 0            |
| 2. | 2021   | 0          | 0                         | 0           | 0.0      | 0.0            | 0.0     | 0         | 0          | 2.0           | 0           | 0            |
| 3. | 2022   | 0          | 0                         | 0           | 0.0      | 0.0            | 0.0     | 0         | 0          | 2.0           | 0           | 0            |
| 4. | Totals | XXX        | XXX                       | XXX         | XXX      | XXX            | XXX     | 0         | 0          | XXX           | 0           | 0            |

### Schedule P - Part 1J - Auto Physical Damage

### NONE

Schedule P - Part 1K - Fidelity/Surety **NONE** 

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

#### SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY

(\$000 OMITTED)

|        |          | Pr         | emiums Earn | ed          |            | (400   | Los        | ,           | pense Payme | ents  |             |                | 12         |
|--------|----------|------------|-------------|-------------|------------|--------|------------|-------------|-------------|-------|-------------|----------------|------------|
| Ye     | ears in  | 1          | 2           | 3           |            |        |            | and Cost    | Adjusting   |       | 10          | 11             |            |
| V      | /hich    |            |             |             | Loss Pa    | yments | Containmen | nt Payments | Payn        | nents |             |                | Number of  |
| Premiu | ums Were |            |             |             | 4          | 5      | 6          | 7           | 8           | 9     |             | Total Net      | Claims     |
|        | ned and  |            |             |             |            |        |            |             |             |       | Salvage and |                | Reported   |
|        | es Were  | Direct and |             |             | Direct and |        | Direct and |             | Direct and  |       |             | (4 - 5 + 6 - 7 | Direct and |
| Inc    | curred   | Assumed    | Ceded       | Net (1 - 2) | Assumed    | Ceded  | Assumed    | Ceded       | Assumed     | Ceded | Received    | + 8 - 9)       | Assumed    |
| 1.     | Prior    | XXX        | XXX         | XXX         | 0          | 0      | 0          | 0           | 0           | 0     | 0           | 0              | XXX        |
| 2.     | 2013     | 64,270     | 15          | 64 , 255    | 1, 191     | 0      | 348        | 0           | 0           | 0     | 0           | 1,539          | XXX        |
| 3.     | 2014     | 63,419     | 10          | 63,409      | 20,963     | 0      | 0          | 969         | 0           | 0     | 0           | 19,994         | XXX        |
| 4.     | 2015     | 64,936     | 10          | 64,926      | 31,481     | 0      | 0          | 7,755       | 0           | 0     | 0           | 23,726         | XXX        |
| 5.     | 2016     | 65,874     | 10          | 65,864      | 39,909     | 0      | 2,926      | 0           | 0           | 0     | 0           | 42,835         | XXX        |
| 6.     | 2017     | 70,515     | 10          | 70,505      | 73,587     | 0      | 2,992      | 0           | 0           | 0     | 0           | 76,579         | XXX        |
| 7.     | 2018     | 69,084     | 10          | 69,074      | 73,079     | 0      | 2,707      | 0           | 0           | 0     | 0           | 75,786         | XXX        |
| 8.     | 2019     | 75 , 108   | 10          | 75,098      | 39,446     | 0      | 1,080      | 0           | 0           | 0     | 0           | 40,526         | XXX        |
| 9.     | 2020     | 85,803     | 10          | 85,793      | 54 , 166   | 0      | 3,459      | 0           | 0           | 0     | 0           | 57,625         | XXX        |
| 10.    | 2021     | 100,313    | 10          | 100 , 303   | 52,595     | 0      | 0          | 1,438       | 0           | 0     | 0           | 51 , 157       | XXX        |
| 11.    | 2022     | 104,764    | 10          | 104,754     | 52,729     | 0      | 2,657      | 0           | 0           | 0     | 0           | 55,386         | XXX        |
| 12.    | Totals   | XXX        | XXX         | XXX         | 439, 146   | 0      | 16,169     | 10,162      | 0           | 0     | 0           | 445,153        | XXX        |

|     |        |               |             |               |              |               |              |               |        |               |              | 23               | 24              | 25                |
|-----|--------|---------------|-------------|---------------|--------------|---------------|--------------|---------------|--------|---------------|--------------|------------------|-----------------|-------------------|
|     |        |               |             | Unpaid        | IDVID        |               | e and Cost ( |               |        |               | ing and      |                  |                 |                   |
|     |        | 13            | Basis<br>14 | 15            | - IBNR<br>16 | 17            | Basis<br>18  | 19            | BNR 20 | Other<br>21   | Unpaid<br>22 |                  |                 | Number            |
|     |        | 13            | 14          | 15            | 10           | 17            | 10           | 19            | 20     | 21            | 22           | Salvage          | Total Net       | of Claims         |
|     |        | D' t          |             | Disc. 1       |              | D:            |              | Discost.      |        | D:1           |              | and              | Losses          | Outstand-         |
|     |        | Direct<br>and |             | Direct<br>and |              | Direct<br>and |              | Direct<br>and |        | Direct<br>and |              | Subrog-<br>ation | and<br>Expenses | ing<br>Direct and |
|     |        | Assumed       | Ceded       | Assumed       | Ceded        | Assumed       | Ceded        | Assumed       | Ceded  | Assumed       | Ceded        | Anticipated      | Unpaid          | Assumed           |
| 1.  | Prior  | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | xxx               |
| 2.  | 2013   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 3.  | 2014   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 4.  | 2015   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 5.  | 2016   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 6.  | 2017   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 7.  | 2018   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 8.  | 2019   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 9.  | 2020   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 10. | 2021   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 11. | 2022   | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |
| 12. | Totals | 0             | 0           | 0             | 0            | 0             | 0            | 0             | 0      | 0             | 0            | 0                | 0               | XXX               |

|     |        |                          | Total          |             | Loss and L               | oss Expense F  | Percentage |           |                 | 34                                       | Net Balar        | nce Sheet                  |
|-----|--------|--------------------------|----------------|-------------|--------------------------|----------------|------------|-----------|-----------------|--|------------------|----------------------------|
|     |        | Losses and               | d Loss Expense | es Incurred |                          | ed /Premiums I |            | Nontabula | r Discount      |  | Reserves At      | fter Discount              |
|     |        | 26                       | 27             | 28          | 29                       | 30             | 31         | 32        | 33              | Inter-                                   | 35               | 36                         |
|     |        | Direct<br>and<br>Assumed | Ceded          | Net         | Direct<br>and<br>Assumed | Ceded          | Net        | Loss      | Loss<br>Expense | Company Pooling Participation Percentage | Losses<br>Unpaid | Loss<br>Expenses<br>Unpaid |
| 1.  | Prior  | XXX                      | XXX            | XXX         | XXX                      | XXX            | XXX        | 0         | 0               | XXX                                      | 0                | 0                          |
| 2.  | 2013   | 1,539                    | 0              | 1,539       | 2.4                      | 0.0            | 2.4        | 0         | 0               | 2.0                                      | 0                | 0                          |
| 3.  | 2014   | 20,963                   | 969            | 19,994      | 33.1                     | 9,690.0        | 31.5       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 4.  | 2015   | 31,481                   | 7,755          | 23,726      | 48.5                     | 77,550.0       | 36.5       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 5.  | 2016   | 42,835                   | 0              | 42,835      | 65.0                     | 0.0            | 65.0       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 6.  | 2017   | 76,579                   | 0              | 76,579      | 108.6                    | 0.0            | 108.6      | 0         | 0               | 2.0                                      | 0                | 0                          |
| 7.  | 2018   | 75,786                   | 0              | 75,786      | 109.7                    | 0.0            | 109.7      | 0         | 0               | 2.0                                      | 0                | 0                          |
| 8.  | 2019   | 40,526                   | 0              | 40,526      | 54.0                     | 0.0            | 54.0       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 9.  | 2020   | 57,625                   | 0              | 57,625      | 67.2                     | 0.0            | 67.2       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 10. | 2021   | 52,595                   | 1,438          | 51,157      | 52.4                     | 14,380.0       | 51.0       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 11. | 2022   | 55,386                   | 0              | 55,386      | 52.9                     | 0.0            | 52.9       | 0         | 0               | 2.0                                      | 0                | 0                          |
| 12. | Totals | XXX                      | XXX            | XXX         | XXX                      | XXX            | XXX        | 0         | 0               | XXX                                      | 0                | 0                          |

# Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability ${f N} \ {f O} \ {f N} \ {f E}$

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

### SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE (\$000 OMITTED)

|     |          | Pr         | emiums Earn | ed          |            | (ψοο    | Los        | s and Loss Ex | pense Payme | ents      |             |                | 12        |
|-----|----------|------------|-------------|-------------|------------|---------|------------|---------------|-------------|-----------|-------------|----------------|-----------|
| Υe  | ars in   | 1          | 2           | 3           |            |         |            | and Cost      | Adjusting   | and Other | 10          | 11             |           |
| V   | /hich    |            |             |             | Loss Pa    | ayments | Containmer | nt Payments   | Payn        | nents     |             |                | Number of |
|     | ıms Were |            |             |             | 4          | 5       | 6          | 7             | 8           | 9         |             | Total Net      | Claims    |
|     | ned and  |            |             |             |            |         |            |               |             |           | Salvage and |                | Reported  |
|     | es Were  | Direct and |             |             | Direct and |         | Direct and |               | Direct and  |           |             | (4 - 5 + 6 - 7 |           |
| Inc | curred   | Assumed    | Ceded       | Net (1 - 2) | Assumed    | Ceded   | Assumed    | Ceded         | Assumed     | Ceded     | Received    | + 8 - 9)       | Assumed   |
| 1.  | Prior    | XXX        | XXX         | XXX         | 154        | (191)   | 231        | (8)           | 48          | 0         | 0           | 632            | XXX       |
| 2.  | 2013     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 3.  | 2014     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 4.  | 2015     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 5.  | 2016     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 6.  | 2017     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 7.  | 2018     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 8.  | 2019     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 9.  | 2020     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 10. | 2021     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 11. | 2022     | 0          | 0           | 0           | 0          | 0       | 0          | 0             | 0           | 0         | 0           | 0              | 0         |
| 12. | Totals   | XXX        | XXX         | XXX         | 154        | (191)   | 231        | (8)           | 48          | 0         | 0           | 632            | XXX       |

|     |        |         |             |         |          |            |              |         |          |          |        | 23          | 24        | 25        |
|-----|--------|---------|-------------|---------|----------|------------|--------------|---------|----------|----------|--------|-------------|-----------|-----------|
|     |        | 0       |             | Unpaid  | IDNID    |            | e and Cost ( |         |          |          | ng and |             |           |           |
|     |        | 13      | Basis<br>14 | Bulk +  | 16       | Case<br>17 | Basis<br>18  | Bulk +  | 20<br>20 | Other 21 | 22 22  |             |           | Number    |
|     |        | 13      | 14          | 13      | 10       | 17         | 10           | 19      | 20       | 21       | 22     | Salvage     | Total Net | of Claims |
|     |        |         |             |         |          |            |              |         |          |          |        | and         | Losses    | Outstand- |
|     |        | Direct  |             | Direct  |          | Direct     |              | Direct  |          | Direct   |        | Subrog-     | and       | ing       |
|     |        | and     |             | and     |          | and        |              | and     |          | and      |        | ation       | Expenses  |           |
|     |        | Assumed | Ceded       | Assumed | Ceded    | Assumed    | Ceded        | Assumed | Ceded    | Assumed  | Ceded  | Anticipated | Unpaid    | Assumed   |
| 1.  | Prior  | 12,424  | 4,816       | 59,529  | 28 , 104 | 0          | 0            | 14,234  | 7,942    | 1,567    | 0      | 0           | 46,892    | 81        |
| 2.  | 2013   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 3.  | 2014   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 4.  | 2015   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 5.  | 2016   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 6.  | 2017   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 7.  | 2018   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 8.  | 2019   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 9.  | 2020   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 10. | 2021   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 11. | 2022   | 0       | 0           | 0       | 0        | 0          | 0            | 0       | 0        | 0        | 0      | 0           | 0         | 0         |
| 12. | Totals | 12,424  | 4,816       | 59,529  | 28,104   | 0          | 0            | 14,234  | 7,942    | 1,567    | 0      | 0           | 46,892    | 81        |

|     |        |                | Total          |             | Loss and I     | oss Expense F  | Percentage |           |                 | 34                           | Net Balar        | nce Sheet          |
|-----|--------|----------------|----------------|-------------|----------------|----------------|------------|-----------|-----------------|------------------------------|------------------|--------------------|
|     |        | Losses and     | d Loss Expense | es Incurred | (Incurre       | ed /Premiums E | Earned)    | Nontabula | r Discount      |                              | Reserves A       | fter Discount      |
|     |        | 26<br>Direct   | 27             | 28          | 29<br>Direct   | 30             | 31         | 32        | 33              | Inter-<br>Company<br>Pooling | 35               | 36<br>Loss         |
|     |        | and<br>Assumed | Ceded          | Net         | and<br>Assumed | Ceded          | Net        | Loss      | Loss<br>Expense | Participation<br>Percentage  | Losses<br>Unpaid | Expenses<br>Unpaid |
| 1.  | Prior  | XXX            | XXX            | XXX         | XXX            | xxx            | xxx        | 0         | 0               | xxx                          | 39,033           | 7,859              |
| 2.  | 2013   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 3.  | 2014   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 4.  | 2015   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 5.  | 2016   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 6.  | 2017   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 7.  | 2018   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 8.  | 2019   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 9.  | 2020   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 10. | 2021   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 11. | 2022   | 0              | 0              | 0           | 0.0            | 0.0            | 0.0        | 0         | 0               | 2.0                          | 0                | 0                  |
| 12. | Totals | XXX            | XXX            | XXX         | XXX            | xxx            | XXX        | 0         | 0               | XXX                          | 39,033           | 7,859              |

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

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

Schedule P - Part 1T - Warranty **N O N E** 

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

| Ye    | ars in   | INCURRED | NET LOSSES | AND DEFEN | ISE AND CO | ST CONTAIN | MENT EXPE | NSES REPOR | RTED AT YEA | AR END (\$00 | 0 OMITTED) | DEVELO   | PMENT    |
|-------|----------|----------|------------|-----------|------------|------------|-----------|------------|-------------|--------------|------------|----------|----------|
| Which | h Losses | 1        | 2          | 3         | 4          | 5          | 6         | 7          | 8           | 9            | 10         | 11       | 12       |
| Were  | Incurred | 2013     | 2014       | 2015      | 2016       | 2017       | 2018      | 2019       | 2020        | 2021         | 2022       | One Year | Two Year |
| 1.    | Prior    |          |            |           |            |            |           |            |             |              |            |          |          |
| 2.    | 2013     |          |            |           |            |            |           |            |             |              |            |          |          |
| 3.    | 2014     | XXX      |            |           |            |            |           |            |             |              |            |          |          |
| 4.    | 2015     | XXX      | XXX        |           |            |            |           |            |             |              |            |          |          |
| 5.    | 2016     | XXX      | XXX        | XXX       |            |            |           | ·····      |             |              |            |          |          |
| 6.    | 2017     | XXX      | XXX        | XXX       | X          |            | \ \ \.    | <b>\</b>   |             |              |            |          |          |
| 7.    | 2018     | XXX      | XXX        | XXX       | <b>x</b>   | X          |           |            |             |              |            |          |          |
| 8.    | 2019     | XXX      | XXX        | XXX       | XXX        |            | XXX       |            |             |              |            |          |          |
| 9.    | 2020     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX        |             |              |            |          |          |
| 10.   | 2021     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX        | XXX         |              |            |          | XXX      |
| 11.   | 2022     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX        | XXX         | XXX          |            | XXX      | XXX      |
|       | •        |          |            |           |            |            |           |            |             |              | 12. Totals |          |          |

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

|     |       | 00  | · • • • • • • • • • • • • • • • • • • • | . , |      | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | . / 1001 | ., 0 = , | .0.0_ | .,  | .,         |     |     |
|-----|-------|-----|---|-----|------|--|----------|----------|-------|-----|------------|-----|-----|
| 1.  | Prior |     |   |     |      |  |          |          |       |     |            |     |     |
| 2.  | 2013  |     |   |     |      |  |          |          |       |     |            |     |     |
| 3.  | 2014  | XXX |   |     |      |  |          |          |       |     |            |     |     |
| 4.  | 2015  | XXX | XXX                                     |     |      |  |          |          |       |     |            |     |     |
| 5.  | 2016  | XXX | XXX                                     | XXX |      |  |          |          |       |     |            |     |     |
| 6.  | 2017  | XXX | XXX                                     | XXX | XXX  |  |          | <b></b>  |       |     |            |     |     |
| 7.  | 2018  | XXX | XXX                                     | XXX | .\ X | XX                                     |          | <b></b>  |       |     |            |     |     |
| 8.  | 2019  | XXX | XXX                                     | XXX | X    | XX                                     | 🕸        | <b></b>  |       |     |            |     |     |
| 9.  | 2020  | XXX | XXX                                     | XXX | XXX  |  | XXX      | \ X      |       |     |            |     |     |
| 10. | 2021  | XXX | XXX                                     | XXX | XXX  | XXX                                    | XXX      | XXX      | XXX   |     |            |     | XXX |
| 11. | 2022  | XXX | XXX                                     | XXX | XXX  | XXX                                    | XXX      | XXX      | XXX   | XXX |            | XXX | XXX |
|     |       |     |   |     |      |  |          |          |       |     | 12. Totals |     |     |

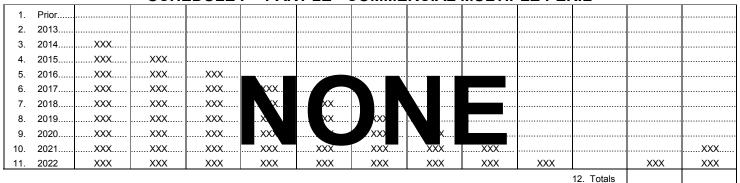
#### SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

|     |       | COLIE | DOLL I | - 1 711 | 20 - 0 |     | CIAL A | 010/11     | COIL |     |            | UAL |     |
|-----|-------|-------|--------|---------|--------|-----|--------|------------|------|-----|------------|-----|-----|
| 1.  | Prior |       |        |         |        |     |        |            |      |     |            |     |     |
| 2.  | 0010  |       |        |         |        |     |        |            |      |     |            |     |     |
| 3.  | 2014  | XXX   |        |         |        |     |        |            |      |     |            |     |     |
| 4.  | 2015  | XXX   | XXX    |         |        |     |        |            |      |     |            |     |     |
| 5.  | 2016  | XXX   | XXX    | XXX     |        |     |        |            |      |     |            |     |     |
| 6.  | 2017  | XXX   | XXX    | XXX     | XXX    |     |        | <b></b>    |      |     |            |     |     |
| 7.  | 2018  | XXX   | XXX    | XXX     | X      | XX  | \ \    | <b>\</b> . |      |     |            |     |     |
| 8.  | 2019  | XXX   | XXX    | XXX     | X      | XX  | 🗱      |            |      |     |            |     |     |
| 9.  | 2020  | XXX   | XXX    | XXX     | XX     |     | XXX    | X          |      |     |            |     |     |
| 10. | 2021  | XXX   | XXX    | XXX     | XXX    | XXX | XXX    | XXX        | XXX  |     |            |     | XXX |
| 11. | 2022  | XXX   | XXX    | XXX     | XXX    | XXX | XXX    | XXX        | XXX  | XXX |            | XXX | XXX |
|     |       |       |        |         |        |     |        |            |      |     | 12. Totals | Į , |     |

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

|     |       |     |     | (LXOL | ODII10 E | NOLUG I | TORRE | 0 001111 | LINOATIC | <i>-</i> 111 <i>)</i> |            |     |      |
|-----|-------|-----|-----|-------|----------|---------|-------|----------|----------|-----------------------|------------|-----|------|
| 1.  | Prior | 278 | 248 | 271   | 248      | 305     | 137   | 137      | 138      | 135                   | 128        | (7) | (10) |
| 2.  | 2013  | 0   | 0   | 0     | 0        | 0       | 0     | 0        | 0        | 0                     | 0          | 0   | 0    |
| 3.  | 2014  | XXX | 0   | 0     |          | 0       | 0     | 0        | 0        | 0                     | 0          | 0   | 0    |
| 4.  | 2015  | XXX | XXX | 0     | 0        | 0       | 0     | 0        | 0        | 0                     | 0          | 0   | 0    |
| 5.  | 2016  | XXX | XXX | XXX   | 0        |         |       |          | 0        | 0                     | 0          | 0   | 0    |
| 6.  | 2017  | XXX | XXX | XXX   | XXX      |         |       |          | 0        | 0                     | 0          | 0   | 0    |
| 7.  | 2018  | XXX | XXX | XXX   | XXX      | XXX     | 0     | 0        | 0        | 0                     | 0          | 0   | 0    |
| 8.  | 2019  | XXX | XXX | XXX   | XXX      | XXX     | XXX   | 0        | 0        | 0                     | 0          | 0   | 0    |
| 9.  | 2020  | XXX | XXX | XXX   | XXX      | XXX     | XXX   | XXX      | 0        | 0                     | 0          | 0   | 0    |
| 10. | 2021  | XXX | XXX | XXX   | XXX      | XXX     | XXX   | XXX      | XXX      | 0                     | 0          | 0   | XXX  |
| 11. | 2022  | XXX | XXX | XXX   | XXX      | XXX     | XXX   | XXX      | XXX      | XXX                   | 0          | XXX | XXX  |
|     |       |     |     |       |          |         |       |          |          |                       | 12. Totals | (7) | (10) |

#### SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL



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

| Υe   | ears in  | INCURRED | NET LOSSES | AND DEFEN | ISE AND CO | ST CONTAIN | MENT EXPE | NSES REPO | RTED AT YEA | AR END (\$00 | 0 OMITTED) | DEVELO   | PMENT    |
|------|----------|----------|------------|-----------|------------|------------|-----------|-----------|-------------|--------------|------------|----------|----------|
| Whic | h Losses | 1        | 2          | 3         | 4          | 5          | 6         | 7         | 8           | 9            | 10         | 11       | 12       |
| Were | Incurred | 2013     | 2014       | 2015      | 2016       | 2017       | 2018      | 2019      | 2020        | 2021         | 2022       | One Year | Two Year |
| 1.   | Prior    |          |            |           |            |            |           |           |             |              |            |          |          |
| 2.   | 2013     |          |            |           |            |            |           |           |             |              |            |          |          |
| 3.   |          | XXX      |            |           |            |            |           |           |             |              |            |          |          |
| 4.   | 2015     | XXX      | XXX        |           |            |            |           |           |             |              |            |          |          |
| 5.   | 2016     | XXX      | XXX        | XXX       |            |            |           | <b></b>   |             |              |            |          |          |
| 6.   | 2017     | XXX      | XXX        | XXX       | .X X       |            |           | <b></b>   |             |              |            |          |          |
| 7.   | 2018     | XXX      | XXX        | XXX       | X          | XX         |           |           |             |              |            |          |          |
| 8.   | 2019     | XXX      | XXX        | XXX       | XXX        |            | XXX       |           |             |              |            |          |          |
| 9.   | 2020     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX       |             |              |            |          |          |
| 10.  | 2021     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX       | XXX         |              |            |          | XXX      |
| 11.  | 2022     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX       | XXX       | XXX         | XXX          |            | XXX      | XXX      |
|      |          |          |            |           |            |            |           |           |             |              | 12. Totals |          |          |

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

| 1.  | Prior |     |     |     |     |     |                                       |         |     |     |            |     |     |
|-----|-------|-----|-----|-----|-----|-----|---------------------------------------|---------|-----|-----|------------|-----|-----|
| 2.  | 2012  |     |     |     |     |     |                                       |         |     |     |            |     |     |
| 3.  | 2014  | XXX |     |     |     |     |                                       |         |     |     |            |     |     |
| 4.  | 2015  | XXX | XXX |     |     |     |                                       |         |     |     |            |     |     |
| 5.  | 2016  | XXX | XXX | XXX |     |     |                                       |         |     |     |            |     |     |
| 6.  | 2017  | XXX | XXX | XXX | XXX |     | · · · · · · · · · · · · · · · · · · · | <b></b> |     |     |            |     |     |
| 7.  | 2018  | XXX | XXX | XXX | . X | XX  |                                       |         |     |     |            |     |     |
| 8.  | 2019  | XXX | XXX | XXX | X   | XX  | 🗱                                     |         |     |     |            |     |     |
| 9.  | 2020  | XXX | XXX | XXX | XXX |     | XXX                                   | X       |     |     |            |     |     |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX                                   | XXX     | XXX |     |            |     | XXX |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX | XXX                                   | XXX     | XXX | XXX |            | XXX | XXX |
|     |       |     |     |     |     |     |                                       |         |     |     | 12. Totals |     |     |

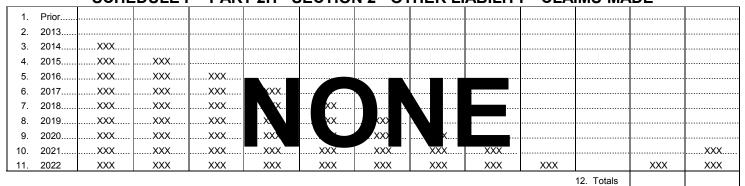
### SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

|     |       |     |     |     | БОІ | LEN AN | ID WAC |          | · <i>)</i> |     |            |     |     |
|-----|-------|-----|-----|-----|-----|--------|--------|----------|------------|-----|------------|-----|-----|
| 1.  | Prior |     |     |     |     |        |        |          |            |     |            |     |     |
| 2.  | 2013  |     |     |     |     |        |        |          |            |     |            |     |     |
| 3.  | 2014  | XXX |     |     |     |        |        |          |            |     |            |     |     |
| 4.  | 2015  | XXX | XXX |     |     |        |        |          |            |     |            |     |     |
| 5.  | 2016  | XXX | XXX | XXX |     |        |        |          |            |     |            |     |     |
| 6.  | 2017  | XXX | XXX | XXX | XXX |        |        | <b>\</b> |            |     |            |     |     |
| 7.  | 2018  | XXX | XXX | XXX | . X |        | A      | <b></b>  |            |     |            |     |     |
| 8.  | 2019  | XXX | XXX | XXX | X   | XX     | , 🗱    |          |            |     |            |     |     |
| 9.  | 2020  | XXX | XXX | XXX | XXX |        | XXX    | X        |            |     |            |     |     |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX    | XXX    | XXX      | XXX        |     |            |     | XXX |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX    | XXX    | XXX      | XXX        | XXX |            | XXX | XXX |
|     |       |     |     |     |     |        |        |          |            |     | 12. Totals |     |     |

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

| 1.  | Prior | 18,827 | 23,842 | 28,246 | 26,390 | 23,759 | 25,802 | 27,897 | 27,985 | 27,851 | 27,732     | (119) | (253) |
|-----|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|-------|-------|
| 2.  | 2013  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 3.  | 2014  | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 4.  | 2015  | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 5.  | 2016  | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 6.  | 2017  | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 7.  | 2018  | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0          | 0     | 0     |
| 8.  | 2019  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0          | 0     | 0     |
| 9.  | 2020  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0          | 0     | 0     |
| 10. | 2021  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0          | 0     | XXX   |
| 11. | 2022  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0          | XXX   | XXX   |
|     |       |        |        |        |        |        |        |        |        |        | 12. Totals | (119) | (253) |

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



58

Schedule P - Part 2I - Special Property **NONE** 

Schedule P - Part 2J - Auto Physical Damage

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 2M - International

NONE

## SCHEDULE P - PART 2N - REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

| Ye   | ars in   | INCURRED | NET LOSSES | AND DEFE | NSE AND CO | ST CONTAIN | IMENT EXPE | NSES REPO | RTED AT YE | AR END (\$00 | O OMITTED) | DEVELO   | PMENT    |
|------|----------|----------|------------|----------|------------|------------|------------|-----------|------------|--------------|------------|----------|----------|
| Whic | h Losses | 1        | 2          | 3        | 4          | 5          | 6          | 7         | 8          | 9            | 10         | 11       | 12       |
| Were | Incurred | 2013     | 2014       | 2015     | 2016       | 2017       | 2018       | 2019      | 2020       | 2021         | 2022       | One Year | Two Year |
| 1.   | Prior    | 0        | 0          | 0        | 0          | 0          | 0          | 0         | 0          | 0            | 0          | 0        | 0        |
| 2.   | 2013     | 1,539    | 1,539      | 1,539    | 1,539      | 1,539      | 1,539      | 1,539     | 1,539      | 1,539        | 1,539      | 0        | 0        |
| 3.   | 2014     | XXX      | 19,994     | 19,994   | 19,994     | 19,994     | 19,994     | 19,994    | 19,994     | 19,994       | 19,994     | 0        | 0        |
| 4.   | 2015     | XXX      | XXX        | 23,726   | 23,726     | 23,726     | 23,726     | 23,726    | 23,726     | 23,726       | 23,726     | 0        | 0        |
| 5.   | 2016     | XXX      | XXX        | XXX      | 42,835     | 42,835     | 42,835     | 42,835    | 42,835     | 42,835       | 42,835     | 0        | 0        |
| 6.   | 2017     | XXX      | XXX        | XXX      | XXX        | 76,579     | 76,579     | 76,579    | 76,579     | 76,579       | 76,579     | 0        | 0        |
| 7.   | 2018     | XXX      | XXX        | XXX      | XXX        | XXX        | 75,786     | 75,786    | 75,786     | 75,786       | 75,786     | 0        | 0        |
| 8.   | 2019     | XXX      | XXX        | XXX      | XXX        | XXX        | XXX        | 40,526    | 40,526     | 40,526       | 40,526     | 0        | 0        |
| 9.   | 2020     | XXX      | XXX        | XXX      | XXX        | XXX        | XXX        | XXX       | 57,625     | 57,625       | 57,625     | 0        | 0        |
| 10.  | 2021     | XXX      | XXX        | XXX      | XXX        | XXX        | XXX        | XXX       | XXX        | 51 , 157     | 51 , 157   | 0        | XXX      |
| 11.  | 2022     | XXX      | XXX        | XXX      | XXX        | XXX        | XXX        | XXX       | XXX        | XXX          | 55,386     | XXX      | XXX      |
|      |          |          |            |          |            |            |            |           |            |              | 12. Totals | 0        | 0        |

## SCHEDULE P - PART 20 - REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

| 1.  | Prior | 0   | 0   | 0   | 0   | 4   | 0   | 0   | 0   | 0   | 0         | 0   | 0   |
|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-----|-----|
| 2.  | 2013  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0         | 0   | 0   |
| 3.  | 2014  | XXX | 0   | 0   | 0   | 0   | 0   | 0   |     |     |           | 0   | 0   |
| 4.  | 2015  | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   |     |           |     | 0   |
| 5.  | 2016  | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   |     |           |     | 0   |
| 6.  | 2017  | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0         | 0   | 0   |
| 7.  | 2018  | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0         | 0   | 0   |
| 8.  | 2019  | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0         | 0   | 0   |
| 9.  | 2020  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   |     |           | 0   | 0   |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX | XXX |     | 0   |           | 0   | XXX |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0         | xxx | XXX |
|     | •     |     |     | •   | •   | •   |     |     |     | •   | 12 Totals | 0   | 0   |

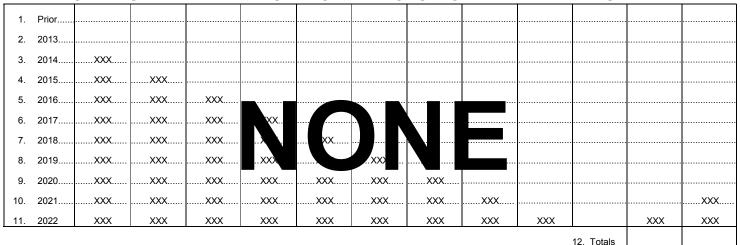
#### SCHEDULE P - PART 2P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

| ١.         | Prior |     |     |     |            |     |         |     |     |     | <br> |     |
|------------|-------|-----|-----|-----|------------|-----|---------|-----|-----|-----|------|-----|
| 2.         | 2013  |     |     |     |            |     |         |     |     |     | <br> |     |
| 3.         | 2014  | XXX |     |     |            |     |         |     |     |     | <br> |     |
| <b>1</b> . | 2015  | XXX | XXX |     |            |     |         |     |     |     | <br> |     |
| 5.         | 2016  | XXX | XXX | XXX |            |     |         |     |     |     | <br> |     |
| 6.         | 2017  | XXX | XXX | xxx | <b>XX</b>  |     | <b></b> |     |     |     | <br> |     |
| 7.         | 2018  | XXX | XXX | XXX |            | ×x  |         |     |     |     | <br> |     |
| 3.         | 2019  | XXX | XXX | xxx | <b>xxx</b> |     | XXX     |     |     |     | <br> |     |
| 9.         | 2020  | XXX | XXX | XXX | XXX        | XXX | XXX     | XXX |     |     | <br> |     |
| ).         | 2021  | XXX | XXX | XXX | XXX        | XXX | XXX     | XXX | XXX |     | <br> | XXX |
| ١.         | 2022  | xxx | XXX | XXX | XXX        | XXX | XXX     | XXX | XXX | XXX | XXX  | XXX |

#### SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

| Ye   | ars in   | INCURRED | NET LOSSES | AND DEFEN | NSE AND CO | ST CONTAIN | IMENT EXPE | NSES REPOR | RTED AT YEA | AR END (\$00 | 0 OMITTED) | DEVELO   | PMENT    |
|------|----------|----------|------------|-----------|------------|------------|------------|------------|-------------|--------------|------------|----------|----------|
|      | h Losses | 1        | 2          | 3         | 4          | 5          | 6          | 7          | 8           | 9            | 10         | 11       | 12       |
| Were | Incurred | 2013     | 2014       | 2015      | 2016       | 2017       | 2018       | 2019       | 2020        | 2021         | 2022       | One Year | Two Year |
| 1.   | Prior    | 41,391   | 48,406     | 57,978    | 53, 156    | 55,729     | 53,856     | 51,763     | 51,675      | 51,810       | 51,937     | 127      | 262      |
| 2.   | 2013     | 0        | 0          | 0         | 0          | 0          | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 3.   | 2014     | XXX      | 0          | 0         | 0          | 0          | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 4.   | 2015     | XXX      | XXX        | 0         | 0          | 0          | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 5.   | 2016     | XXX      | XXX        | XXX       | 0          | 0          | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 6.   | 2017     | XXX      | XXX        | XXX       | XXX        | 0          | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 7.   | 2018     | XXX      | XXX        | XXX       | XXX        | XXX        | 0          | 0          | 0           | 0            | 0          | 0        | 0        |
| 8.   | 2019     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX        | 0          | 0           | 0            | 0          | 0        | 0        |
| 9.   | 2020     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX        | XXX        | 0           | 0            | 0          | 0        | 0        |
| 10.  | 2021     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX        | XXX        | XXX         | 0            | 0          | 0        | XXX      |
| 11.  | 2022     | XXX      | XXX        | XXX       | XXX        | XXX        | XXX        | XXX        | XXX         | XXX          | 0          | XXX      | XXX      |
|      |          |          |            |           |            |            |            |            |             |              | 12. Totals | 127      | 262      |

#### SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE



#### SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY



#### SCHEDULE P - PART 2T - WARRANTY

| 1. | Prior | XXX | XXX | XXX | XXX |                | .XXX | x        |     |     |           |     |     |
|----|-------|-----|-----|-----|-----|----------------|------|----------|-----|-----|-----------|-----|-----|
| 2  | 2021  | ~~~ | XXX | vvv |     | V <sub>V</sub> |      |          |     |     |           |     | VVV |
| ۷. | -     |     |     |     |     |                |      | <b>\</b> |     |     |           |     |     |
| 3. | 2022  | XXX | XXX | XXX | XX  | ΚX             | XXX  | X X      | XXX | XXX |           | XXX | XXX |
|    |       |     |     |     |     |                |      |          |     |     | 4. Totals |     |     |

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

|                     |              | CUMUL | ATIVE PAID I | NET LOSSES | AND DEFEN | SE AND CO |      | MENT EXPE | NSES REPOR | RTED AT YEA | AR END | 11<br>Number of         | 12<br>Number of            |
|---------------------|--------------|-------|--------------|------------|-----------|-----------|------|-----------|------------|-------------|--------|-------------------------|----------------------------|
| Year<br>Whi         | ich          | 1     | 2            | 3          | 4         | 5         | 6    | 7         | 8          | 9           | 10     | Claims<br>Closed        | Claims<br>Closed           |
| Loss<br>We<br>Incur | ere          | 2013  | 2014         | 2015       | 2016      | 2017      | 2018 | 2019      | 2020       | 2021        | 2022   | With<br>Loss<br>Payment | Without<br>Loss<br>Payment |
|                     | Prior        | 000   |              |            |           |           |      |           |            |             |        |                         |                            |
|                     | 2013         | XXX   |              |            |           |           |      |           |            |             |        |                         |                            |
|                     | 2015<br>2016 | XXX   | XXX          | XXX        |           |           |      |           |            |             |        |                         |                            |
|                     |              | XXX   |              |            |           |           |      |           |            |             |        |                         |                            |
|                     | 2018<br>2019 | XXX   |              | XXX        | xxx       | XXX       | XXX  |           |            |             |        |                         |                            |
|                     | 2020         | XXX   | XXX          | XXX        | XXX       | XXX       | XXX  | XXX       |            |             |        |                         |                            |
| -                   | 2021<br>2022 | XXX   | XXX          | XXX        | XXX       | XXX       | XXX  | XXX       | XXX        | XXX         |        |                         |                            |

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

| 1.  | Prior | 000 |     |     |      |     |     |          |     |     |       | <br> |
|-----|-------|-----|-----|-----|------|-----|-----|----------|-----|-----|-------|------|
| 2.  | 2013  |     |     |     |      |     |     |          |     |     |       | <br> |
| 3.  | 2014  | XXX |     |     |      |     |     |          |     |     |       | <br> |
| 4.  | 2015  | XXX | XXX |     |      |     |     |          |     |     |       | <br> |
| 5.  | 2016  | XXX | XXX | XXX |      |     |     |          |     |     |       | <br> |
| 6.  | 2017  | XXX | XXX | XXX | XXX  |     |     | <b></b>  |     |     |       | <br> |
| 7.  | 2018  | XXX | XXX | XXX | .\ X |     | 7   | <b>\</b> |     |     |       | <br> |
| 8.  | 2019  | XXX | XXX | XXX | X    | XX  | 🕸   |          |     |     |       | <br> |
| 9.  | 2020  | XXX | XXX | XXX | XXX  |     | XXX | X        |     |     |       | <br> |
| 10. | 2021  | XXX | XXX | XXX | XXX  | XXX | XXX | XXX      | XXX |     | ••••• | <br> |
| 11. | 2022  | XXX | XXX | XXX | XXX  | XXX | XXX | XXX      | XXX | XXX |       |      |

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

| 1.  | Prior | 000 |     |     |     |     |         |          |     |     | <br> |  |
|-----|-------|-----|-----|-----|-----|-----|---------|----------|-----|-----|------|--|
| 2.  | 2013  |     |     |     |     |     |         |          |     |     | <br> |  |
| 3.  |       | VVV |     |     |     |     |         |          |     |     |      |  |
| 4.  | 2015  | XXX | XXX |     |     |     |         |          |     |     | <br> |  |
| 5.  | 2016  | XXX | XXX | XXX |     |     |         |          |     |     | <br> |  |
| 6.  | 2017  | XXX | XXX | XXX | XXX |     |         | <b></b>  |     |     | <br> |  |
| 7.  | 2018  | XXX | XXX | XXX | X   | XX  | \ \ \   | <b>\</b> |     |     | <br> |  |
| 8.  | 2019  | XXX | XXX | XXX | X   | XX  | \infty` |          |     |     | <br> |  |
| 9.  | 2020  | XXX | XXX | XXX | xxx |     | XXX     | X        |     |     | <br> |  |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX     | XXX      | XXX |     | <br> |  |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX | XXX     | XXX      | XXX | XXX |      |  |

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

|     |       |     |     | \—  |     |     |     |     |     | ,   |    |   |   |
|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|---|---|
| 1.  | Prior | 000 | 0   | 28  | 28  | 49  | 49  | 49  | 49  | 49  | 49 | 1 | 0 |
| 2.  | 2013  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 3.  | 2014  | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 4.  | 2015  | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 5.  | 2016  | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 6.  | 2017  | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 7.  | 2018  | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0  | 0 | 0 |
| 8.  | 2019  | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0  | 0 | 0 |
| 9.  | 2020  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0  | 0 | 0 |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0  | 0 | 0 |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0  | 0 | 0 |

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

| 1.  | Prior | 000 |     |     |      |     |     |          |     |     | <br> |  |
|-----|-------|-----|-----|-----|------|-----|-----|----------|-----|-----|------|--|
| 2.  | 2013  |     |     |     |      |     |     |          |     |     | <br> |  |
| 3.  | 2014  | XXX |     |     |      |     |     |          |     |     | <br> |  |
| 4.  | 2015  | XXX | XXX |     |      |     |     |          |     |     | <br> |  |
| 5.  | 2016  | XXX | XXX | XXX |      |     |     |          |     |     | <br> |  |
| 6.  | 2017  | XXX | XXX | XXX | XXX  |     |     | <b></b>  |     |     | <br> |  |
| 7.  | 2018  | XXX | XXX | XXX | .\ X | XX  | 1   | <b>\</b> |     |     | <br> |  |
| 8.  | 2019  | XXX | XXX | XXX | X    | XX  | 🕸   | <b>X</b> |     |     | <br> |  |
| 9.  | 2020  | XXX | XXX | XXX | XXX  |     | YYY | X        |     |     | <br> |  |
| 10. | 2021  | XXX | XXX | XXX | XXX  | XXX | XXX | XXX      | XXX |     | <br> |  |
| 11. | 2022  | XXX | XXX | XXX | XXX  | XXX | XXX | XXX      | XXX | XXX |      |  |

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

|     |         | CUMUL | ATIVE PAID I | NET LOSSES | AND DEFEN |           |           | MENT EXPE | NSES REPOR | RTED AT YEA | AR END | 11        | 12        |
|-----|---------|-------|--------------|------------|-----------|-----------|-----------|-----------|------------|-------------|--------|-----------|-----------|
|     |         |       |              |            |           | (\$000 OI | MITTED)   |           |            |             |        | Number of | Number of |
|     | ears in | 1     | 2            | 3          | 4         | 5         | 6         | 7         | 8          | 9           | 10     | Claims    | Claims    |
|     | /hich   |       |              |            |           |           |           |           |            |             |        | Closed    | Closed    |
|     | osses   |       |              |            |           |           |           |           |            |             |        | With      | Without   |
| ٧   | Vere    |       |              |            |           |           |           |           |            |             |        | Loss      | Loss      |
| Inc | curred  | 2013  | 2014         | 2015       | 2016      | 2017      | 2018      | 2019      | 2020       | 2021        | 2022   | Payment   | Payment   |
| 1.  | Prior   | 000   |              |            |           |           |           |           |            |             |        |           |           |
| 2.  | 2013    |       |              |            |           |           |           |           |            |             |        |           |           |
| 3.  | 2014    | XXX   |              |            |           |           |           |           |            |             |        |           |           |
| 4.  | 2015    | XXX   | XXX          |            | <b></b>   |           |           | <b></b>   |            |             |        |           |           |
| 5.  | 2016    | XXX   | XXX          | XXX        | Α         |           | \ \ \     | <b>\</b>  |            |             |        |           |           |
| 6.  | 2017    | XXX   | XXX          | XXX        | X         |           |           |           |            |             |        |           |           |
| 7.  | 2018    | xxx   | XXX          | XXX        | XXX       |           | <b>47</b> |           |            |             |        |           |           |
| 8.  | 2019    | XXX   | XXX          | XXX        | XXX       | XXX       | XXX       |           |            |             |        |           |           |
| 9.  | 2020    | XXX   | XXX          | XXX        | XXX       | XXX       | XXX       | XXX       |            |             |        |           |           |
| 10. | 2021    | XXX   | XXX          | XXX        | XXX       | XXX       | XXX       | XXX       | XXX        |             |        |           |           |
| 11. | 2022    | XXX   | XXX          | XXX        | XXX       | XXX       | XXX       | XXX       | XXX        | XXX         |        |           |           |

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

| 1.  | Prior | 000 |     |     |     |     |     |          |     |     | <br> |  |
|-----|-------|-----|-----|-----|-----|-----|-----|----------|-----|-----|------|--|
| 2.  | 2013  |     |     |     |     |     |     |          |     |     | <br> |  |
| 3.  | 2014  | XXX |     |     |     |     |     |          |     |     | <br> |  |
| 4.  | 2015  | XXX | XXX |     |     |     |     |          |     |     | <br> |  |
| 5.  | 2016  | XXX | XXX | XXX |     |     |     |          |     |     | <br> |  |
| 6.  | 2017  | XXX | XXX | XXX | XXX |     |     | <b>.</b> |     |     | <br> |  |
| 7.  |       |     |     |     |     | xx  | \ \ | <b>\</b> |     |     | <br> |  |
| 8.  |       |     | XXX | XXX |     | ×x  |     |          |     |     |      |  |
| 9.  | 2020  | XXX | XXX | XXX | XXX |     | YYY | X        |     |     | <br> |  |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX | XXX      | XXX |     |      |  |
| 11. | 2022  | XXX | XXX | XXX | XXX | XXX | XXX | XXX      | XXX | XXX |      |  |

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

| 1.  | Prior | 000 |     |     |      |     |         |         |     |     | <br>XXX | XXX |
|-----|-------|-----|-----|-----|------|-----|---------|---------|-----|-----|---------|-----|
| 2.  | 2013  |     |     |     |      |     |         |         |     |     | <br>XXX | XXX |
| 3.  | 2014  | XXX |     |     |      |     |         |         |     |     | <br>XXX | XXX |
| 4.  | 2015  | XXX | XXX |     |      |     |         |         |     |     | <br>XXX | XXX |
| 5.  | 2016  | XXX | XXX | XXX |      |     |         |         |     |     | <br>XXX | XXX |
| 6.  | 2017  | XXX | XXX | XXX | XXX  |     | <b></b> |         |     |     | <br>XXX | xxx |
| 7.  | 2018  | XXX | XXX | XXX | Λ (X | xx  |         | <b></b> |     |     | <br>XXX | XXX |
| 8.  | 2019  | XXX | XXX | XXX |      | XX  | \infty  |         |     |     | <br>XXX | xxx |
| 9.  | 2020  | XXX | XXX | XXX | xx   |     | .XXX    | X       |     |     | <br>XXX | XXX |
| 10. | 2021  | XXX | XXX | XXX | XXX  | XXX | XXX     | XXX     | XXX |     | <br>XXX | XXX |
| 11. | 2022  | XXX | XXX | XXX | XXX  | XXX | XXX     | XXX     | XXX | XXX | XXX     | XXX |

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

| 1   | Prior | 000 | 753 | 1 621 | 3 705 | 4 674 | 6 259 | 6 319 | 6 400 | 6 466 | 6 933 | 26 | 0 |
|-----|-------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|----|---|
|     | -     |     |     | ,     | 0,700 |       | *     | · ·   | · · · | 0,400 | 0,000 |    |   |
| 2.  | 2013  | 0   | 0   | 0     |       |       |       |       |       | 0     | 0     |    |   |
| 3.  | 2014  | XXX | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0  | 0 |
| 4.  | 2015  | XXX | XXX | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0  | 0 |
| 5.  | 2016  | XXX | XXX | XXX   | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0  | 0 |
| 6.  | 2017  | XXX | XXX | XXX   | XXX   | 0     | 0     | 0     | 0     | 0     | 0     | 0  | 0 |
| 7.  | 2018  | XXX | XXX | XXX   | XXX   | XXX   | 0     | 0     | 0     | 0     | 0     | 0  | 0 |
| 8.  | 2019  | XXX | XXX | XXX   | XXX   | XXX   | XXX   | 0     | 0     | 0     | 0     | 0  | 0 |
| 9.  | 2020  | XXX | XXX | XXX   | XXX   | XXX   | XXX   | XXX   | 0     | 0     | 0     | 0  | 0 |
| 10. | 2021  | XXX | XXX | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 0     | 0     | 0  | 0 |
| 11. | 2022  | XXX | XXX | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 0     | 0  | 0 |

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

|     |       | COLL | DOLL | - 1 711 | 1 011 - 0 |     | 12-01 |                 | ADILII | - OLA | IDL . |  |
|-----|-------|------|------|---------|-----------|-----|-------|-----------------|--------|-------|-------|--|
| 1.  | Prior | 000  |      |         |           |     |       |                 |        |       | <br>  |  |
| 2.  | 2013  |      |      |         |           |     |       |                 |        |       | <br>  |  |
| 3.  | 2014  | XXX  |      |         |           |     |       |                 |        |       | <br>  |  |
| 4.  | 2015  | XXX  | XXX  |         |           |     |       |                 |        |       | <br>  |  |
| 5.  | 2016  | XXX  | XXX  | XXX     |           |     |       |                 |        |       | <br>  |  |
| 6.  | 2017  | XXX  | XXX  | XXX     | XXX       |     |       | <b></b>         |        |       | <br>  |  |
| 7.  | 2018  | XXX  | XXX  | XXX     | .\ X      |     | A     | <b>\</b>        |        |       | <br>  |  |
| 8.  | 2019  | XXX  | XXX  | XXX     | X         | XX  | (XX)  |                 |        |       | <br>  |  |
| 9.  | 2020  | XXX  | XXX  | XXX     | XXX       |     | XXX   | X               |        |       | <br>  |  |
| 10. | 2021  | XXX  | XXX  | XXX     | XXX       | XXX | XXX   | <del>XX</del> X | XXX    |       | <br>  |  |
| 11. | 2022  | XXX  | XXX  | XXX     | XXX       | XXX | XXX   | XXX             | XXX    | XXX   |       |  |

Schedule P - Part 3I - Special Property **NONE** 

Schedule P - Part 3J - Auto Physical Damage

NONE

Schedule P - Part 3K - Fidelity/Surety

NONE

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 3M - International

NONE

## SCHEDULE P - PART 3N - REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

| 1   |         | CLIMILI | ATIVE DAID I | NET LOCCE  | AND DEFEN | ICE AND CO | CT CONTAIN | MENT EVDE | VICES DEDOI |            | AD END | 11        | 12        |
|-----|---------|---------|--------------|------------|-----------|------------|------------|-----------|-------------|------------|--------|-----------|-----------|
|     |         | COMOL   | ATIVE PAID I | NET LUSSES | AND DEFEN |            |            | MENI EXPE | NSES REPU   | KIED AT TE | AK END | 1         | Number of |
|     |         |         | 0            |            | 4         | (\$000 OI  |            |           |             |            | 10     | Number of |           |
| _   | ears in | 1       | 2            | 3          | 4         | 5          | 6          | /         | 8           | 9          | 10     | Claims    | Claims    |
|     | Vhich   |         |              |            |           |            |            |           |             |            |        | Closed    | Closed    |
|     | osses   |         |              |            |           |            |            |           |             |            |        | With      | Without   |
|     | Vere    |         |              |            |           |            |            |           |             |            |        | Loss      | Loss      |
| Inc | curred  | 2013    | 2014         | 2015       | 2016      | 2017       | 2018       | 2019      | 2020        | 2021       | 2022   | Payment   | Payment   |
| 1.  | Prior   | 000     | 0            | 0          | 0         | 0          | 0          | 0         | 0           | 0          | 0      | XXX       | XXX       |
| 2.  | 2013    | 1,539   | 1,539        | 1,539      | 1,539     | 1,539      | 1,539      | 1,539     | 1,539       | 1,539      | 1,539  | XXX       | XXX       |
| 3.  | 2014    | XXX     | 19,994       | 19,994     | 19,994    | 19,994     | 19,994     | 19,994    | 19,994      | 19,994     | 19,994 | XXX       | XXX       |
| 4.  | 2015    | XXX     | XXX          | 23,726     | 23,726    | 23,726     | 23,726     | 23,726    | 23,726      | 23,726     | 23,726 | XXX       | XXX       |
| 5.  | 2016    | xxx     | XXX          | XXX        | 42,835    | 42,835     | 42,835     | 42,835    | 42,835      | 42,835     | 42,835 | XXX       | XXX       |
| 6.  | 2017    | XXX     | XXX          | XXX        | XXX       | 76,579     | 76,579     | 76,579    | 76,579      | 76,579     | 76,579 | XXX       | XXX       |
| 7.  | 2018    | XXX     | XXX          | XXX        | XXX       | XXX        | 75 ,786    | 75,786    | 75,786      | 75,786     | 75,786 | XXX       | XXX       |
| 8.  | 2019    | XXX     | XXX          | XXX        | XXX       | XXX        | XXX        | 40,526    | 40,526      | 40,526     | 40,526 | XXX       | XXX       |
| 9.  | 2020    | xxx     | XXX          | XXX        | XXX       | XXX        | XXX        | XXX       | 57,625      | 57,625     | 57,625 | XXX       | XXX       |
| 10. | 2021    | xxx     | XXX          | XXX        | XXX       | XXX        | XXX        | XXX       | XXX         | 51 , 157   | 51,157 | XXX       | XXX       |
| 11. | 2022    | XXX     | XXX          | XXX        | XXX       | XXX        | XXX        | XXX       | XXX         | XXX        | 55,386 | XXX       | XXX       |

## SCHEDULE P - PART 30 - REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

| 1.  | Prior | 000 |     |     |            |     |     |          |     |     | <br>xxx | xxx |
|-----|-------|-----|-----|-----|------------|-----|-----|----------|-----|-----|---------|-----|
| 2.  | 2013  |     |     |     |            |     |     |          |     |     | <br>XXX | XXX |
| 3.  | 2014  | XXX |     |     |            |     |     |          |     |     | <br>XXX | XXX |
| 4.  | 2015  | XXX | XXX |     |            |     |     |          |     |     | <br>XXX | XXX |
| 5.  | 2016  | XXX | XXX | XXX |            |     |     |          |     |     | <br>XXX | xxx |
| 6.  | 2017  | XXX | XXX | XXX | <b>х</b> х |     |     |          |     |     | <br>XXX | xxx |
| 7.  | 2018  | XXX | XXX | XXX |            |     |     | <b>.</b> |     |     | <br>XXX | xxx |
| 8.  | 2019  | XXX | XXX | XXX | <b>xx</b>  |     | xxx |          |     |     | <br>XXX | xxx |
| 9.  | 2020  | XXX | XXX | XXX | XXX        | XXX | XXX |          |     |     |         | XXX |
| 10. |       |     | XXX |     |            |     |     |          |     |     |         | xxx |
| 11. | 2022  | XXX | XXX | XXX | XXX        | XXX | XXX | XXX      | XXX | xxx | XXX     | XXX |

#### SCHEDULE P - PART 3P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

| 1.  | Prior | 000 |     |     |            |     |     |     |     |     | <br>XXX | xxx |
|-----|-------|-----|-----|-----|------------|-----|-----|-----|-----|-----|---------|-----|
| 2.  | 2013  |     |     |     |            |     |     |     |     |     | <br>XXX | XXX |
| 3.  | 2014  | XXX |     |     |            |     |     |     |     |     | <br>XXX | XXX |
| 4.  | 2015  | XXX | XXX |     |            |     |     |     |     |     | <br>XXX | XXX |
| 5.  | 2016  | XXX | XXX | XXX |            |     |     |     |     |     | <br>XXX | XXX |
| 6.  | 2017  | XXX | XXX | XXX | <b>х</b> х |     |     |     |     |     | <br>XXX | XXX |
| 7.  | 2018  | XXX | XXX | XXX |            |     |     |     |     |     | <br>XXX | XXX |
| 8.  | 2019  | XXX | XXX | XXX |            |     | XXX |     |     |     | XXX     | XXX |
| 9.  |       | XXX |     |     |            |     |     |     |     |     |         | XXX |
| 10. |       | XXX |     |     | XXX        |     |     |     |     |     |         | XXX |
| 11. |       | XXX | XXX | XXX | XXX        | XXX | XXX | XXX | XXX | XXX | XXX     | XXX |

#### SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

|     |                | CUMUL | ATIVE PAID I | NET LOSSES | AND DEFEN |           |       | MENT EXPE | NSES REPOR | RTED AT YEA | AR END | 11<br>Number of | 12<br>Number of |
|-----|----------------|-------|--------------|------------|-----------|-----------|-------|-----------|------------|-------------|--------|-----------------|-----------------|
| Ye  | ars in         | 1     | 2            | 3          | 4         | (\$000 Of | 6     | 7         | 8          | 9           | 10     | Claims          | Claims          |
|     | /hich          | ·     | -            |            | ·         |           |       | ,         |            | · ·         | 10     | Closed          | Closed          |
|     | sses           |       |              |            |           |           |       |           |            |             |        | With            | Without         |
|     | Vere<br>curred | 2013  | 2014         | 2015       | 2016      | 2017      | 2018  | 2019      | 2020       | 2021        | 2022   | Loss<br>Payment | Loss<br>Payment |
|     |                |       |              |            |           |           |       |           |            |             |        |                 |                 |
| 1.  | Prior          | 000   | 1,925        | 3,493      | 4,821     | 5,087     | 5,278 | 5,518     | 5,793      | 6,028       | 6,612  | 13              | 0               |
| 2.  | 2013           | 0     | 0            | 0          | 0         | 0         | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 3.  | 2014           | XXX   | 0            | 0          | 0         | 0         | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 4.  | 2015           | XXX   | XXX          | 0          | 0         | 0         | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 5.  | 2016           | XXX   | XXX          | XXX        | 0         | 0         | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 6.  | 2017           | XXX   | XXX          | XXX        | XXX       | 0         | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 7.  | 2018           | XXX   | XXX          | XXX        | XXX       | XXX       | 0     | 0         | 0          | 0           | 0      | 0               | 0               |
| 8.  | 2019           | XXX   | XXX          | XXX        | XXX       | XXX       | XXX   | 0         | 0          | 0           | 0      | 0               | 0               |
| 9.  | 2020           | XXX   | XXX          | XXX        | XXX       | XXX       | XXX   | XXX       | 0          | 0           | 0      | 0               | 0               |
| 10. | 2021           | XXX   | XXX          | XXX        | XXX       | XXX       | XXX   | XXX       | XXX        | 0           | 0      | 0               | 0               |
| 11. | 2022           | XXX   | XXX          | XXX        | XXX       | XXX       | XXX   | XXX       | XXX        | XXX         | 0      | 0               | 0               |

#### SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

|     |       |     | <b></b> . | . , |             | 011011 |         |          |     |     | _, |      |
|-----|-------|-----|-----------|-----|-------------|--------|---------|----------|-----|-----|----|------|
| 1.  | Prior | 000 |           |     |             |        |         |          |     |     |    | <br> |
| 2.  | 2013  |     |           |     |             |        |         |          |     |     |    |      |
| 3.  | 2014  | xxx |           |     |             |        |         |          |     |     |    | <br> |
| 4.  | 2015  | xxx | XXX       |     |             |        |         | •        |     | •   |    | <br> |
| 5.  | 2016  | xxx | XXX       | XXX |             |        |         |          |     | •   |    |      |
| 6.  | 2017  | XXX | XXX       | XXX | XX          |        | <b></b> | <b>\</b> |     |     |    |      |
| 7.  | 2018  | XXX | XXX       | XXX |             |        |         |          |     |     |    | <br> |
| 8.  | 2019  | XXX | XXX       | XXX | <b>x</b> xx |        | XXX     |          |     |     |    | <br> |
| 9.  | 2020  | XXX | XXX       | XXX | XXX         | XXX    | XXX     | XXX      |     |     |    | <br> |
| 10. | 2021  | XXX | XXX       | XXX | XXX         | XXX    | XXX     | XXX      | XXX |     |    | <br> |
| 11. | 2022  | XXX | XXX       | XXX | XXX         | XXX    | XXX     | XXX      | XXX | XXX |    |      |

#### SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

|    |       | <u> </u> |     |     | <u> </u> | 11 47 1 | 11017 | <u></u> | , vi v  | <i>,</i>      | /1010111 | <u> </u> | <b>307 (1 (7 (</b> ) |     |     |
|----|-------|----------|-----|-----|----------|---------|-------|---------|---------|---------------|----------|----------|----------------------|-----|-----|
| 1. | Prior | XXX      | XXX | XXX | XXX      | د       |       | .xxx    | <b></b> | <b>X</b>      |          |          |                      | XXX | XXX |
|    |       |          |     |     | Λ Χ      |         | xx    | 000     |         | x             | ~~~      |          |                      | xxx | XXX |
| 3. | 2022  | XXX      | xxx | XXX | ×        |         | κx    | kxx     | 1       | $\sqrt{}_{c}$ | XXX      | XXX      |                      | xxx | XXX |
| •  |       | •        | 1   |     |          |         |       |         |         |               |          |          |                      |     |     |

#### **SCHEDULE P - PART 3T - WARRANTY**

|         | XXX |     | ~~~ | N <sub>V</sub> | XX | .xx<br>xx | X   |     |     |  |  |
|---------|-----|-----|-----|----------------|----|-----------|-----|-----|-----|--|--|
| 3. 2022 | xxx | XXX | XXX | ×              | (X | ××        | × × | XXX | XXX |  |  |

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

|          |                           | BULK AND I | BNR RESERVES | ON NET LOSS | SES AND DEFE | NSE AND COST | CONTAINMEN | IT EXPENSES F | REPORTED AT | YEAR END (\$00 | 00 OMITTED) |
|----------|---------------------------|------------|--------------|-------------|--------------|--------------|------------|---------------|-------------|----------------|-------------|
| V\<br>Lo | ears in<br>/hich<br>osses | 1          | 2            | 3           | 4            | 5            | 6          | 7             | 8           | 9              | 10          |
|          | Vere<br>curred            | 2013       | 2014         | 2015        | 2016         | 2017         | 2018       | 2019          | 2020        | 2021           | 2022        |
| 1.       | Prior                     |            |              |             |              |              |            |               |             |                |             |
| 2.       | 2013                      |            |              |             |              |              |            |               |             |                |             |
| 3.       | 2014                      | XXX        |              |             |              |              |            |               |             |                |             |
| 4.       | 2015                      | XXX        | XXX          |             |              |              |            |               |             |                |             |
| 5.       | 2016                      | XXX        | XXX          | xx          |              | X            | L          |               |             |                |             |
| 6.       | 2017                      | XXX        | XXX          | ××          | ××           |              | <b></b>    |               |             |                |             |
| 7.       | 2018                      | XXX        | XXX          | XX          | XXX.         | XX           |            |               |             |                |             |
| 8.       | 2019                      | XXX        | XXX          | xxx         | XXX          | XXX          | XXX        |               |             |                |             |
| 9.       | 2020                      | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           |             |                |             |
| 10.      | 2021                      | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           | XXX         |                |             |
| 11.      | 2022                      | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           | XXX         | XXX            |             |

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

| 1.  | Prior |     |     |                 |        |     |     |     |     |     |  |
|-----|-------|-----|-----|-----------------|--------|-----|-----|-----|-----|-----|--|
| 2.  | 2013  |     |     |                 |        |     |     |     |     |     |  |
| 3.  | 2014  | XXX |     |                 |        |     |     |     |     |     |  |
| 4.  | 2015  | XXX | XXX |                 |        |     |     |     |     |     |  |
| 5.  | 2016  | XXX | XXX | XX <u>X</u>     |        |     |     |     |     |     |  |
| 6.  | 2017  | XXX | XXX | XX              | XXX    |     |     |     |     |     |  |
| 7.  | 2018  | XXX | XXX | ××              | XX     | X   |     |     |     |     |  |
| 8.  | 2019  | XXX | XXX | ××              | ××     |     | . × |     |     |     |  |
| 9.  | 2020  | XXX | XXX | XX              | . XXX. | XX  | X   | YYX |     |     |  |
| 10. | 2021  | XXX | XXX | XX <del>X</del> | XXX    | XXX | XXX | XXX | XXX |     |  |
| 11. | 2022  | XXX | XXX | XXX             | XXX    | XXX | XXX | XXX | XXX | XXX |  |

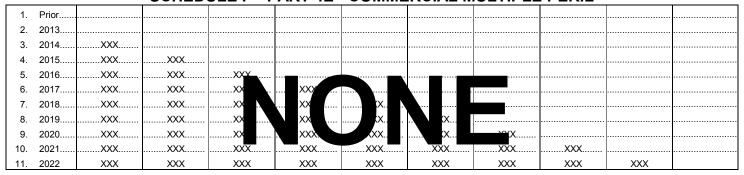
#### SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

| 1.  | Prior |     |     |             |       |     |     |     |     |     |  |
|-----|-------|-----|-----|-------------|-------|-----|-----|-----|-----|-----|--|
| 2.  | 2013  |     |     |             |       |     |     |     |     |     |  |
| 3.  | 2014  | XXX |     |             |       |     |     |     |     |     |  |
| 4.  | 2015  | XXX | XXX |             |       |     |     |     |     |     |  |
| 5.  | 2016  | XXX | XXX | XX <u>X</u> |       |     |     |     |     |     |  |
| 6.  | 2017  | XXX | XXX | XX          | XXX   |     |     |     |     |     |  |
| 7.  | 2018  | XXX | XXX | XX          | ××    | X.  |     |     |     |     |  |
| 8.  | 2019  | XXX | XXX | ××          | ××    |     | X   |     |     |     |  |
| 9.  | 2020  | XXX | XXX | `XX         | . XXX | XX  | X   | YYX |     |     |  |
| 10. | 2021  | XXX | XXX | XXX         | XXX   | XXX | XXX | XXX | XXX |     |  |
| 11. | 2022  | XXX | XXX | XXX         | XXX   | XXX | XXX | XXX | XXX | XXX |  |

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

|     |         |    |     |     |     |     |     |     | ,   |     |     |    |
|-----|---------|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
|     | 1. Prio | or | 251 | 192 | 215 | 172 | 205 | 61  | 60  | 61  | 59  | 52 |
| :   | 2. 201  | 13 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  |
| ;   | 3. 201  | 14 | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  |
| 4   | 4. 201  | 15 | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0  |
|     | 5. 201  | 16 | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0  |
| (   | 6. 201  | 17 | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0  |
|     | 7. 201  | 18 | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0  |
|     | 3. 201  | 19 | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0  |
| 9   | 9. 202  | 20 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0  |
| 10  | 0. 202  | 21 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0  |
| 1 1 | 1. 202  | 22 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0  |

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



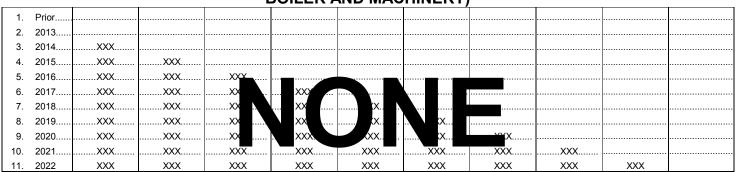
#### SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

|          |                                   | BULK AND I | BNR RESERVES | ON NET LOSS | SES AND DEFE | NSE AND COST | CONTAINMEN | IT EXPENSES F | REPORTED AT | YEAR END (\$00 | 0 OMITTED) |
|----------|-----------------------------------|------------|--------------|-------------|--------------|--------------|------------|---------------|-------------|----------------|------------|
| V\<br>Lo | ears in<br>Vhich<br>osses<br>Vere | 1          | 2            | 3           | 4            | 5            | 6          | 7             | 8           | 9              | 10         |
|          | curred                            | 2013       | 2014         | 2015        | 2016         | 2017         | 2018       | 2019          | 2020        | 2021           | 2022       |
| 1.       | Prior                             |            |              |             |              |              |            |               |             |                |            |
| 2.       | 2013                              |            |              |             |              |              |            |               |             |                |            |
| 3.       | 2014                              | XXX        |              |             |              |              |            |               |             |                |            |
| 4.       | 2015                              | XXX        | XXX          |             |              |              |            |               |             |                |            |
| 5.       | 2016                              | XXX        | XXX          | xx          |              | \            |            |               |             |                |            |
| 6.       | 2017                              | XXX        | XXX          | ××          | ××           |              | <b></b>    |               |             |                |            |
| 7.       | 2018                              | XXX        | XXX          | ××          | . xxx.       | XX           |            |               |             |                |            |
| 8.       | 2019                              | XXX        | XXX          | xxx         | XXX          | XXX          | XXX        |               |             |                |            |
| 9.       | 2020                              | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           |             |                |            |
| 10.      | 2021                              | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           | XXX         |                |            |
| 11.      | 2022                              | XXX        | XXX          | XXX         | XXX          | XXX          | XXX        | XXX           | XXX         | XXX            |            |

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

| 1.  | Prior |     |     |             |        |     |     |              |     |     |  |
|-----|-------|-----|-----|-------------|--------|-----|-----|--------------|-----|-----|--|
| 2.  | 2013  |     |     |             |        |     |     |              |     |     |  |
| 3.  | 2014  | XXX |     |             |        |     |     |              |     |     |  |
| 4.  | 2015  | XXX | XXX |             |        |     |     |              |     |     |  |
| 5.  | 2016  | XXX | XXX | XX <u>X</u> |        |     |     |              |     |     |  |
| 6.  | 2017  | XXX | XXX | XX          | XXX    |     |     |              |     |     |  |
| 7.  | 2018  | XXX | XXX | ××          | ××     | × 1 |     |              |     |     |  |
| 8.  | 2019  | XXX | XXX | ××          | ××     | X   | X   |              |     |     |  |
| 9.  | 2020  | XXX | XXX | `XX         | . XXX. | XX  | X   | <b>YY</b> (X |     |     |  |
| 10. | 2021  | XXX | XXX | XXX         | XXX    | XXX | XXX | XX           | XXX |     |  |
| 11. | 2022  | XXX | XXX | XXX         | XXX    | XXX | XXX | XXX          | XXX | XXX |  |

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



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

| 1.  | Prior | 12,568 | 19,345 | 22,739 | 20,591 | 17,050 | 17,453 | 16,808 | 16,758 | 16,716 | 16,524 |
|-----|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2.  | 2013  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| 3.  | 2014  | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| 4.  | 2015  | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| 5.  | 2016  | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| 6.  | 2017  | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      | 0      |
| 7.  | 2018  | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      | 0      |
| 8.  | 2019  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      | 0      |
| 9.  | 2020  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      | 0      |
| 10. | 2021  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      | 0      |
| 11. | 2022  | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | XXX    | 0      |

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

|     |       | _   | _   |             | _     |       |     |             | _   |     |  |
|-----|-------|-----|-----|-------------|-------|-------|-----|-------------|-----|-----|--|
| 1.  | Prior |     |     |             |       |       |     |             |     |     |  |
| 2.  | 2013  |     |     |             |       |       |     |             |     |     |  |
| 3.  | 2014  | XXX |     |             |       |       |     |             |     |     |  |
| 4.  | 2015  | XXX | XXX |             |       |       |     |             |     |     |  |
| 5.  | 2016  | XXX | XXX | XX <u>X</u> |       |       |     |             |     |     |  |
| 6.  | 2017  | XXX | XXX | XX          | XXX   | ····· |     |             |     |     |  |
| 7.  | 2018  | XXX | XXX | XX          | ××    | X.    |     |             |     |     |  |
| 8.  | 2019  | XXX | XXX | XX          | XX    |       | X   |             |     |     |  |
| 9.  | 2020  | XXX | XXX | XX          | . XXX |       | X   | <b>YY</b> X |     |     |  |
| 10. | 2021  | XXX | XXX | XXX         | xxx   | XXX   | XXX | XX          | XXX |     |  |
| 11. | 2022  | XXX | XXX | XXX         | XXX   | XXX   | XXX | XXX         | XXX | XXX |  |

Schedule P - Part 4I - Special Property

### NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

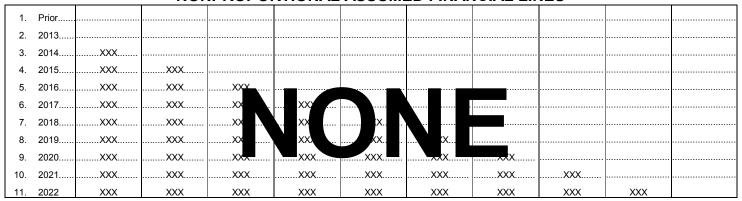
## SCHEDULE P - PART 4N - REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

|     |        | BULK AND I | BNR RESERVES | S ON NET LOSS   | SES AND DEFE | NSE AND COS | CONTAINMEN | IT EXPENSES F | REPORTED AT | YEAR END (\$00 | 0 OMITTED) |
|-----|--------|------------|--------------|-----------------|--------------|-------------|------------|---------------|-------------|----------------|------------|
| Ye  | ars in | 1          | 2            | 3               | 4            | 5           | 6          | 7             | 8           | 9              | 10         |
| W   | /hich  |            |              | ·               |              |             |            |               |             |                |            |
| _   | osses  |            |              |                 |              |             |            |               |             |                |            |
|     | Vere   |            |              |                 |              |             |            |               |             |                |            |
| Inc | curred | 2013       | 2014         | 2015            | 2016         | 2017        | 2018       | 2019          | 2020        | 2021           | 2022       |
| 1.  | Prior  |            |              |                 |              |             |            |               |             |                |            |
| 2.  | 2013   |            |              |                 |              |             |            |               |             |                |            |
| -   |        |            |              |                 |              |             |            |               |             |                |            |
| 3.  | 2014   | XXX        |              |                 |              |             |            |               |             |                |            |
| 4.  | 2015   | XXX        | XXX          |                 |              |             |            |               |             |                |            |
| 5.  | 2016   | xxx        | XXX          | ××              |              |             | ·          |               |             |                |            |
| 6.  | 2017   | XXX        | ~~~          | XX              | XX.          |             |            |               |             |                |            |
| 0.  | 2017   |            |              |                 |              |             |            |               |             |                |            |
| 7.  | 2018   | XXX        | XXX          | XX <del>X</del> | XXX          | XXX         |            |               |             |                |            |
| 8.  | 2019   | XXX        | XXX          | XXX             | XXX          | XXX         | XXX        |               |             |                |            |
| 9.  | 2020   | xxx        | XXX          | XXX             | XXX          | XXX         | XXX        | xxx           |             |                |            |
| 40  |        |            |              |                 |              |             |            |               | 2004        |                |            |
| 10. | 2021   | XXX        | XXX          | XXX             | XXX          | XXX         | XXX        | XXX           | XXX         |                |            |
| 11. | 2022   | XXX        | XXX          | XXX             | XXX          | XXX         | XXX        | XXX           | XXX         | XXX            |            |

## SCHEDULE P - PART 40 - REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

| 1.  | Prior | 0   | 0   | 0   | 0   | 4   | 0   | 0   | 0   | 0   | 0 |
|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| 2.  | 2013  | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0 |
| 3.  | 2014  | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0 |
| 4.  | 2015  | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0 |
| 5.  | 2016  | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0   | 0 |
| 6.  | 2017  | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0   | 0 |
| 7.  | 2018  | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0   | 0 |
| 8.  | 2019  | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0   | 0 |
| 9.  | 2020  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0   | 0 |
| 10. | 2021  | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0   | 0 |
| 11. | 2022  | xxx | xxx | xxx | XXX | xxx | xxx | xxx | XXX | xxx | 0 |

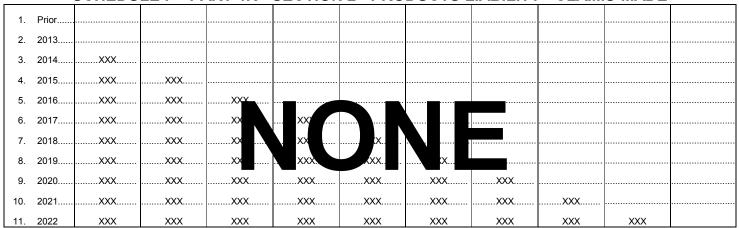
#### SCHEDULE P - PART 4P - REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES



#### SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

|     |               | BULK AND IE | BNR RESERVE | S ON NET LOSS | SES AND DEFE | NSE AND COST | T CONTAINMEN | IT EXPENSES F | REPORTED AT | YEAR END (\$00 | 00 OMITTED) |
|-----|---------------|-------------|-------------|---------------|--------------|--------------|--------------|---------------|-------------|----------------|-------------|
|     | ears in       | 1           | 2           | 3             | 4            | 5            | 6            | 7             | 8           | 9              | 10          |
|     | Vhich         |             |             |               |              |              |              |               |             |                |             |
|     | osses<br>Vere |             |             |               |              |              |              |               |             |                |             |
|     | curred        | 2013        | 2014        | 2015          | 2016         | 2017         | 2018         | 2019          | 2020        | 2021           | 2022        |
| 1.  | Prior         | 28,083      | 42,251      | 47,733        | 42,408       | 44,769       | 43, 172      | 39,895        | 39,718      | 38,460         | 37,717      |
| 2.  | 2013          | 0           | 0           | 0             | 0            | 0            | 0            | 0             | 0           | 0              | 0           |
| 3.  | 2014          | XXX         | 0           | 0             | 0            | 0            | 0            | 0             | 0           | 0              | 0           |
| 4.  | 2015          | XXX         | XXX         | 0             | 0            | 0            | 0            | 0             | 0           | 0              | 0           |
| 5.  | 2016          | XXX         | XXX         | XXX           | 0            | 0            | 0            | 0             | 0           | 0              | 0           |
| 6.  | 2017          | XXX         | XXX         | XXX           | XXX          | 0            | 0            | 0             | 0           | 0              | 0           |
| 7.  | 2018          | XXX         | XXX         | XXX           | XXX          | XXX          | 0            | 0             | 0           | 0              | 0           |
| 8.  | 2019          | XXX         | XXX         | XXX           | XXX          | XXX          | XXX          | 0             | 0           | 0              | 0           |
| 9.  | 2020          | XXX         | XXX         | XXX           | XXX          | XXX          | XXX          | XXX           | 0           | 0              | 0           |
| 10. | 2021          | XXX         | XXX         | XXX           | XXX          | XXX          | XXX          | XXX           | XXX         | 0              | 0           |
| 11. | 2022          | XXX         | XXX         | XXX           | XXX          | XXX          | XXX          | XXX           | XXX         | XXX            | 0           |

#### SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE



#### SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

| 2. 2021XXXXXXXXXXXX           |     |
|-------------------------------|-----|
| 3. 2022 XXX XXX XX XX XXX XXX | xxx |

#### SCHEDULE P - PART 4T - WARRANTY

|    |       |     |      | SCIIL | טע |           | - FA | <u> </u> | 1 - A | MU                                    | VAINTI      |      |     |  |
|----|-------|-----|------|-------|----|-----------|------|----------|-------|---------------------------------------|-------------|------|-----|--|
| 1. | Prior | XXX | XXX  | XX    |    | XXX       |      | XXX      |       | (X                                    | (X          |      |     |  |
| 2  | 2021  | XXX | XXX  | XX    |    | <b>Y</b>  |      | rx ·     |       | (X                                    | <b>Y</b> XX | XXX  |     |  |
| 3  | 2022  | XXX | XXX  | YY    |    | XX        |      | /Y       |       | · · · · · · · · · · · · · · · · · · · | XXX         | XXX  | XXX |  |
| ٥. | 2022  | XXX | //// |       | -  | <b>XX</b> |      | ^^       |       | <u> </u>                              |             | ///\ | XXX |  |

## Schedule P - Part 5A - Homeowners/Farmowners - Section 1 **NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2 **NONE** 

Schedule P - Part 5A - Homeowners/Farmowners - Section 3 **NONE** 

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3 **NONE** 

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3 **NONE** 

# SCHEDULE P - PART 5D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION) SECTION 1

|       |                           |      | CUMULA | ATIVE NUMBER | OF CLAIMS CL | OSED WITH LC | OSS PAYMENT I | DIRECT AND AS | SSUMED AT YE | AR END |      |
|-------|---------------------------|------|--------|--------------|--------------|--------------|---------------|---------------|--------------|--------|------|
| Years | in Which                  | 1    | 2      | 3            | 4            | 5            | 6             | 7             | 8            | 9      | 10   |
| Were  | miums<br>Earned<br>Losses |      |        |              |              |              |               |               |              |        |      |
|       | Incurred                  | 2013 | 2014   | 2015         | 2016         | 2017         | 2018          | 2019          | 2020         | 2021   | 2022 |
| 1.    | Prior                     | 0    | 0      | 0            | 0            | 1            | 0             | 0             | 0            | 0      | 0    |
| 2.    | 2013                      | 0    | 0      | 0            | 0            | 0            | 0             | 0             | 0            | 0      | 0    |
| 3.    | 2014                      | XXX  | 0      | 0            | 0            | 0            | 0             | 0             | 0            | 0      | 0    |
| 4.    | 2015                      | XXX  | XXX    | 0            | 0            | 0            | 0             | 0             | 0            | 0      | 0    |
| 5.    | 2016                      | XXX  | XXX    | XXX          | 0            | 0            | 0             | 0             | 0            | 0      | 0    |
| 6.    | 2017                      | XXX  | XXX    | XXX          | XXX          | 0            | 0             | 0             | 0            | 0      | 0    |
| 7.    | 2018                      | XXX  | XXX    | XXX          | XXX          | XXX          | 0             | 0             | 0            | 0      | 0    |
| 8.    | 2019                      | XXX  | XXX    | XXX          | XXX          | XXX          | XXX           | 0             | 0            | 0      | 0    |
| 9.    | 2020                      | XXX  | XXX    | XXX          | XXX          | XXX          | XXX           | XXX           | 0            | 0      | 0    |
| 10.   | 2021                      | XXX  | XXX    | XXX          | XXX          | XXX          | XXX           | XXX           | XXX          | 0      | 0    |
| 11.   | 2022                      | XXX  | XXX    | XXX          | XXX          | XXX          | XXX           | XXX           | XXX          | XXX    | 0    |

#### **SECTION 2**

|   |          |   |      |      | 3    |      | _    |      |      |      |      |  |
|---|----------|---|------|------|------|------|------|------|------|------|------|--|
|   |          | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END |      |      |      |      |      |      |      |      |      |  |
| Years in Which<br>Premiums<br>Were Earned<br>and Losses |          | 1   | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   |  |
|   | Incurred | 2013  | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |
| 1.  | Prior    | 0   | 3    | 3    | 3    | 2    | 2    | 2    | 2    | 2    | 2    |  |
| 2.  | 2013     | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |  |
| 3.  | 2014     | XXX   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |  |
| 4.  | 2015     | XXX   | XXX  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |  |
| 5.  | 2016     | XXX   | XXX  | XXX  | 0    | 0    | 0    | 0    | 0    | 0    | 0    |  |
| 6.  | 2017     | XXX   | XXX  | XXX  | XXX  | 0    | 0    | 0    | 0    | 0    | 0    |  |
| 7.  | 2018     | XXX   | XXX  | XXX  | XXX  | XXX  | 0    | 0    | 0    | 0    | 0    |  |
| 8.  | 2019     | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | 0    | 0    | 0    | 0    |  |
| 9.  | 2020     | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | 0    | 0    | 0    |  |
| 10.   | 2021     | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | 0    | 0    |  |
| 11.   | 2022     | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | 0    |  |

#### SECTION 3

|             |                                       |   |      |      | 3        | ECHON.  | 3    |      |      |      |      |  |
|-------------|---------------------------------------|---|------|------|----------|---------|------|------|------|------|------|--|
|             |                                       | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END |      |      |          |         |      |      |      |      |      |  |
| Pre<br>Were | in Which<br>miums<br>Earned<br>Losses | 1   | 2    | З    | 4        | 5       | 6    | 7    | 8    | 9    | 10   |  |
|             | Incurred                              | 2013  | 2014 | 2015 | 2016     | 2017    | 2018 | 2019 | 2020 | 2021 | 2022 |  |
| 1.          | Prior                                 |   |      |      |          |         |      |      |      |      |      |  |
| 2.          | 2013                                  |   |      |      |          |         |      |      |      |      |      |  |
| 3.          | 2014                                  | XXX   |      |      |          |         |      |      |      |      |      |  |
| 4.          | 2015                                  | XXX   | XXX  |      |          |         | ` I  |      |      |      |      |  |
| 5.          | 2016                                  | XXX   | XXX  | ××   | <b>\</b> |         |      |      |      |      |      |  |
| 6.          | 2017                                  | XXX   | XXX  | XX   | . xxx.   | <i></i> |      |      |      |      |      |  |
| 7.          | 2018                                  | XXX   | XXX  | XXX  | XXX      | XXX     |      |      |      |      |      |  |
| 8.          | 2019                                  | XXX   | XXX  | XXX  | XXX      | XXX     | XXX  |      |      |      |      |  |
| 9.          | 2020                                  | XXX   | XXX  | XXX  | XXX      | XXX     | XXX  | XXX  |      |      |      |  |
| 10.         | 2021                                  | XXX   | XXX  | XXX  | XXX      | XXX     | XXX  | XXX  | XXX  |      |      |  |
| 11.         | 2022                                  | XXX   | XXX  | XXX  | XXX      | XXX     | XXX  | XXX  | XXX  | XXX  |      |  |

# Schedule P - Part 5E - Commercial Multiple Peril - Section 1 NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3 **N O N E** 

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

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

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

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

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

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

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

| Ye  | ars in           |      | CUMULA | ATIVE NUMBER | OF CLAIMS CL | OSED WITH LC | SS PAYMENT I | DIRECT AND AS | SSUMED AT YE | AR END |      |
|-----|------------------|------|--------|--------------|--------------|--------------|--------------|---------------|--------------|--------|------|
|     | in Which         | 1    | 2      | 3            | 4            | 5            | 6            | 7             | 8            | 9      | 10   |
|     | miums            |      |        |              |              |              |              |               |              |        |      |
|     | Earned<br>Losses |      |        |              |              |              |              |               |              |        |      |
|     | Incurred         | 2013 | 2014   | 2015         | 2016         | 2017         | 2018         | 2019          | 2020         | 2021   | 2022 |
| 1.  | Prior            | 0    | 0      | 3            | 0            | 19           | 4            | 0             | 0            | 0      | 0    |
| 2.  | 2013             | 0    | 0      | 0            | 0            | 0            | 0            | 0             | 0            | 0      | 0    |
| 3.  | 2014             | XXX  | 0      | 0            | 0            | 0            | 0            | 0             | 0            | 0      | 0    |
| 4.  | 2015             | XXX  | XXX    | 0            | 0            | 0            | 0            | 0             | 0            | 0      | 0    |
| 5.  | 2016             | XXX  | XXX    | XXX          | 0            | 0            | 0            | 0             | 0            | 0      | 0    |
| 6.  | 2017             | XXX  | XXX    | XXX          | XXX          | 0            | 0            | 0             | 0            | 0      | 0    |
| 7.  | 2018             | XXX  | XXX    | XXX          | XXX          | XXX          | 0            | 0             | 0            | 0      | 0    |
| 8.  | 2019             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX          | 0             | 0            | 0      | 0    |
| 9.  | 2020             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX          | XXX           | 0            | 0      | 0    |
| 10. | 2021             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX          | XXX           | XXX          | 0      | 0    |
| 11. | 2022             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX          | XXX           | XXX          | XXX    | 0    |

#### **SECTION 2A**

|             |                                       |      |      |        | SE            | CHON 2       | A             |              |        |      |      |
|-------------|---------------------------------------|------|------|--------|---------------|--------------|---------------|--------------|--------|------|------|
| Ye          | ars in                                |      |      | NUMBER | R OF CLAIMS O | UTSTANDING [ | DIRECT AND AS | SSUMED AT YE | AR END |      |      |
| Pre<br>Were | in Which<br>miums<br>Earned<br>Losses | 1    | 2    | 3      | 4             | 5            | 6             | 7            | 8      | 9    | 10   |
|             | Incurred                              | 2013 | 2014 | 2015   | 2016          | 2017         | 2018          | 2019         | 2020   | 2021 | 2022 |
| 1.          | Prior                                 | 0    | 96   | 100    | 102           | 98           | 97            | 103          | 103    | 112  | 116  |
| 2.          | 2013                                  | 0    | 0    | 0      | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 3.          | 2014                                  | XXX  | 0    | 0      | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 4.          | 2015                                  | XXX  | XXX  | 0      | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 5.          | 2016                                  | XXX  | XXX  | XXX    | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 6.          | 2017                                  | XXX  | XXX  | XXX    | XXX           | 0            | 0             | 0            | 0      | 0    | 0    |
| 7.          | 2018                                  | XXX  | XXX  | XXX    | XXX           | XXX          | 0             | 0            | 0      | 0    | 0    |
| 8.          | 2019                                  | XXX  | XXX  | XXX    | XXX           | XXX          | XXX           | 0            | 0      | 0    | 0    |
| 9.          | 2020                                  | XXX  | XXX  | XXX    | XXX           | XXX          | XXX           | XXX          | 0      | 0    | 0    |
| 10.         | 2021                                  | XXX  | XXX  | XXX    | XXX           | XXX          | XXX           | XXX          | XXX    | 0    | 0    |
| 11.         | 2022                                  | XXX  | XXX  | XXX    | XXX           | XXX          | XXX           | XXX          | XXX    | XXX  | 0    |

#### **SECTION 3A**

|             |  |      |      |            | OL.         |              |              |              |             |      |            |
|-------------|--|------|------|------------|-------------|--------------|--------------|--------------|-------------|------|------------|
| Years in    |  |      |      | CUMULATIVE | NUMBER OF C | CLAIMS REPOR | TED DIRECT A | ND ASSUMED A | AT YEAR END |      |            |
| Pre<br>Were | in Which<br>emiums<br>E Earned<br>Losses | 1    | 2    | 2 3        | 5 2016      | 5<br>2017    | 6<br>2018    | 7 2019       | 8           | 9    | 10<br>2022 |
|             | Incurred                                 | 2013 | 2014 | 2015       |             |              |              |              | 2020        | 2021 |            |
| 1.          | Prior                                    | 0    | 0    | 0          | 0           | 0            | 0            | 0            | 0           | 9    |            |
| 2.          | 2013                                     | 0    | 0    | 0          | 0           | 0            | 0            | 0            | 0           | 0    | (          |
| 3.          | 2014                                     | XXX  | 0    | 0          | 0           | 0            | 0            | 0            | 0           | 0    | (          |
| 4.          | 2015                                     | XXX  | XXX  | 0          | 0           | 0            | 0            | 0            | 0           | 0    | (          |
| 5.          | 2016                                     | XXX  | XXX  | XXX        | 0           | 0            | 0            | 0            | 0           | 0    | (          |
| 6.          | 2017                                     | XXX  | XXX  | XXX        | XXX         | 0            | 0            | 0            | 0           | 0    | (          |
| 7.          | 2018                                     | XXX  | XXX  | XXX        | XXX         | XXX          | 0            | 0            | 0           | 0    | (          |
| 8.          | 2019                                     | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | 0            | 0           | 0    | 0          |
| 9.          | 2020                                     | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | XXX          | 0           | 0    | (          |
| 10.         | 2021                                     | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | XXX          | XXX         | 0    | C          |
| 11.         | 2022                                     | xxx  | xxx  | XXX        | XXX         | XXX          | xxx          | xxx          | XXX         | xxx  | C          |

# Schedule P - Part 5H - Other Liability - Claims-Made $\,$ - Section 1B $\,$ N $\,$ O $\,$ N $\,$ E

Schedule P - Part 5H - Other Liability - Claims-Made  $\,$  - Section 2B  $\,$  N  $\,$  O  $\,$  N  $\,$  E

### SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE SECTION 1A

| Ye  | ars in           |      | CUMULA | ATIVE NUMBER | OF CLAIMS CL | OSED WITH LC | SS PAYMENT | DIRECT AND AS | SSUMED AT YE | AR END |      |
|-----|------------------|------|--------|--------------|--------------|--------------|------------|---------------|--------------|--------|------|
|     | in Which         | 1    | 2      | 3            | 4            | 5            | 6          | 7             | 8            | 9      | 10   |
|     | miums            |      |        |              |              |              |            |               |              |        |      |
|     | Earned<br>Losses |      |        |              |              |              |            |               |              |        |      |
|     | Incurred         | 2013 | 2014   | 2015         | 2016         | 2017         | 2018       | 2019          | 2020         | 2021   | 2022 |
|     |                  | _    |        |              |              |              |            |               |              |        |      |
| 1.  | Prior            | 0    | 0      | 1            | 0            | 12           | 0          | 0             | 0            | 0      | 0    |
| 2.  | 2013             | 0    | 0      | 0            | 0            | 0            | 0          | 0             | 0            | 0      | 0    |
| 3.  | 2014             | XXX  | 0      | 0            | 0            | 0            | 0          | 0             | 0            | 0      | 0    |
| 4.  | 2015             | XXX  | XXX    | 0            | 0            | 0            | 0          | 0             | 0            | 0      | 0    |
| 5.  | 2016             | XXX  | XXX    | XXX          | 0            | 0            | 0          | 0             | 0            | 0      | 0    |
| 6.  | 2017             | XXX  | XXX    | XXX          | XXX          | 0            | 0          | 0             | 0            | 0      | 0    |
| 7.  | 2018             | XXX  | XXX    | XXX          | XXX          | XXX          | 0          | 0             | 0            | 0      | 0    |
| 8.  | 2019             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX        | 0             | 0            | 0      | 0    |
| 9.  | 2020             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX        | XXX           | 0            | 0      | 0    |
| 10. | 2021             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX        | XXX           | XXX          | 0      | 0    |
| 11. | 2022             | XXX  | XXX    | XXX          | XXX          | XXX          | XXX        | XXX           | XXX          | XXX    | 0    |

#### **SECTION 2A**

|             |  |      |      |       | OL.           | CHON 2       | _             |              |        |      |      |
|-------------|--|------|------|-------|---------------|--------------|---------------|--------------|--------|------|------|
| Υe          | ears in                                  |      |      | NUMBE | R OF CLAIMS O | UTSTANDING [ | DIRECT AND AS | SSUMED AT YE | AR END |      |      |
| Pre<br>Were | in Which<br>emiums<br>e Earned<br>Losses | 1    | 2    | 3     | 4             | 5            | 6             | 7            | 8      | 9    | 10   |
|             | Incurred                                 | 2013 | 2014 | 2015  | 2016          | 2017         | 2018          | 2019         | 2020   | 2021 | 2022 |
| 1.          | Prior                                    | 0    | 94   | 95    | 94            | 83           | 82            | 82           | 81     | 81   | 81   |
| 2.          | 2013                                     | 0    | 0    | 0     | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 3.          | 2014                                     | XXX  | 0    | 0     | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 4.          | 2015                                     | XXX  | XXX  | 0     | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 5.          | 2016                                     | XXX  | XXX  | XXX   | 0             | 0            | 0             | 0            | 0      | 0    | 0    |
| 6.          | 2017                                     | XXX  | XXX  | XXX   | XXX           | 0            | 0             | 0            | 0      | 0    | 0    |
| 7.          | 2018                                     | XXX  | XXX  | XXX   | XXX           | XXX          | 0             | 0            | 0      | 0    | 0    |
| 8.          | 2019                                     | XXX  | xxx  | XXX   | XXX           | XXX          | XXX           | 0            | 0      | 0    | 0    |
| 9.          | 2020                                     | XXX  | XXX  | XXX   | XXX           | XXX          | XXX           | XXX          | 0      | 0    | 0    |
| 10.         | 2021                                     | XXX  | XXX  | XXX   | XXX           | XXX          | XXX           | XXX          | XXX    | 0    | 0    |
| 11.         | 2022                                     | XXX  | XXX  | XXX   | XXX           | XXX          | XXX           | XXX          | XXX    | XXX  | 0    |

#### **SECTION 3A**

|             |                                       |      |      |            | JL          | CHON 3       | M            |              |             |      |      |
|-------------|---------------------------------------|------|------|------------|-------------|--------------|--------------|--------------|-------------|------|------|
| Ye          | ars in                                |      |      | CUMULATIVE | NUMBER OF C | CLAIMS REPOR | TED DIRECT A | ND ASSUMED A | AT YEAR END |      |      |
| Pre<br>Were | in Which<br>miums<br>Earned<br>Losses | 1    | 2    | 3          | 4           | 5            | 6            | 7            | 8           | 9    | 10   |
|             | Incurred                              | 2013 | 2014 | 2015       | 2016        | 2017         | 2018         | 2019         | 2020        | 2021 | 2022 |
| 1.          | Prior                                 |      |      |            |             |              |              |              |             |      |      |
| 2.          | 2013                                  |      |      |            |             |              |              |              |             |      |      |
| 3.          | 2014                                  | xxx  |      |            |             |              |              |              |             |      |      |
| 4.          | 2015                                  | xxx  | XXX  |            |             |              | \   [        |              |             |      |      |
| 5.          | 2016                                  | xxx  | XXX  | ××         | <b>\</b>    |              |              |              |             |      |      |
| 6.          | 2017                                  | XXX  | XXX  | XX         | . xxx.      |              |              |              |             |      |      |
| 7.          | 2018                                  | XXX  | XXX  | XXX        | XXX         | XXX          |              |              |             |      |      |
| 8.          | 2019                                  | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          |              |             |      |      |
| 9.          | 2020                                  | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | XXX          |             |      |      |
| 10.         | 2021                                  | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | XXX          | XXX         |      |      |
| 11.         | 2022                                  | XXX  | XXX  | XXX        | XXX         | XXX          | XXX          | XXX          | XXX         | XXX  |      |

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

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

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B **N O N E** 

Schedule P - Part 5T - Warranty - Section 1 **N O N E** 

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

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

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

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

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

NONE

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

NONE

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A NONE

# Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B $\bf N$ $\bf O$ $\bf N$ $\bf E$

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

Schedule P - Part 6M - International - Section 1 **NONE** 

Schedule P - Part 6M - International - Section 2 **N O N E** 

### SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY SECTION 1

| Ye  | ars in Which  |        | CUMU   | LATIVE PREM | MIUMS EARNI | ED DIRECT A | ND ASSUME | O AT YEAR E | ND (\$000 OMI | TTED)   |         | 11       |
|-----|---------------|--------|--------|-------------|-------------|-------------|-----------|-------------|---------------|---------|---------|----------|
|     | Premiums      | 1      | 2      | 3           | 4           | 5           | 6         | 7           | 8             | 9       | 10      | Current  |
| V   | /ere Earned   |        |        |             |             |             |           |             |               |         |         | Year     |
| á   | and Losses    |        |        |             |             |             |           |             |               |         |         | Premiums |
| W   | ere Incurred  | 2013   | 2014   | 2015        | 2016        | 2017        | 2018      | 2019        | 2020          | 2021    | 2022    | Earned   |
| 1.  | Prior         | 0      | 0      | 0           | 0           | 0           | 0         | 0           | 0             | 0       | 0       | 0        |
| 2.  | 2013          | 64,270 | 64,270 | 64,270      | 64,270      | 64,270      | 64,270    | 64,270      | 64,270        | 64,270  | 64,270  | 0        |
| 3.  | 2014          | XXX    | 63,419 | 63,419      | 63,419      | 63,419      | 63,419    | 63,419      | 63,419        | 63,419  | 63,419  | 0        |
| 4.  | 2015          | XXX    | XXX    | 64,936      | 64,936      | 64,936      | 64,936    | 64,936      | 64,936        | 64,936  | 64,936  | 0        |
| 5.  | 2016          | XXX    | xxx    | XXX         | 65,874      | 65,874      | 65,874    | 65,874      | 65,874        | 65,874  | 65,874  | 0        |
| 6.  | 2017          | XXX    | xxx    | XXX         | XXX         | 70,515      | 70,515    | 70,515      | 70,515        | 70,515  | 70,515  | 0        |
| 7.  | 2018          | XXX    | xxx    | XXX         | XXX         | XXX         | 69,084    | 69,084      | 69,084        | 69,084  | 69,084  | 0        |
| 8.  | 2019          | XXX    | xxx    | xxx         | XXX         | XXX         | xxx       | 75 , 108    | 75 , 108      | 75, 108 | 75, 108 | 0        |
| 9.  | 2020          | XXX    | xxx    | XXX         | XXX         | XXX         | XXX       | XXX         | 85,803        | 85,803  | 85,803  | 0        |
| 10. | 2021          | XXX    | xxx    | XXX         | XXX         | XXX         | XXX       | XXX         | XXX           | 100,313 | 100,313 | 0        |
| 11. | 2022          | XXX    | xxx    | XXX         | XXX         | XXX         | XXX       | XXX         | XXX           | XXX     | 104,764 | 104,764  |
| 12. | Totals        | XXX    | xxx    | xxx         | XXX         | XXX         | xxx       | XXX         | xxx           | XXX     | xxx     | 104,764  |
| 13. | Earned        |        |        |             |             |             |           |             |               |         |         |          |
|     | Premiums      |        |        |             |             |             |           |             |               |         |         |          |
|     | (Sch P-Pt. 1) | 64,270 | 63,419 | 64,936      | 65,874      | 70,515      | 69,084    | 75,108      | 85,803        | 100,313 | 104,764 | XXX      |

#### **SECTION 2**

|     |               |      |      |          | •          |            |             |               |          |      |      |          |
|-----|---------------|------|------|----------|------------|------------|-------------|---------------|----------|------|------|----------|
| Ye  | ears in Which |      |      | CUMULATI | VE PREMIUM | S EARNED C | EDED AT YEA | AR END (\$000 | OMITTED) |      |      | 11       |
|     | Premiums      | 1    | 2    | 3        | 4          | 5          | 6           | 7             | 8        | 9    | 10   | Current  |
| V   | Vere Earned   |      |      |          |            |            |             |               |          |      |      | Year     |
| ;   | and Losses    |      |      |          |            |            |             |               |          |      |      | Premiums |
| W   | ere Incurred  | 2013 | 2014 | 2015     | 2016       | 2017       | 2018        | 2019          | 2020     | 2021 | 2022 | Earned   |
| 1.  | Prior         | 0    | 0    | 0        | 0          | 0          | 0           | 0             | 0        | 0    | 0    | 0        |
| 2.  | 2013          | 15   | 15   | 15       | 15         | 15         | 15          | 15            | 15       | 15   | 15   | 0        |
| 3.  | 2014          | XXX  | 10   | 10       | 10         | 10         | 10          | 10            | 10       | 10   | 10   | 0        |
| 4.  | 2015          | XXX  | XXX  | 10       | 10         | 10         | 10          | 10            | 10       | 10   | 10   | 0        |
| 5.  | 2016          | XXX  | XXX  | XXX      | 10         | 10         | 10          | 10            | 10       | 10   | 10   | 0        |
| 6.  | 2017          | xxx  | xxx  | xxx      | XXX        | 10         | 10          | 10            | 10       | 10   | 10   | 0        |
| 7.  | 2018          | xxx  | xxx  | xxx      | XXX        | XXX        | 10          | 10            | 10       | 10   | 10   | 0        |
| 8.  | 2019          | xxx  | xxx  | xxx      | XXX        | XXX        | XXX         | 10            | 10       | 10   | 10   | 0        |
| 9.  | 2020          | XXX  | XXX  | XXX      | XXX        | XXX        | XXX         | XXX           | 10       | 10   | 10   | 0        |
| 10. | 2021          | xxx  | xxx  | xxx      | XXX        | XXX        | XXX         | XXX           | xxx      | 10   | 10   | 0        |
| 11. | 2022          | xxx  | xxx  | xxx      | XXX        | XXX        | XXX         | XXX           | xxx      | XXX  | 10   | 10       |
| 12. | Totals        | xxx  | XXX  | XXX      | XXX        | XXX        | XXX         | XXX           | XXX      | XXX  | XXX  | 10       |
| 13. | Earned        |      |      |          |            |            |             |               |          |      |      |          |
|     | Premiums      |      |      |          |            |            |             |               |          |      |      |          |
|     | (Sch P-Pt. 1) | 15   | 10   | 10       | 10         | 10         | 10          | 10            | 10       | 10   | 10   | XXX      |

### SCHEDULE P - PART 60 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY SECTION 1

|     |               |      |      |             | •           |             | • •       |             |               |       |      |          |
|-----|---------------|------|------|-------------|-------------|-------------|-----------|-------------|---------------|-------|------|----------|
| Υe  | ears in Which |      | CUMU | LATIVE PREM | MIUMS EARNI | ED DIRECT A | ND ASSUME | O AT YEAR E | ND (\$000 OMI | TTED) |      | 11       |
|     | Premiums      | 1    | 2    | 3           | 4           | 5           | 6         | 7           | 8             | 9     | 10   | Current  |
|     | Vere Earned   |      |      |             |             |             |           |             |               |       |      | Year     |
|     | and Losses    |      |      |             |             |             |           |             |               |       |      | Premiums |
| W   | ere Incurred  | 2013 | 2014 | 2015        | 2016        | 2017        | 2018      | 2019        | 2020          | 2021  | 2022 | Earned   |
| 1.  | Prior         |      |      |             |             |             |           |             |               |       |      |          |
| 2.  | 2013          |      |      |             |             |             |           |             |               |       |      |          |
| 3.  | 2014          | XXX  |      |             |             |             |           |             |               |       |      |          |
| 4.  | 2015          | XXX  | XXX  |             |             |             |           |             |               |       |      |          |
| 5.  | 2016          | XXX  | XXX  |             |             |             |           |             |               |       |      |          |
| 6.  | 2017          | XXX  | XXX  |             | XX          |             |           |             |               |       |      |          |
| 7.  | 2018          | XXX  | XXX  |             | XX          | X           |           |             |               |       |      |          |
| 8.  | 2019          | XXX  | XXX  | )           | XX          | ×           |           |             |               |       |      |          |
| 9.  | 2020          | XXX  | XXX  | )           | XXX.        | X           | xx        |             |               |       |      |          |
| 10. | 2021          | XXX  | XXX  | xxx         | xxx         | XXX         | XXX       | XXX         | XXX           |       |      |          |
| 11. | 2022          | XXX  | XXX  | XXX         | XXX         | XXX         | XXX       | XXX         | XXX           | XXX   |      |          |
| 12. | Totals        | XXX  | XXX  | XXX         | XXX         | XXX         | XXX       | XXX         | XXX           | XXX   | XXX  |          |
| 13. | Earned        |      |      |             |             |             |           |             |               |       |      |          |
|     | Premiums      |      |      |             |             |             |           |             |               |       |      |          |
|     | (Sch P-Pt. 1) |      |      |             |             |             |           |             |               |       |      | XXX      |

#### SECTION 2

|     |                         |      |      |          | 3          | SECTIO     | N 2         |               |          |      |      |                 |
|-----|-------------------------|------|------|----------|------------|------------|-------------|---------------|----------|------|------|-----------------|
| Υe  | ears in Which           |      |      | CUMULATI | VE PREMIUM | S EARNED C | EDED AT YEA | AR END (\$000 | OMITTED) |      |      | 11              |
|     | Premiums<br>Vere Earned | 1    | 2    | 3        | 4          | 5          | 6           | 7             | 8        | 9    | 10   | Current<br>Year |
|     | and Losses              |      |      |          |            |            |             |               |          |      |      | Premiums        |
| W   | /ere Incurred           | 2013 | 2014 | 2015     | 2016       | 2017       | 2018        | 2019          | 2020     | 2021 | 2022 | Earned          |
| 1.  | Prior                   |      |      |          |            |            |             |               |          |      |      |                 |
| 2.  | 2013                    |      |      |          |            |            |             |               |          |      |      |                 |
| 3.  | 2014                    | XXX  |      |          |            |            |             |               |          |      |      |                 |
| 4.  | 2015                    | XXX  | xxx  |          |            |            |             |               |          |      |      |                 |
| 5.  | 2016                    | XXX  | xxx  | ×        |            |            |             |               |          |      |      |                 |
| 6.  | 2017                    | XXX  | xxx  |          | XX         |            |             |               |          |      |      |                 |
| 7.  | 2018                    | xxx  | xxx  |          | xx         | ×          |             |               |          |      |      |                 |
| 8.  | 2019                    | xxx  | xxx  |          | XX         | ×          |             |               |          |      |      |                 |
| 9.  | 2020                    | xxx  | xxx  |          | XXX.       | X          | xx          |               |          |      |      |                 |
| 10. | 2021                    | xxx  | xxx  | XXX      | XXX        | XXX        | XXX         | XXX           | xxx      |      |      | İ               |
| 11. | 2022                    | xxx  | xxx  | xxx      | XXX        | xxx        | xxx         | XXX           | xxx      | xxx  |      | İ               |
| 12. | Totals                  | XXX  | XXX  | XXX      | XXX        | XXX        | XXX         | XXX           | XXX      | XXX  | xxx  | İ               |
| 13. | Earned                  |      |      |          |            |            |             |               |          |      |      |                 |
|     | Premiums                |      |      |          |            |            |             |               |          |      |      | ĺ               |
|     | (Sch P-Pt. 1)           |      |      |          |            |            |             |               |          |      |      | XXX             |

# Schedule P - Part 6R - Products Liability - Occurrence - Section 1A NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A NONE

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

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

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

|     |   | 1 Total Net Losses and Expenses | 2<br>Net Losses and<br>Expenses Unpaid<br>on Loss Sensitive | 3 Loss Sensitive as Percentage | 4 Total Net Premiums | 5<br>Net Premiums<br>Written on<br>Loss Sensitive | 6 Loss Sensitive as Percentage |
|-----|---|---------------------------------|---|--------------------------------|----------------------|---|--------------------------------|
|     | Schedule P - Part 1                               | Unpaid                          | Contracts   | of Total                       | Written              | Contracts   | of Total                       |
| 1.  | Homeowners/Farmowners                             | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 2.  | Private Passenger Auto Liability/<br>Medical      | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 3.  | Commercial Auto/Truck Liability/<br>Medical       |                                 |   |                                |                      |   | 0.0                            |
| 4.  | Workers' Compensation                             |                                 |   | 0.0                            | 0                    | 0   | 0.0                            |
| 5.  | Commercial Multiple Peril                         |                                 |   |                                |                      | 0   | 0.0                            |
| 6.  | Medical Professional Liability - Occurrence       | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 7.  | Medical Professional Liability - Claims -<br>Made |                                 |   |                                | 0                    |   | 0.0                            |
| 8.  | Special Liability                                 |                                 | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 9.  | Other Liability - Occurrence                      | 23,251                          | 0   |                                | 0                    | 0   | 0.0                            |
| 10. | Other Liability - Claims-Made                     |                                 |   | 0.0                            | 0                    | 0   | 0.0                            |
| 11. | Special Property                                  |                                 |   |                                | 0                    |   | 0.0                            |
| 12. | Auto Physical Damage                              |                                 |   |                                | 0                    |   | 0.0                            |
| 13. | Fidelity/Surety                                   | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 14. | Other   |                                 |   | 0.0                            | 0                    |   | 0.0                            |
| 15. | International                                     | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 16. | Reinsurance - Nonproportional Assumed Property    | XXX                             | XXX   | XXX                            | XXX                  | XXX   | XXX                            |
| 17. | Reinsurance - Nonproportional Assumed Liability   | XXX                             | XXX   | XXX                            | XXX                  | XXX   | XXX                            |
| 18. |   |                                 |   |                                |                      | XXX   | XXX                            |
| 19. | Products Liability - Occurrence                   |                                 |   |                                | 0                    |   | 0.0                            |
| 20. | Products Liability - Claims-Made                  |                                 |   |                                | 0                    | 0   | 0.0                            |
| 21. | Financial Guaranty/Mortgage Guaranty              |                                 |   |                                | 0                    | 0   | 0.0                            |
| 22. | Warranty  | 0                               | 0   | 0.0                            | 0                    | 0   | 0.0                            |
| 23. | Totals  | 70,222                          | 0   | 0.0                            | 0                    | 0   | 0.0                            |

#### **SECTION 2**

|                   |      | INCURRED LO | SSES AND DEF | ENSE AND CO | ST CONTAINM | ENT EXPENSES | REPORTED A | T YEAR END (\$ | 000 OMITTED) |      |
|-------------------|------|-------------|--------------|-------------|-------------|--------------|------------|----------------|--------------|------|
| Years in<br>Which | 1    | 2           | 3            | 4           | 5           | 6            | 7          | 8              | 9            | 10   |
| Policies          |      |             |              |             |             |              |            |                |              |      |
| Were Issued       | 2013 | 2014        | 2015         | 2016        | 2017        | 2018         | 2019       | 2020           | 2021         | 2022 |
| 1. Prior          |      |             |              |             |             |              |            |                |              |      |
| 2. 2013           |      |             |              |             |             |              |            |                |              |      |
| 3. 2014           | XXX  |             |              |             |             |              |            |                |              |      |
| 4. 2015           | XXX  | XXX         |              |             | <b></b>     |              |            |                |              |      |
| 5. 2016           | XXX  | XXX         | ××           |             | \ \ \.      | <b>.</b>     |            |                |              |      |
| 6. 2017           | XXX  | XXX         | ××           | xx          |             |              |            |                |              |      |
| 7. 2018           | XXX  | XXX         | ××           | . xxx.      | .XX         |              |            |                |              |      |
| 8. 2019           | XXX  | XXX         | xxx          | XXX         | XXX         | XXX          |            |                |              |      |
| 9. 2020           | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        |                |              |      |
| 10. 2021          | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        | XXX            |              |      |
| 11. 2022          | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        | XXX            | XXX          |      |

#### **SECTION 3**

|                           |          |            |              | 5           | ECHON.    | 3       |              |              |               |          |
|---------------------------|----------|------------|--------------|-------------|-----------|---------|--------------|--------------|---------------|----------|
|                           | BULK AND | INCURRED B | UT NOT REPOR | TED RESERVE |           |         | E AND COST C | ONTAINMENT E | EXPENSES AT ` | YEAR END |
|                           |          |            |              |             | (\$000 OI | MITTED) |              |              |               |          |
| Years in                  | 1        | 2          | 3            | 4           | 5         | 6       | 7            | 8            | 9             | 10       |
| Which                     |          |            |              |             |           |         |              |              |               |          |
| Policies                  | 2012     | 2014       | 2015         | 2016        | 2017      | 2010    | 2010         | 2020         | 2024          | 2022     |
| Were Issued               | 2013     | 2014       | 2015         | 2016        | 2017      | 2018    | 2019         | 2020         | 2021          | 2022     |
| <ol> <li>Prior</li> </ol> |          |            |              |             |           |         |              |              |               |          |
| 2. 2013                   |          |            |              |             |           |         |              |              |               |          |
| 3. 2014                   | XXX      |            |              |             |           |         |              |              |               |          |
| 4. 2015                   | xxx      | XXX        |              |             | <b></b>   | ·       |              |              |               |          |
| 5. 2016                   | xxx      | xxx        | ××           |             | \         | <b></b> |              |              |               |          |
| 6. 2017                   |          | xxx        | ××           | ××          |           |         |              |              |               |          |
| 7. 2018                   |          | XXX        | XX           | XXX         | XX.       |         |              |              |               |          |
| 8. 2019                   |          | XXX        | ×××          | XXX         | XXX       | XXX     |              |              |               |          |
|                           |          |            |              |             |           |         |              |              |               |          |
| 9. 2020                   | XXX      | XXX        | XXX          | XXX         | XXX       | XXX     | XXX          |              |               |          |
| 10. 2021                  | XXX      | XXX        | XXX          | XXX         | XXX       | XXX     | XXX          | XXX          |               |          |
| 11. 2022                  | XXX      | XXX        | XXX          | XXX         | XXX       | XXX     | XXX          | XXX          | XXX           |          |

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

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

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

|     |   | 1                | 2                                 | 3              | 4         | 5                          | 6              |
|-----|---|------------------|-----------------------------------|----------------|-----------|----------------------------|----------------|
|     |   | Total Net Losses | Net Losses and<br>Expenses Unpaid | Loss Sensitive | Total Net | Net Premiums<br>Written on | Loss Sensitive |
|     |   | and Expenses     | on Loss Sensitive                 | as Percentage  | Premiums  | Loss Sensitive             | as Percentage  |
|     | Schedule P - Part 1                                   | Unpaid           | Contracts                         | of Total       | Written   | Contracts                  | of Total       |
| 1.  | Homeowners/Farmowners                                 | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 2.  | Private Passenger Auto Liability/Medical              |                  |                                   |                | 0         | 0                          | 0.0            |
| 3.  | Commercial Auto/Truck Liability/Medical               |                  |                                   |                | 0         | 0                          | 0.0            |
| 4.  | Workers' Compensation                                 |                  |                                   |                | 0         | 0                          | 0.0            |
| 5.  | Commercial Multiple Peril                             |                  |                                   |                | 0         | 0                          | 0.0            |
| 6.  | Medical Professional Liability - Occurrence           | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 7.  | Medical Professional Liability - Claims - Made        | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 8.  | Special Liability                                     | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 9.  | Other Liability - Occurrence                          | 23,251           | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 10. | Other Liability - Claims-Made                         |                  |                                   |                | 0         | 0                          | 0.0            |
| 11. | Special Property                                      | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 12. | Auto Physical Damage                                  | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 13. | Fidelity/Surety                                       |                  |                                   | 0.0            | 0         | 0                          | 0.0            |
| 14. | Other   | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 15. | International   | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 16. | Reinsurance - Nonproportional Assumed<br>Property     | 0                | 0                                 | 0.0            | 104,754   | 0                          | 0.0            |
| 17. | Reinsurance - Nonproportional Assumed Liability       | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 18. | Reinsurance - Nonproportional Assumed Financial Lines | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 19. | Products Liability - Occurrence                       | 46,892           | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 20. | Products Liability - Claims-Made                      |                  |                                   |                | 0         | 0                          | 0.0            |
| 21. | Financial Guaranty/Mortgage Guaranty                  | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 22. | Warranty  | 0                | 0                                 | 0.0            | 0         | 0                          | 0.0            |
| 23. | Totals  | 70,222           | 0                                 | 0.0            | 104,754   | 0                          | 0.0            |

#### **SECTION 2**

|             |      | INCURRED LO | SSES AND DEF | ENSE AND CO | ST CONTAINM | ENT EXPENSES | REPORTED A | T YEAR END (\$ | 000 OMITTED) |      |
|-------------|------|-------------|--------------|-------------|-------------|--------------|------------|----------------|--------------|------|
| Years in    | 1    | 2           | 3            | 4           | 5           | 6            | 7          | 8              | 9            | 10   |
| Which       |      |             |              |             |             |              |            |                |              |      |
| Policies    | 2012 | 2014        | 2015         | 2016        | 2017        | 2010         | 2010       | 2020           | 2024         | 2022 |
| Were Issued | 2013 | 2014        | 2015         | 2016        | 2017        | 2018         | 2019       | 2020           | 2021         | 2022 |
| 1. Prior    |      |             |              |             |             |              |            |                |              |      |
| 2. 2013     |      |             |              |             |             |              |            |                |              |      |
| 3. 2014     | XXX  |             |              |             |             |              |            |                |              |      |
| 4. 2015     | XXX  | XXX         |              |             |             |              |            |                |              |      |
| 5. 2016     | XXX  | XXX         | ××           |             | \ \         |              |            |                |              |      |
| 6. 2017     | XXX  | XXX         | ××           | xx          |             |              |            |                |              |      |
| 7. 2018     | XXX  | XXX         |              | XXX.        | .XX         |              |            |                |              |      |
| 8. 2019     | XXX  | xxx         | xxx          | XXX         | XXX         | XXX          |            |                |              |      |
| 9. 2020     | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        |                |              |      |
| 10. 2021    | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        | XXX            |              |      |
| 11. 2022    | XXX  | XXX         | XXX          | XXX         | XXX         | XXX          | XXX        | XXX            | XXX          |      |

#### **SECTION 3**

|                           |          |               |              | 5           | ECHON        | 3            |              |              |               |         |
|---------------------------|----------|---------------|--------------|-------------|--------------|--------------|--------------|--------------|---------------|---------|
|                           | BULK AND | ) INCURRED BU | JT NOT REPOR | TED RESERVE | S FOR LOSSES | S AND DEFENS | E AND COST C | ONTAINMENT I | EXPENSES AT \ | EAR END |
|                           |          |               |              |             | (\$000 O     | MITTED)      |              |              |               |         |
| Years in                  | 1        | 2             | 3            | 4           | 5            | 6            | 7            | 8            | 9             | 10      |
| Which                     |          |               |              |             |              |              |              |              |               |         |
| Policies                  | 0040     | 0044          | 0045         | 0040        | 0047         | 0040         | 0040         | 0000         | 0004          | 0000    |
| Were Issued               | 2013     | 2014          | 2015         | 2016        | 2017         | 2018         | 2019         | 2020         | 2021          | 2022    |
| <ol> <li>Prior</li> </ol> |          |               |              |             |              |              |              |              |               |         |
| 2. 2013                   |          |               |              |             |              |              |              |              |               |         |
| 3. 2014                   | XXX      |               |              |             |              |              |              |              |               |         |
| 4. 2015                   |          | XXX           |              |             |              |              |              |              |               |         |
|                           |          |               |              |             |              |              |              |              |               |         |
|                           | XXX      |               | XX           |             |              |              |              |              |               |         |
| 6. 2017                   | XXX      | XXX           | XX           | XX          |              |              |              |              |               |         |
| 7. 2018                   | XXX      | XXX           | XX           | XXX.        | XX           |              |              |              |               |         |
| 8. 2019                   | xxx      | XXX           | XXX          | XXX         | XXX          | XXX          |              |              |               |         |
| 9. 2020                   | XXX      | XXX           | XXX          | XXX         | XXX          |              | XXX          |              |               |         |
| **                        |          |               |              |             |              |              |              |              |               |         |
| 10. 2021                  | XXX      | XXX           | XXX          | XXX         | XXX          | XXX          | XXX          | XXX          |               |         |
| 11. 2022                  | XXX      | XXX           | XXX          | XXX         | XXX          | XXX          | XXX          | XXX          | XXX           |         |

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

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

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts  $\bf N$   $\bf O$   $\bf N$   $\bf E$ 

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

#### **SCHEDULE P INTERROGATORIES**

| 1.        | The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are no  |  | R) provisio  | ns in   | Medica             | al    |
|-----------|--|--|--------------|---------|--------------------|-------|
| 1.1       | Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (all endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charg If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "y questions:   | e or at no additional cost?  | Yes [        | ] N     | o [ X              | [ ]   |
| 1.2       | What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, else dollars)?   | ewhere in this statement (in\$   |              |         |                    | C     |
| 1.3       | Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?  |  | Yes [        | ] N     | o [ X              | ( ]   |
| 1.4       | Does the company report any DDR reserve as loss or loss adjustment expense reserve?  |  | Yes [        | ] N     | о[ Х               | [ ]   |
| 1.5       | If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure o Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?  | n the Underwriting and Yes   | [ ] No       | [ ]     | N/A                | [ X   |
| 1.6       | If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the folious Schedule P:   | owing table corresponding to where t   | hese reser   | ves a   | re repo            | orted |
|           |  | DDR Reserve Ir<br>Schedule P, Part 1F, Medica<br>Column 24: Total Net Losses | al Professio | onal L  | iability<br>Unpaic |       |
|           | Years in Which Premiums Were Earned and Losses Were Incurred   | Section 1: Occurrence  | Section 2:   | : Clair | ns-Mac             | de    |
|           | Prior  |  |              |         |                    |       |
|           | 2013   |  |              |         |                    |       |
|           | 2014   |  |              |         |                    |       |
|           | 2015       2016  |  |              |         |                    |       |
|           | 2017   |  |              |         |                    |       |
|           | 2018   |  |              |         |                    |       |
|           | 2019   |  |              |         |                    |       |
| 1.609     | 2020   | 0  |              |         |                    | 0     |
|           | 2021   |  |              |         |                    |       |
|           | 2022<br>Totals   | 0  |              |         |                    | 0     |
| 3.        | The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions.  The Adjusting and Other expense payments and reserves should be allocated to the years in which the los number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurers. | expenses (now reported as "s in this statement?                              | Yes [ )      | ( ] N   | 0 [                | ]     |
| 4.        | Other expense incurred by reinsurers, or in those situations where suitable claim count information is not expense should be allocated by a reasonable method determined by the company and described in Interreported in this Statement?  Do any lines in Schedule P include reserves that are reported gross of any discount to present value of fut net of such discounts on Page 10?   | ogatory 7, below. Are they soure payments, and that are reported             |              |         |                    |       |
|           | If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instruction reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabula 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 S being filed.  | r discounting. Work papers   |              |         |                    |       |
| 5.        | What were the net premiums in force at the end of the year for:  |  |              |         |                    |       |
|           |  | elityety   |              |         |                    |       |
| 6.<br>7.1 | Claim count information is reported per claim or per claimant (Indicate which)   | rent loss and expense reserves,  |              |         |                    |       |
| 7.2       | considered when making such analyses?  |  | Yes [ ]      | x ] 1   | 10 [               | ]     |

# Schedule T - Part 2 - Interstate Compact NONE

#### SCHEDULE Y

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

| 1     | 2  | •               |             | _       |      |                                |  |                  |                 |   |                                 |                    |                                   |                |    |
|-------|--|-----------------|-------------|---------|------|--------------------------------|--|------------------|-----------------|---|---------------------------------|--------------------|-----------------------------------|----------------|----|
|       | 2  | 3               | 4           | 5       | 6    | 7                              | 8  | 9                | 10              | 11  | 12                              | 13                 | 14                                | 15             | 16 |
|       |  |                 |             |         |      |                                |  |                  |                 |   | Туре                            | lf                 |                                   |                |    |
|       |  |                 |             |         |      |                                |  |                  |                 |   | of Control                      | Control            |                                   |                |    |
|       |  |                 |             |         |      | No                             |  |                  | D. L. C.        |   | (Ownership,                     | is                 |                                   | Is an          |    |
|       |  |                 |             |         |      | Name of Securities             |  | D:               | Relation-       |   | Board,                          | Owner-             |                                   | SCA            |    |
|       |  | NAIG            |             |         |      | Exchange                       | Names of                                     | Domi-            | ship            |   | Management,                     | ship               |                                   | Filing         |    |
| Group |  | NAIC<br>Company | ID          | Federal |      | if Publicly Traded<br>(U.S. or | Names of<br>Parent, Subsidiaries             | ciliary<br>Loca- | to<br>Reporting | Directly Controlled by                      | Attorney-in-Fact,<br>Influence. | Provide<br>Percen- | Ultimate Controlling              | Re-<br>auired? |    |
| Code  | Group Name                                       | Collipally      | Number      | RSSD    | CIK  | International)                 | Or Affiliates                                | tion             | Entity          | (Name of Entity/Person)                     | Other)                          | tage               | Entity(ies)/Person(s)             | (Yes/No)       | *  |
|       | ctory Mutual Insurance Company & its             | Code            | Number      | ROOD    | OIIX | international)                 | Of Affiliates                                | tion             | Littly          | (Name of Entity/Ferson)                     | Other)                          | tage               | Littly(les)/i erson(s)            | (163/140)      |    |
|       | filiates   | 21482           | 05-0316605  |         |      |                                | Factory Mutual Insurance Company             | RI               | UIP             | Policyholders                               | Ownership                       | 100.000            | N/A                               | NO             | 1  |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                | , , ,  |                  |                 | •   |                                 |                    |                                   |                |    |
|       | filiates   | 10014           | 05-0254496  |         |      |                                | Affiliated FM Insurance Company              | RI               | I A             | FMIC Holdings, Inc.                         | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             | 1  |
|       | ctory Mutual Insurance Company & its             | 10316           | 05-0284861  |         |      |                                | Appalachian Insurance Company                | RI               | RE              | FMIC Holdings. Inc.                         | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             | 1  |
|       | filiates   | 103 10          | 05-0204001  |         |      |                                | Apparachian insurance company                | ni               | nc              | rwite notatings, tric.                      | owner snrp                      | 100.000            | ractory mutual insurance company  | NO             | 1  |
|       | filiates   | 00000           | AA-1120610  | l       |      |                                | FM Insurance Company Limited                 | GBR              | IA              | Factory Mutual Insurance Company            | Ownership                       |                    | Factory Mutual Insurance Company  | YES            |    |
| Fac   | ctory Mutual Insurance Company & its             |                 |             |         |      |                                | . ,  |                  |                 | , , ,                                       |                                 |                    |                                   |                |    |
|       | filiates   | 00000           | 98-0131767  |         |      |                                | Risk Engineering Insurance Company Limited . | BMU              | IA              | FMIC Holdings, Inc.                         | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           | AA-1370041  |         |      |                                | FM Insurance Europe S.A                      | LUX              | IA              | Factory Mutual Insurance Company            | Ownership                       |                    | Factory Mutual Insurance Company  | YES            |    |
|       | ctory Mutual Insurance Company & its             | 00000           | AA-13/0041  |         |      |                                | Insurance Europe S.A.                        | LUX              | ۱۸              | ractory mutual insurance company            | owner snrp                      | 100.000            | ractory mutual insurance company  | 1E3            |    |
|       | filiates   | 00000           | AA-2730043  | l       |      |                                | FM Global de Mexico S.A. de C.V              | MEX              | IA              | Factory Mutual Insurance Company            | Ownership                       |                    | Factory Mutual Insurance Company  | YES            |    |
| Fac   | ctory Mutual Insurance Company & its             |                 |             |         |      |                                |  |                  |                 | , ,   |                                 |                    | , , . ,                           |                |    |
|       | filiates   | 00000           | 20-2740839  |         |      |                                | Watch Hill Insurance Company                 | VT               | IA              | FMIC Holdings, Inc                          | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           | 05 0450754  |         |      |                                | 0  | RI               | NILA            | THIS Heldings Inc                           | Ownership                       | 100,000            | Forton Material Income Commen     | NO             |    |
|       | filiates   | 00000           | 05-0453751  |         |      |                                | Corporate Insurance Services, Inc            | HI               | NI A            | FMIC Holdings, Inc                          | Ownersnip                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | filiates   | 00000           |             |         |      |                                | New Providence Mutual Limited                | BMU              | I A             | nisk Engineering hisurance company Emilited | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           |             |         |      |                                | Factory Mutual Insurance Company -           |                  |                 |   |                                 |                    | Tuotory mutuur mourumoo oompuny   |                |    |
|       | filiates   | 00000           |             |         |      |                                | Escritorio de Representação No Brasil LTDA.  | BRA              | IA              | Factory Mutual Insurance Company            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | YES            |    |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                |  |                  |                 |   |                                 |                    |                                   |                |    |
|       | filiates   | 00000           | 05-0520189  |         |      |                                | FM Approvals LLC                             | RI               | NIA             | Factory Mutual Insurance Company            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           |             |         |      |                                | FM Engineering International Limited         | GBR              | NI A            | FM Insurance Company Limited                | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           |             |         |      |                                | FM Engineering Consulting (Shanghai) Co. Ltd |                  |                 | The modulation company Emilited             | Owner strip                     |                    | Tactory mutuar mourance company   |                |    |
|       | filiates   | 00000           |             |         |      |                                |  | CHN              | NI A            | FM Global Services LLC                      | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                |  |                  |                 |   |                                 |                    |                                   |                |    |
|       | filiates   | 00000           |             |         |      |                                | FM Approvals Limited                         | GBR              | NI A            | FM Approvals LLC                            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           |             |         |      |                                | FM Approvals Assessoria E Representação      | BRA              | NI A            | FM Approvals LLC                            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           |             |         |      |                                | LTDA   | DNA              | NIA             | FW Approvats LLC                            | Owner strip                     | 100.000            | ractory mutual insurance company  | NO             |    |
|       | filiates   | 00000           | 27-1439297  |         |      |                                | FMRE Holdings LLC                            | DE               | NI A            | Factory Mutual Insurance Company            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                |  |                  |                 | , , ,                                       |                                 |                    | . ,                               |                |    |
|       | filiates   | 00000           | 05-6009095  |         |      |                                | FMIC Holdings, Inc.                          | RI               | UDP             | Factory Mutual Insurance Company            | Ownership                       | 100.000            | Factory Mutual Insurance Company  | YES            |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           |             |         |      |                                | FM Global Servicios, S.de R.L. de C.V        | MEX              | NI A            | FMIC Holdings, Inc.                         | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           |             |         |      |                                | FWI GIODAI SELVICIOS, S.de N.L. de C.V       | WEA              | NIA             | rwite notatings, tite                       | Owner strip                     | 100.000            | ractory mutual insurance company  | NO             |    |
|       | filiates   | 00000           | 27-0433536  |         |      |                                | FM Global Services LLC                       | RI               | NI A            | FMIC Holdings, Inc                          | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                | FM do Brasil Servicos de Prevencao de Perdas |                  |                 | •   |                                 |                    |                                   |                |    |
|       | filiates   | 00000           |             |         |      |                                | LTDA   | BRA              | NI A            | FM Global Services LLC                      | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           | 04-3516902  |         |      |                                | 610 Lincoln LLC                              | DE               | NI A            | FMRE Holdings LLC                           | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           | 04-33 10902 |         |      |                                | Old Efficient LEC                            | DE               | NIA             | FINE HOLDINGS ELC                           | owner strip                     | 100.000            | ractory mutual insurance company  | NO             |    |
|       | filiates   | 00000           | 04-3516903  |         |      |                                | 404 Wyman LLC                                | DE               | NI A            | FMRE Holdings LLC                           | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             |                 |             |         |      |                                |  |                  |                 | •   | ,                               |                    |                                   |                |    |
|       | filiates   | 00000           | 04-3516936  |         |      |                                | 275 Wyman LLC                                | DE               | NI A            | FMRE Holdings LLC                           | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its<br>filiates | 00000           | 20-8836334  |         |      |                                | 175 Wyman LLC                                | DE               | NIA             | FMRE Holdings LLC                           | Ownership                       |                    | Factory Mutual Insurance Company  | NO             |    |
|       | ctory Mutual Insurance Company & its             | 00000           | 20-0000004  |         |      |                                | 175 Hyman LLC                                | UE               | NI A            | TWILL HOTUINGS LLC                          | Owner out b                     | 100.000            | Tractory mutual insurance company | INU            |    |
|       | filiates   | 00000           | 04-3516937  |         |      |                                | Park Ridge Building LLC                      | DE               | NI A            | FMRE Holdings LLC                           | Ownership                       | 100.000            | Factory Mutual Insurance Company  | NO             |    |

#### SCHEDULE Y

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

| 1  |        | PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           |     |
|--|--------|--|-------|-------------|---------|-----|--------------------|---|-------|----------|-------------------------------------|-----------------|---------------|----------------------------------|-----------|-----|
| Part   | 1      | 2  | 3     | 4           | 5       | 6   | 7                  | 8                                       | 9     | 10       | 11                                  | Type of Control | If<br>Control | 14                               |           | 16  |
| Code      |        |  |       |             |         |     | Name of Constition |   |       | Dolotion |                                     |                 | _             |                                  |           |     |
| Fig.   Control Name  |        |  |       |             |         |     |                    |   | Domi  |          |                                     | ,               |               |                                  |           |     |
| Company   Comp   |        |  | NAIC  |             |         |     |                    | Names of                                | -     | - 1      |                                     |                 |               |                                  | J J       | 1 1 |
| Code   Group Name   Code   Number   FISSO   City   International   O' Affinites   Entity   Number of Entity   FISSO   City   Number of Entity   Personal International International Personal    | Group  |  |       | ID          | Endoral |     |                    |   |       |          | Directly Controlled by              |                 |               | Liltimate Controlling            |           | 1 1 |
| Oracle   March   Mar   |        | Group Name   |       |             |         | CIK |                    |   |       |          |                                     |                 |               |                                  |           | *   |
| 10.00   Millished   10.00      | Oodc   |  | Oodc  | IVUITIBEI   | ROOD    | Ont | international)     | Of 7 timates                            | tion  | Littity  | (Name of Enaty/ Croon)              | Other)          | tage          | Entity(les)/i erson(s)           | (103/110) |     |
| 100    | . 0000 |  | 00000 | 04-3516935  |         |     |                    | 93 Building LLC                         | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Company   Comp   |        |  | ;     |             |         |     |                    |   |       |          | ,                                   |                 |               |                                  |           |     |
| 1971   1985      | . 0000 |  | 00000 | 20-2775533  |         |     |                    | 265 Winter LLC                          | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Control   Multi- Housener Copyring   11  | 0000   |  | 00000 | 07 4400000  |         |     |                    | 045 111 0                               | DE    |          | 005 W. 4 110                        |                 | 400.000       |                                  | NO        |     |
|  | . 0000 |  | 00000 | 27-1169682  |         |     |                    | 245 Winter LLC                          | DE    | NIA      | 265 Winter LLC                      | Uwnersnip       |               | Factory Mutual Insurance Company | NO        |     |
| Control   Cont   | 0000   |  | 00000 | 04-3516938  |         |     |                    | Nenonset River IIC                      | DF    | NΙΔ      | FMRE Holdings LLC                   | Ownership       | 100 000       | Factory Mutual Insurance Company | NO        | 1   |
| Control   Cont   | . 0000 |  |       | 01 0010000  |         |     |                    | The period three LEC                    |       |          | Time Horaringo EEO                  | omici dirip     |               | Tablery mateur mouranes sempany  |           |     |
| Note   1985      | . 0000 | Affiliates   | 00000 | 27-1440189  |         |     |                    | West Glocester LLC                      | RI    | NIA      | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Company   Comp   |        |  |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           |     |
| Afficiation      | . 0000 |  | 00000 | 04-3516901  |         |     |                    | 601 Edgewater LLC                       | DE    | NI A     | FMRE Holdings LLC                   | Ownership       | 100.000       | Factory Mutual Insurance Company | NO        |     |
| Postery Nutral Insurance Corpusy & 11s   100.000   February Nutral I   | 0000   |  | 00000 | 07 1505571  |         |     |                    | 205 Central Avenue II C                 | DI    | NIA      | DMDE Haldings II C                  | Ownership       | 100 000       | Factory Mutual Incompany Company | NO        | 1   |
| Milliste   | . 0000 |  |       | 21-1090011  |         |     |                    | 265 Central Avenue, LLC                 | ni    | NIA      | FWINE HOTOTHIGS LLC                 | owner sirrp     |               | ractory mutual misurance company | NO        |     |
| Pactor   Whatal Insurance Corpany & 11s  | . 0000 |  |       | 04-3516897  |         |     |                    | Hobbs Brook Real Estate LLC             | DE    | NI A     | FMRE Holdings LLC                   | Owner ship      |               | Factory Mutual Insurance Company | NO        | 1   |
| Sectory Natual Insurance Corpany & Its   Sectory Natual Insurance Corpany &    |        |  |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           |     |
| Affiliate  | . 0000 |  |       | 45-2766487  |         |     |                    | 101 Edgewater LLC                       | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Descript Witted Insurance Corpany & 11s   100   2000   27-143990   3   3   3   3   3   3   3   3   3   |        |  |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           | 1   |
| Affiliate  | . 0000 |  | 00000 | 27-1169682  |         |     |                    | 401 Edgewater LLC                       | DE    | NIA      | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Corpany & Its   150   | 0000   |  | 00000 | 27 1420040  |         |     |                    | Johnston Building IIC                   | DE    | NIA      | DMDE Haldings II C                  | Ownership       | 100 000       | Factory Mutual Incompany Company | NO        | 1   |
| Affiliates   | . 0000 |  | 00000 | 27-1439940  |         |     |                    | Johnston Burraing LLC                   | VE    | NIA      | FWHE HOTGINGS LLC                   | owner strip     |               | Factory mutual insurance company | NU        |     |
| Factory Mutual Insurance Corpany & Its   | . 0000 |  | 00000 |             |         |     |                    | FM Global Services Colombia S.A.S       | COL   | NI A     | FM Global Services LLC              | Owner ship      |               | Factory Mutual Insurance Company | NO        | l   |
| Factory Mutual Insurance Corpany & Its   150   |        |  |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           |     |
| Affiliates   | . 0000 |  | 00000 | 46-0627887  |         |     |                    | 95 Hayden LLC                           | DE    | NIA      | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Company & 1.15  |        |  |       |             |         |     |                    |   |       |          |                                     |                 |               |                                  |           |     |
| Affiliates   | . 0000 |  |       | 46-1609795  |         |     |                    | 3460 Preston Ridge, LLC                 | DE    | NI A     | FMRE Holdings LLC                   | Ownership       | 100.000       | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Corpany & 115   | 0000   |  |       | /6_1737056  |         |     |                    | 1301 Atwood LLC                         | ne ne | NIA      | EMPE Holdings IIC                   | Ownership       | 100,000       | Factory Mutual Incurance Company | NO        |     |
| Affiliates   | . 0000 |  |       | 40-1/3/300  |         |     |                    | 1301 Atwood LEC                         | DL    | NIA      | I WILL HOTUTINGS ELC                | owner sirrp     |               | ractory wutuar mourance company  | 140       |     |
| Affiliates   0,000   Affiliates   0,0000   30-871090   Hobbs Solar 1 LLC   DE   NIA   FIRE Holdings LLC   Dies   NIA   FIRE Holdin   | . 0000 |  |       | 38-3942900  |         |     |                    | 81 Wyman LLC                            | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        | 1   |
| Factory Mutual Insurance Company & its   15   10   10   10   10   10   10   10   |        | Factory Mutual Insurance Company & its               | 5     |             |         |     |                    | ,                                       |       |          |                                     | ·               |               |                                  |           |     |
| No.   Affiliates   0000   Affiliates   00000   38-3982389   Hobbs Solar 2 LLC   DE   NIA   FIRE Holdings LLC   0unership.   100.000   Factory Mutual Insurance Company & Its   100.000   Factory Mutual Insurance Company & Its   00000   Affiliates   00000   Sactory Mutual Insurance Company & Its   00000   Affiliates   00000   Factory Mutual Insurance Company & Its   00000   Affiliates   000000   Factory Mutual Insurance Company & Its   00000   Affiliates   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   000000   Factory Mutual Insurance Company & Its   00000000000000000000000000000000000  | . 0000 |  | 00000 | 30-0871090  |         |     |                    | Hobbs Solar 1 LLC                       | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Company & its   15   100.000   Factory Mutual Insurance Company & its   100.000     | 0000   |  | 00000 | 00 0000000  |         |     |                    |   | DE    |          | ENDE II I II                        |                 | 400.000       |                                  | NO        |     |
| Affiliates   00000   Affiliates   00000   32-0486346     Hobbs Solar 3 LLC   DE   NIA   FIRE Holdings LLC   Ownership.   100.000   Factory Mutual Insurance Company   NO.  | . 0000 |  |       | 38-3982389  |         |     |                    | HODDS Solar 2 LLC                       | DE    | NIA      | FMHE Holdings LLC                   | Uwnersnip       | 100.000       | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Company & its   Affiliates   Company & its   Compan   | 0000   |  |       | 32-0486346  |         |     |                    | Hobbs Solar 3 II C                      | DE    | NΙΔ      | FMRF Holdings LLC                   | Ownership       | 100 000       | Factory Mutual Insurance Company | NO        |     |
| 0000 Affiliates   0000 Affiliates   00000   Affiliates   00000   30-0939299   Green Street Plaza LLC   DE. NIA. FMRE Holdings LLC   Ownership.   100.000   Factory Mutual Insurance Company & its   100.000   Fa   | . 0000 | Factory Mutual Insurance Company & its               | 00000 | 02 0400040  |         |     |                    | TIODDS COTAL O LLC                      |       |          | I will horurings leto               | omici sirip     |               | ractory mutual mourance company  |           |     |
| Company & its   Company & it   | . 0000 |  | 00000 |             |         |     |                    | FM Asia Holdings Pte. Ltd               | SGP   | NIA      | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        | l   |
| Factory Mutual Insurance Company & its   100.000   Affiliates   100.000   35-2566166   10   |        |  |       |             |         |     |                    | -                                       |       |          | -                                   |                 |               |                                  |           |     |
| Affiliates 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Affiliates 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 0000 Milutal Insurance Company & its 00000 Milutal Milutal Insurance Company & its 00000 Milutal Insurance Company & its 00000 Milutal Insurance Company & its 00000 Milutal Insuran | . 0000 |  |       | 30-0939299  |         |     |                    | Green Street Plaza LLC                  | DE    | NI A     | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Company & its  .0000 Affiliates   | 0000   | ,  |       | 25 2566160  |         |     |                    | Hebba Calar A II C                      | DE    | NIA      | FURT Heldings II C                  | O               | 100,000       | Factory Mutual Incomence Com     | NO        | 1   |
| .0000 Affiliates   | . 0000 |  | 00000 | 33-2300 100 |         |     |                    | HOURS SOIRT 4 LLC                       | E     | NIA      | FWINE HOTGINGS LLC                  | owner strip     |               | ractory mutual insurance company | NU        |     |
| Factory Mutual Insurance Company & its   .0000   | . 0000 |  | 00000 | l           |         |     |                    | FM Engineering Egypt LLC                | EGY   | NI A     | FM Engineering International Limted | Ownership       |               | Factory Mutual Insurance Company | NO        | l l |
| Factory Mutual Insurance Company & its  .0000  | 1      | Factory Mutual Insurance Company & its               |       |             |         |     |                    | 0 |       |          |                                     |                 |               | l sompany                        |           |     |
| 0000 Affiliates  | . 0000 |  | 00000 | 30-0965702  |         |     |                    | 343 Winter Bidg LLC                     | DE    | NIA      | FMRE Holdings LLC                   | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
| Factory Mutual Insurance Company & its   |        | ,  |       |             |         |     |                    |   |       |          | <b>_</b>                            |                 | 46            | L                                | ,         |     |
|  | . 0000 |  |       |             |         |     |                    | FM Approvals Europe Limited             | IRL   | NIA      | FM Approvals LLC                    | Ownership       |               | Factory Mutual Insurance Company | NO        |     |
|  | 0000   |  |       | 38-4085564  |         |     |                    | Hobbs Solar 5 LLC                       | DF    | NIA      | FMRE Holdings LLC                   | Ownership       | 100 000       | Factory Mutual Insurance Company | NO.       | 1 1 |

#### **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 |
|--------|--|---------|------------|---------|-----|--------------------|----------------------|---------|-----------|-------------------------|-------------------|-----------|----------------------------------|---------|----|
|        |  |         |            |         |     |                    |                      |         |           |                         | Туре              | lf        |                                  |         |    |
|        |  |         |            |         |     |                    |                      |         |           |                         | of Control        | Control   |                                  |         |    |
|        |  |         |            |         |     |                    |                      |         |           |                         | (Ownership,       | is        |                                  | Is an   |    |
|        |  |         |            |         |     | Name of Securities |                      |         | Relation- |                         | Board,            | Owner-    |                                  | SCA     |    |
|        |  |         |            |         |     | Exchange           |                      | Domi-   | ship      |                         | Management,       | ship      |                                  | Filing  |    |
|        |  | NAIC    |            |         |     | if Publicly Traded | Names of             | ciliary | to        |                         | Attorney-in-Fact, | Provide   |                                  | Re-     |    |
| Group  |  | Company | ID         | Federal |     | (U.S. or           | Parent, Subsidiaries | Loca-   | Reporting | Directly Controlled by  | Influence,        | Percen-   | Ultimate Controlling             | quired? |    |
| Code   | Group Name                                       | Code    | Number     | RSSD    | CIK | International)     | Or Affiliates        | tion    | Entity    | (Name of Entity/Person) | Other)            | tage      | Entity(ies)/Person(s)            | (Yes/No | *  |
|        | Factory Mutual Insurance Company & its           |         |            |         |     |                    |                      |         |           |                         |                   |           |                                  |         |    |
|        | Affiliates                                       | 00000   | 84-4295769 |         |     |                    | 99 Hayden LLC        | MA      | NI A      | FMRE Holdings LLC       | Ownership         | 100.000   | Factory Mutual Insurance Company | NO      |    |
|        | Factory Mutual Insurance Company & its           | 00000   | 05 0705407 |         |     |                    |                      | DE      | N11 A     | ENDE IL LI              | 0 1:              | 400 000   | 5                                |         |    |
|        | AffiliatesFactory Mutual Insurance Company & its | 00000   | 85-3/0516/ |         |     |                    | Hobbs Solar 6 LLC    | DE      | NIA       | FMRE Holdings LLC       | Owner ship        | 100.000   | Factory Mutual Insurance Company | NO      |    |
|        | Affiliates                                       | 00000   | 86-1428530 |         |     |                    | Hobbs Solar 7 LLC    | RI      | NI A      | FMRE Holdings LLC       | Ownership         | 100 000   | Factory Mutual Insurance Company | MO      |    |
|        | Factory Mutual Insurance Company & its           | 00000   | 00 1420000 |         |     |                    | TIODDS GOTAL 7 LLC   |         |           | I will flordrings LLO   | Office Strip      |           | Tactory mutual mourance company  | ١٧٥     | 1  |
|        | Affiliates                                       | 00000   |            |         |     |                    | 225 Wyman LLC        | DE      | NI A      | FMRE Holdings LLC       | Ownership         | . 100.000 | Factory Mutual Insurance Company | NO      |    |
|        | Factory Mutual Insurance Company & its           |         |            |         |     |                    | , , ,                |         |           |                         |                   |           | ,                                |         |    |
| . 0000 | Affiliates                                       | 00000   |            |         |     |                    | 303-333 Wyman LLC    | DE      | NI A      | FMRE Holdings LLC       | Ownership         | 100.000   | Factory Mutual Insurance Company | NO      |    |
|        |  |         |            |         |     |                    |                      |         |           |                         |                   |           |                                  |         |    |

| Asterisk | Explanation   |
|----------|---|
| 1        | Pool Participants: Factory Mutual Insurance Company (86%), Affiliated FM Insurance Company (12%), and Appalachian Insurance Company (2%). |

#### **SCHEDULE Y**

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

|             | TAILT 2 - COMMANT OF INCORER C TRANSACTIONS WITH AIT AIT TELATED |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|-------------|--|--|--------------|---------------|--------------------|--------------------|-------------------|-----------------|-----|---------------------|---------------|-------------------|--|
| 1           | 2  | 3  | 4            | 5             | 6                  | 7                  | 8                 | 9               | 10  | 11                  | 12            | 13                |  |
|             |  |  |              |               |                    | Income/            |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    | (Disbursements)    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               | Purchases, Sales   | Incurred in        |                   |                 |     |                     |               | Reinsurance       |  |
|             |  |  |              |               | or Exchanges of    | Connection with    |                   | Income/         |     | Any Other Material  |               | Recoverable/      |  |
|             |  |  |              |               | Loans, Securities, | Guarantees or      |                   | (Disbursements) |     | Activity Not in the |               | (Payable) on      |  |
| NAIC        |  |  |              |               | Real Estate,       | Undertakings for   | Management        | Incurred Under  |     | Ordinary Course of  |               | Losses and/or     |  |
| Company     | ID   | Names of Insurers and Parent,              | Shareholder  | Capital       | Mortgage Loans or  | the Benefit of any | Agreements and    | Reinsurance     |     | the Insurer's       |               | Reserve Credit    |  |
| Code        | Number   | Subsidiaries or Affiliates                 | Dividends    | Contributions | Other Investments  | Affiliate(s)       | Service Contracts | Agreements      | *   | Business            | Totals        | Taken/(Liability) |  |
| 21482       | 05-0316605   | Factory Mutual Insurance Company           | 19,700,000   | (30,857,907)  | 0                  | 0                  | 0                 | (149,796,554)   | *   | 0                   | (160,954,461) | (173,817,000)     |  |
| 10014       | 05-0254496   | Affiliated FM Insurance Company            | (507,500)    | 0             | 0                  | 0                  | 0                 | (24,470,001)    | *   | 0                   | (24,977,501)  | 28,676,000        |  |
| 10316       | 05-0284861   | Appalachian Insurance Company              | 175,000      | 0             | 0                  | 0                  | 0                 | 0               | *   | 0                   | 175,000       | 0                 |  |
|             |  | FM Insurance Company Limited               |              |               |                    | 0                  | 0                 | (21,656,976)    |     | 0                   |               | 92,485,000        |  |
|             | 05-6009005   | FMIC Holdings, Inc                         | 332,500      | 4,830,593     | 0                  | 0                  | 0                 | 0               |     | 0                   | 5, 163, 093   | 0                 |  |
|             | 27-1439297   | FMRE Holdings LLC                          | 0            | 35,605,339    | 0                  | 0                  | 0                 | 0               |     | 0                   | 35,605,339    | 0                 |  |
|             | 58-2190659   | TSB Loss Control Consultants. Inc          | l0 l.        | (9.578.025)   | 0                  | 0                  |                   | 0               |     | 0                   | (9,578,025)   | 0                 |  |
|             | 05-0520189   | FM Approvals LLC                           | (19.700.000) | 0             | 0                  | 0                  | 0                 | 0               |     | 0                   | (19,700,000)  | 0                 |  |
|             | 98-0131767   | Risk Engineering Insurance Company Limit . | 0            | 0             | 0                  | 0                  |                   | 242,398,188     |     | 0                   | 242,398,188   |                   |  |
|             |  | FM Global de Mexico S.A. de C.V            |              |               |                    | 0                  | 0                 | 0               |     | 0                   | 0             | 112,096,000       |  |
|             | AA-3190418   | New Providence Mutual Limited              | 0            | 0             | 0                  | 0                  | 0                 | 0               |     | 0                   | 0             | (1,631,000)       |  |
|             | AA-1370041   | FM Insurance Europe S.A                    | 0            | 0             | 0                  | 0                  | 0                 | (46,474,657)    |     | 0                   |               | 214,706,000       |  |
|             |  | Watch Hill Insurance Company               |              |               |                    | 0                  | 0                 |                 |     | 0                   |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
|             |  |  |              |               |                    |                    |                   |                 |     |                     |               |                   |  |
| 9999999 Cor | trol Totals  |  | n            | n             | n                  | n                  | Λ                 | n               | XXX | n                   | Λ             | Λ                 |  |
| 333300 001  |  |  | U            | U             | U                  | U                  | 0                 | U               | ~~~ | 1                   | 1             | U                 |  |

<sup>\*</sup>Pool Participants: Factory Mutual Insurance Company (86%), Affiliated FM Insurance Company (12%), and Appalachian Insurance Company (2%)

#### **SCHEDULE Y**

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

| PART 3 - ULTIMATE CONTROL        | LLING PARTY AND LISTING OF O           | THER U.S. INSUR | KANCE        | E GROUPS OR ENTITIES UNDER       | THAT ULTIMATE CONTROLLING F                       | ARTY'S CON   | IROL           |
|----------------------------------|--|-----------------|--------------|----------------------------------|---|--------------|----------------|
| 1                                | 2                                      | 3               | 4            | 5                                | 6   | 7            | 8              |
|                                  |  | G               | Granted      |                                  |   |              | Granted        |
|                                  |  | Dis             | isclaimer    |                                  |   |              | Disclaimer     |
|                                  |  |                 | f Control\   |                                  |   |              | of Control\    |
|                                  |  | Affi            | filiation of |                                  |   |              | Affiliation of |
|                                  |  |                 | olumn 2      |                                  |   | Ownership    | Column 5       |
|                                  |  |                 | Over         |                                  |   | Percentage   | Over           |
|                                  |  |                 | olumn 1      |                                  | U.S. Insurance Groups or Entities Controlled      | (Column 5 of | Column 6       |
| Insurers in Holding Company      | Owners with Greater Than 10% Ownership |                 | Yes/No)      | Ultimate Controlling Party       | by Column 5                                       | Column 6)    | (Yes/No)       |
| Factory Mutual Insurance Company | Policyholders                          | 100.000         | NO           | N/A                              | N/A   | 0.000        |                |
| Affiliated FM Insurance Company  | FMIC Holdings, Inc.                    | 100.000         | NO           | Factory Mutual Insurance Company | Factory Mutual Insurance Company & its Affiliates | 100.000      | NO             |
| Appalachian Insurance Company    | FMIC Holdings, Inc.                    | 100.000         | NO           | Factory Mutual Insurance Company | Factory Mutual Insurance Company & its Affiliates | 100.000      | NO             |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |
|                                  |  |                 |              |                                  |   |              |                |

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### **REQUIRED FILINGS**

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

|     |  | Responses |
|-----|--|-----------|
|     | MARCH FILING   |           |
| 1.  | Will an actuarial opinion be filed by March 1?   | YES       |
| 2.  | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                                 | YES       |
| 3.  | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?   | YES       |
| 4.  | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?               | YES       |
|     | 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 Risk Interrogatories be filed by April 1?   | YES       |
|     | MAY FILING   |           |
| 8.  | Will this company be included in a combined annual statement which is filed with the NAIC by May 1?                        | YES       |
|     | JUNE FILING  |           |
| 9.  | Will an audited financial report be filed by June 1?   | YES       |
| 10. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES       |

#### SUPPLEMENTAL FILINGS

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

MARCH FILING

|     | MARCH FILING  |       |
|-----|---|-------|
| 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 Supplement 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 Exhibit 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 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 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 1?  | 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    |
| 37. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?                                  | YES   |

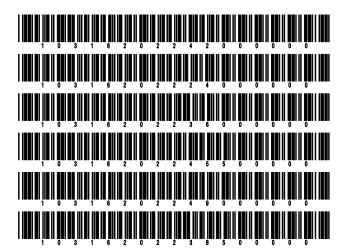
#### Bar Codes:

11. 12.

13. 14. 15. 16. 17. 18. 21. 22. 23. 24. 25. 26. 27. 28. 30. 31.

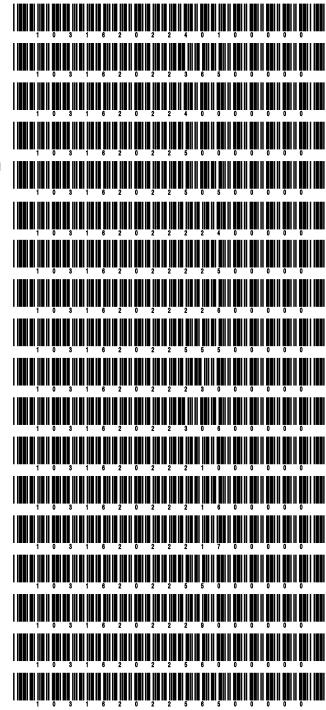
32. 33. 34. 35. 36.

- 11. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 14. Supplement A to Schedule T [Document Identifier 455]
- 15. Trusteed Surplus Statement [Document Identifier 490]
- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 17. Reinsurance Summary Supplemental Filing [Document Identifier 401]
- 18. Medicare Part D Coverage Supplement [Document Identifier 365]
- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 22. Bail Bond Supplement [Document Identifier 500]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 27. Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -Parts 1 and 2 [Document Identifier 290]
- 35. Private Flood Insurance Supplement [Document Identifier 560]
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



# NONE