

ANNUAL STATEMENT 24017202320100

For the Year Ended December 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

NAIC Group Code349		NAIC Company	Code 24017	Employer's ID Number	05-0458697
•	nt Period) (Prior Perio	od)			
Organized under the Laws of	Rhode Island		_, State of Domicile or Port of Entr	y RI	
Country of Domicile US					
ncorporated/Organized	Jul	ly 11, 1990	Commenced Bu	siness	August 12, 1992
Statutory Home Office One	e Beacon Centre		,Wan	wick, RI, US 02886-1378	
	•	treet and Number)		(City or Town, State	e, Country and Zip Code)
Main Administrative Office	One Beacon Centre		(Ctreat and Number)		
	W ' DI 110 00000 40:	70	(Street and Number)	04 005 0007	
	Warwick, RI, US 02886-137	/8 rn, State, Country and Zip Co		01-825-2667 e) (Telephone Numbe	rl
Mail Addraga One Deces	` *	ii, State, Country and Zip CC	,		
Mail Address One Beaco		imber or P.O. Box)	,wan	wick, RI, US 02886-1378 (City or Town State	e, Country and Zip Code)
Primary Location of Books and F	•	,	Warwick RI	US 02886-1378	401-825-2667
Timary Location of Books and I	One Beacon o	(Street and Number)			(Area Code) (Telephone Number)
Internet Web Site Address	www.beaconmutual.com				
Statutory Statement Contact	Ann Lazzareschi		401-8	325-2621	
		(Name)	(Area Code		r) (Extension)
	alazzareschi@beaconmutual.c	com		401	I-825-2659
_		(E-Mail Address)		(Fa	ax Number)
		OF	FICERS		
	Nama	Oi	HOLKO	T:41.	
1 Drian Jaconh Chara	Name		Drasidant 9 CEO	Title	
 Brian Joseph Spero Amy Clark Vitale 			President & CEO	nt, Chief Legal Officer & Ass	et Socretary
Gregg Christopher Tumeir				nt & Chief Financial Officer	st Secretary
5. Gregg Chilistophier runleii	2VI			III & Ciliei i ilialiciai Cilicei	
		VICE-	PRESIDENTS		
Name		Title	Name		Title
	EVP & COO	Title			President
Rajani Mahadevan Theresa Joanna Keegan	Asst Vice President		James Wallace Moody Jr David Michael Blair		President
William Frank Gross	Vice President		Shannon Lee Broadbent		President
			Silalillon Lee Broaubent		riesident
Michelle Nichole Pelletier	Asst Vice President		_		
			_		
			_		
			_		
			_		
			_		
			_		
		DIRECTOR	RS OR TRUSTEES		
Harry Robert Bacon	Raymond Chris	topher Coia	Brian Joseph Spero	<u>_</u>	imothy Ludger Byrne
Jerry Anthony Sahagian #	Linda D'Amario	Rossi	Kate Coyne-McCoy		radford Alan Dean
Steven Issa			_		
			_		
			<u> </u>		
			<u> </u>		
State of Rhode Island					
County of Kent					
The officers of this reporting entity be	eing duly sworn, each depose and	say that they are the descri	bed officers of said reporting entity, and	I that on the reporting perio	od stated above, all of the herein described
assets were the absolute property o	the said reporting entity, free and	d clear from any liens or cla	ims thereon, except as herein stated, a	and that this statement, tog	jether with related exhibits, schedules and
explanations therein contained, anne	ked or referred to, is a full and true	statement of all the assets a	and liabilities and of the condition and aff	airs of the said reporting er	ntity as of the reporting period stated above,
and of its income and deductions the	refrom for the period ended, and ha	ave been completed in accor	rdance with the NAIC Annual Statement	Instructions and Accounting	g Practices and Procedures manual except
to the extent that: (1) state law may	differ; or, (2) that state rules or re	gulations require difference	s in reporting not related to accounting	practices and procedures,	, according to the best of their information,
knowledge and belief, respectively. F	urthermore, the scope of this attest	tation by the described office	ers also includes the related correspondi	ng electronic filing with the	NAIC, when required, that is an exact copy
(except for formatting differences due	to electronic filing) of the enclosed	d statement. The electronic f	iling may be requested by various regula	ators in lieu of or in addition	to the enclosed statement.
(Signature)		(Signature)	-	(Signature)
Brian Joseph S		£	my Clark Vitale	Gr	regg Christopher Tumeinski
(Printed Nar	•		(Printed Name)	<u> </u>	(Printed Name)
1.	,	,	2.		3.
President & 0	CEO	Executive Vice Presider	nt, Chief Legal Officer & Asst Secretary	Executive Vi	ce President & Chief Financial Officer
			· · · · · · · · · · · · · · · · · · ·		
(Title)	hofara ma this as this		(Title)		(Title)
Subscribed and sworn to (or affirmed					
day of	, 2024, by			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				a. Is this an original filing?	
					mendment number
				Date filed	

3. Number of pages attached

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2023 **NAIC Group Code** 3490 **NAIC Company Code**

NAIC Group Code	3490			BUSINESS IN THE	STATE OF CONNEC		E YEAR 2023				NAIC Company Cod	e 24017	
		Gross Premiums, Including Policy Return Premiums and Premiu		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licenses
		Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
1. Fire								·		İ			
2.1 Allied Lines													
2.2 Multiple Peril Cro	op	 											
2.3 Federal Flood		 											
2.4 Private Crop		 											
2.5 Private Flood													
Farmowners Mul	tiple Peril	l											
Homeowners Mu		 											
	tiple Peril (Non-Liability Portion)	1		l		l	1	l	l	1			
	tiple Peril (Liability Portion)	l											
Mortgage Guara	nty	l					1	l	[1			1
Ocean Marine		l											
9. Inland Marine													
Financial Guarar	nty												
11.1 Medical Professi	onal Liability - Occurrence	[[
11.2 Medical Professi	onal Liability - Claims-Made	1		l			1						
Earthquake		1		[1						
13.1 Comprehensive	(hospital and medical) ind (b)	1		l			1						
13.2 Comprehensive	(hospital and medical) group (b)	1					1						
14. Credit A & H (Gr	oup and Individual)	1		l			1						
15.1 Vision Only (b)		1											
15.2 Dontal Only (b)													
15.2 Derital Only (b) 15.3 Disability Income	(b)	1											
15.4 Medicare Supple	ment (b)												
15.5 Medicaid Title XI													
15.6 Medicare Title X		-											
15.7 Long-Term Care													
	es Health Benefits Plan Premium (b)												
15.9 Other Health (b)		-											
16. Workers' Compe	nsation												1
17.1 Other Liability - 0													'
17.2 Other Liability - 0													
17.3 Excess Workers'													
18.1 Products Liability													
	r - Occurrence	[



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2023

NAIC Group Code 3490

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

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

NAIC Company Code

24017

		Gross Premiums, Including Poli Return Premiums and Prem		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19 19	9.1 Private Passenger Auto No-Fault (Personal Injury Protection) 9.2 Other Private Passenger Auto Liability												
19	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												
	22. Aircraft (all perils) 23. Fidelity												
2	24. Surety 26. Burglary and Theft												
	27. Boiler and Machinery 28. Credit												
3	29. International 30. Warranty												
3	Reins nonproportional assumed property Reins nonproportional assumed liability	XXX XXX XXX	XXX XXX XXX		XXX XXX XXX	XXX	XXX	XXX XXX XXX	XXX XXX XXX	XXX	XXX	XXX XXX	XXX XXX XXX
3	33. Reins nonproportional assumed financial lines 34. Aggregate Write-Ins for Other Lines of Business 35. TOTALS (a)		XXX	X X X	X X X	XXX	XXX	X X X	X X X	XXX	XXX	XXX	1.230
	DETAILS OF WRITE-INS												1,230
340													
340 340 349	03. D8. Summary of remaining write-ins for Line 34 from overflow page												
349													

0 and number of persons insured under indemnity only products 0 .

Footnotes	Amounts
(a) Finance and service charges not included in Lines 1 to 35 \$	
(b) For health business on indicated lines report: Number of persons insured under PPO managed care	
products and number of persons insured under indemnity only products	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2023 **NAIC Group Code** 3490

AIC Group Code 3490			BUSINESS IN THE S		HUSETTS DURING T					NAIC Company Cod	de 24017	
	Gross Premiums, Including Police Return Premiums and Prem	cy and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licenses
_ · · · =	Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
1. Fire 2.1 Allied Lines	.											
2 Multiple Peril Crop	.											
3 Federal Flood	.											
4 Private Crop												
5 Private Flood												
3. Farmowners Multiple Peril												
I. Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)	.											
Commercial Multiple Peril (Non-Elability Portion)												
Mortgage Guaranty												
. Ocean Marine												
Inland Marine												
	.											
Financial Guaranty												
Medical Professional Liability - Occurrence	.											
Medical Professional Liability - Claims-Made	.											
. Earthquake	.		l		1				l			
Comprehensive (hospital and medical) ind (b)												
2 Comprehensive (hospital and medical) group (b)	.		[· · · · · · · · · · · ·		1							
. Credit A & H (Group and Individual)	.											
1 Vision Only (b)	.											
Dental Only (b)												
B Disability Income (b)	.											
Medicare Supplement (b)												
Medicaid Title XIX (b)	.											
Medicare Title XVIII (b)												
Long-Term Care (b)												
Federal Employees Health Benefits Plan Premium (b)												
Other Health (b)	.											
Workers' Compensation	.				1							
1 Other Liability - Occurrence	.				1							
2 Other Liability - Claims-Made	.		1		1	[[1
3 Excess Workers' Compensation	. [1		1	1	1	1	I		1	1
.1 Products Liability - Occurrence							l		[1
.2 Products Liability - Claims-Made	.		1		1				1		1	1



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2023

NAIC Group Code 3490

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

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

NAIC Company Code

24017

		Gross Premiums, Including Poli Return Premiums and Prem		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19. 19.	Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability												
19. 19.	Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability												
21. 21.	Private Passenger Auto Physical Damage Commercial Auto Physical Damage												
	2. Aircraft (all perils) 3. Fidelity												
24	4. Surety 6. Burglary and Theft												
	7. Boiler and Machinery 8. Credit												
30	9. International 0. Warranty												
32	Reins nonproportional assumed property Reins nonproportional assumed liability	XXX XXX XXX	XXX XXX XXX	· · · · · · · · · · · · · · · · · · ·	XXX XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX XXX	XXX	XXX
34	Reins nonproportional assumed financial lines Aggregate Write-Ins for Other Lines of Business	XXX		XXX	xxx	XXX	XXX	xxx	xxx	XXX	XXX	XXX	XXX
38	5. TOTALS (a) DETAILS OF WRITE-INS												16,287
340 ²													
3402 3403 3498	Summary of remaining write-ins for Line 34 from overflow page												
3499													

0 and number of persons insured under indemnity only products 0 .

Footnotes	Amounts
(a) Finance and service charges not included in Lines 1 to 35 \$	
(b) For health business on indicated lines report: Number of persons insured under PPO managed care	
products and number of persons insured under indemnity only products	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023

NAIC Group Code 3490

AIC Group Code 3490			BUSINESS IN THE		ISLAND DURING TH					NAIC Company Cod	de 24017	
	Gross Premiums, Including Polic Return Premiums and Prem	y and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
	1 Direct	2 Direct	Dividends Paid or Credited to	Direct Unearned	Direct Losses Paid			Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost	Commissions	Taxes,
	Premiums Written	Premiums Earned	Policyholders on Direct Business	Premium Reserves	(deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	and Brokerage Expenses	Licenses and Fees
1. Fire	Willen	Lamed	Direct Dusiness	T(C3CTVC3	Salvage)	incurred	Oripaid	Expense i aiu	Expense incurred	Expense Oripaid	LAPETISES	and rees
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood	1											
2.4 Private Crop	1											
2.5 Private Flood	1											
3. Farmowners Multiple Peril												
Homeowners Multiple Peril												
i.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												
Medical Professional Liability - Occurrence Medical Professional Liability - Claims-Made												
2. Earthquake												
1 Comprehensive (hospital and medical) ind (b)												
2 Comprehensive (hospital and medical) group (b)												
4. Credit A & H (Group and Individual)												
1 Vision Only (b)												
2 Dental Only (b)												
3 Disability Income (b)												
4 Medicare Supplement (b)	1											
5 Medicaid Title XIX (b)	1		l		1	1		l			1	1
.6 Medicare Title XVIII (b)												
.7 Long-Term Care (b)			[1						
8 Federal Employees Health Benefits Plan Premium (b)	1					1						
.9 Other Health (b)	1					1						
6. Workers' Compensation	110,902,068	111,042,862	5,685,000	48,988,388	58,531,522	44,385,083	138,387,290	4,349,829	4,422,795	3,987,751	12,178,438	8,532
'.1 Other Liability - Occurrence					1	/ \ / \ / \ / \ / \ /		/5 /575	/		1	1
.2 Other Liability - Claims-Made											1	
7.3 Excess Workers' Compensation												
8.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2023

NAIC Company Code

		Gross Premiums, Including Policy		3	4	5	6	7	8	9	10	11	12
		Return Premiums and Premium 1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licenses
		Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
	Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability												
19.3	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)												
19.4	0.0												
21.1	Private Passenger Auto Physical Damage												
21.2	' Commercial Auto Physical Damage												
22	Aircraft (all perils)												
23	Fidelity												
24	Fidelity Surety												
26	Surety Burglary and Theft												
27	Boiler and Machinery												
28	Credit												
29	International												
30	Warranty												
31	Reins nonproportional assumed property	· · · · · · · · · · · · · · · · · ·		X.X.X	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX
32	Reins nonproportional assumed liability	· · · · · · · · · · · · · · · · · · ·	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.	TOTALS (a)	110,902,068	111,042,862	5,685,000	48,988,388	58,531,522	44,385,083	138,387,290	4,349,829	4,422,795	3,987,751	12,178,438	8,532,074
	DETAILS OF WRITE-INS			, ,				, ,			, ,	, ,	
0404	DETAILS OF THATE MA				_								
3401													
3402					1() N								
3498	Summary of remaining write-ins for Line 34 from overflow page												
3499													
0 100						1	1		1	1	l .		

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

NAIC Group Code

3490

72,050

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

0 and number of persons insured under indemnity only products

Footnotes	Amounts
(a) Finance and service charges not included in Lines 1 to 35 \$	72,050
(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	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2023

AIC Group Code 3490					TAL DURING THE YE	AR 2023				NAIC Company Cod	de 24017	
	Gross Premiums, Including Police Return Premiums and Prem		3	4	5	6	7	8	9	10	11	12
	1 Direct	2 Direct	Dividends Paid or Credited to	Direct Unearned	Direct Losses Paid			Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost	Commissions	Taxes,
	Premiums Written	Premiums Earned	Policyholders on Direct Business	Premium Reserves	(deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	and Brokerage Expenses	Licenses and Fees
1. Fire	Wildeli	Lamea	Direct Dusiness	110301103	Jaivage)	illoalloa	Oripaid	Expense i aia	Expense incurred	Experior Oripaid	Ехропосо	and r ccs
2.1 Allied lines												
2.2 Multiple Peril Crop	.											
2.3 Federal Flood 2.4 Private Crop	.											
Private Flood Farmowners Multiple Peril												
Farmowners Multiple Peril Homeowners 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												
.1 Medical Professional Liability - Occurrence												
.2 Medical Professional Liability - Claims-Made	.											
12. Earthquake	.											
6.1 Comprehensive (hospital and medical) ind (b)	.											
3.2 Comprehensive (hospital and medical) group (b)	. [1							1
14. Credit A & H (Group and Individual)	. [l		1		l	l			1	1
5.1 Vision Only (b)	.							l			l	1
5.2 Dental Only (b)												
5.3 Disability Income (b)												
i.4 Medicare Supplement (b)												
i.5 Medicaid Title XIX (b)	.											
i.6 Medicare Title XVIII (b)												
5.7 Long-Term Care (b)	.											
.8 Federal Employees Health Benefits Plan Premium (b)	.											
5.9 Other Health (b)	.											
16. Workers' Compensation	110,902,068	111,042,862	5,685,000	48,988,388	58,531,522	44,385,083	138,387,290	4,349,829	4,422,795	3,987,751	12,178,438	8,549
7.1 Other Liability - Occurrence						/5577775		1	/		1	1
7.2 Other Liability - Claims-Made	. [
7.3 Excess Workers' Compensation	.											
8.1 Products Liability - Occurrence	. [
18.2 Products Liability - Claims-Made	. [



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2023

NAIC Company Code

24017

	Gross Premiums, Including Policy Return Premiums and Premiums		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses Direct Losses	and Cost and Containment Cont	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licenses	
	Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability						1	I					
19.3 Commercial Auto No-Fault (Personal Injury Protection)	.					1						
19.4 Other Commercial Auto Liability	.					1						
21.1 Private Passenger Auto Physical Damage	.											
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)	.											
	.											
24. Surety 26. Burglary and Theft	.											
27. Boiler and Machinery												
28. Credit	.											
29. International	.											
30. Warranty	.											
31. Reins nonproportional assumed property	· · · · · · · · · · · · · · · · · · ·	XXX	XXX	<u></u>	x.x.x	XXX	XXX	X.X.X	XXX	X X X	XXX	X X X
32. Reins nonproportional assumed liability	.	· · · · · · · · · · · · · · · · · · ·		$\mathbf{X} \mathbf{X} \mathbf{X}$	XXX	XXX	XXX	XXX	X X X	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX		XXX	\+ (\\ \\ \\ \\ \\ \\ \\ \\	Y X X	XXX	XXX	Y X X X	XXX		XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	.				^^^							
35. TOTALS (a)	110,902,068	111,042,862	5,685,000	48,988,388	58.531.522	44,385,083	138,387,290	4,349,829	4,422,795	3,987,751	12.178.438	8,549,5
DETAILS OF WRITE-INS	,	,	3,200,000	10,000,000	10,011,022	,	,,	1,0.0,020	1,1=3,100	2,221,121	,,	2,2.2,2
	+											
3401.	.											
3402.	.											
3403.	.											
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)							1	1				

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

NAIC Group Code

3490

72,050

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

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

1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
94-1390273 13-2673100	19801 / 22039 (Argonaut Insurance Company General Reinsurance Corporation	DE	8,361		6,101 1,908	6,101 1,908		2,888	3,802		2,014	2,200	20,503
0999999	Total Other I	U.S. Unaffiliated Insurers *#		8,361		8,009	8,009		2,888	3,802		2,014	2,200	20,503
														,
						[
						[
						[
9999999	Totals		L	8,361	ļ	8,009	8,009		2,888	3,802		2,014	2,200	20,503

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1	2 NAIC	3 Name	4 Date	5 Original	6
ID Number	Company Code	of Company	of Contract	Original Premium	Reinsurance Premium
			<u></u>		
		NON			

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

1	2	3 4	5	6					Reinsurance F	Recoverable On		-	-		Reinsuran	ice Payable	19	20
	_				7	8	9	10	11	12	13	14	15	16	17	18	1 "	20
	NAIC Company	Name of Domiciliar	· 1	Reinsurance Premiums	Paid	Paid	Known Case Loss	Known Case LAE	IBNR Loss	IBNR LAE	Unearned	Contingent	Cols. 7 through 14	Amount in Dispute Included in	Ceded Balances	Other Amounts Due to	Net Amount Recoverable From Reinsurers Cols. 15 –	Funds Held by Company Under Reinsurance
Number	Code	Reinsurer Jurisdiction	n Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
13-2673100 39-1338397	22039 37273	General Reinsurance Corporation DE AXIS Insurance Company IL		3,995	272	5	14,862	274	3,249	91	65		18,818		2	20	18,716	
06-1430254	10348	Arch Reinsurance DE		128							2		2		5		(3)	
13-4924125 74-2195939	10227 42374	Munich Reinsurance America, Inc. DE Sutton Special Risk TX		321							5		5		13		(8)	
13-1290712	20583	XL Reinsurance America Inc. NY		77							1		1		3		(2)	
48-0921045	39845	Westport Insurance Corp MO			35		298	5					338				338	
0999999	Total Authorize	ed - Other U.S. Unaffiliated Insurers		4,641	307	5	15,160	279	3,249	91	76		19,167		109	20	19,038	
AA-3190829 AA-1128987	0	Markel Bermuda Limited BMU Ambridge Partners LLC/Lloyds Syndicate 2987 BRT		109							2		2		4		(2)	
AA-1126609 AA-1128987	0	Lloyd's Syndicate 0609 (AUW) AUW Lloyd's Syndicate 2987 (BRT) BRT		136							2		2		7		(1)	
AA-1120084	0	Lloyd's Syndicate 1955 (BAR) BAR		33											1		(1)	
AA-1127414 AA-1129000	0	Lloyd's Syndicate 1414 (ASC) ASC Lloyd's Syndicate 3000 (MKL) MKL		33 158											1		(1)	
7011123000	· · · · · × · · · ·	Indiana Contract Cont																
1299999	Total Authorize	ed - Other Non-U.S. Insurers#		618							8		8		22		(14)	
1499999	Total Authorize	ed - Total Authorized Excluding Protected Cells		5,259	307	5	15,160	279	3,249	91	84		19,175		131	20	19,024	
06-1463851	10717	Aspen Specialty Insurance Company ND		21							1		1		2		(1)	
2399999		rized - Other U.S. Unaffiliated Insurers	,	21							1		1		2		(1)	
2799999	Total Unauthor	rized - Protected Cells																
2899999	Total Unauthor	ized - Total Unauthorized Excluding Protected Cells		21							1		1		2		(1)	

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

1	2	3	4	5	6					Painsurance F	Recoverable On					Reinsurano	ne Pavahle	19	20
. '			'	3		7	8	9	10	11	12	13	14	15	16	17	18	13	20
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	Funds Held by Company Under Reinsurance Treaties
																-			
5799999	Total Authorize	d, Unauthorized and Certified Excluding Pro	otected Cells		5,280	307	5	15,160	279	3,249	91	85		19,176		133	20	19,023	
																			1
9999999	Totals				5,280	307	5	15,160	279	3,249	91	85	1	19,176		133	20	19,023	1

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

		0-11-41			0.5	00	07	T			0-4	- d D-i	- O dit Diele			
	21	Collateral 22	23	24	25	26	27	28	29	30	31	ed Reinsuranc 32	e Credit Risk	34	35	36
		22	20	24				20	23	30	31	32		34	Credit Risk o	30
ID Number From	Name of Multiple Reinsurer Beneficiary From Col. 3 Trusts	Letters of Credit	Issuing or Confirming Bank Reference	Single Beneficiary Trusts & Other Allowable Collateral	Held, Payables &	Net Recoverable Net of Funds Held &	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation	Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Col. 1	FIOIII Coi. 5	Credit	Number	Collateral	Collateral	Collateral	(COI. 76)	(Cols. 15-27)	120%)	C01. 29)	30)	Col. 31)	32)	Equivalent	Col. 34)	Col. 34)
13-2673100	General Reinsurance Corporation		0)	102	18,716		18,818	22,582	102	22,480		22,480	1		360
39-1338397	AXIS Insurance Company		.)	11			1	1	1				3		
06-1430254 13-4924125	Arch Reinsurance Munich Reinsurance America, Inc.		.)	2			2	2	2				2		
74-2195939	Sutton Special Risk		.											1		
13-1290712	XL Reinsurance America Inc.)	1			1	1	1				2		
48-0921045	Westport Insurance Corp		0		-	338		338	406		406		406	2		9
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX		113	19,054		19,167	23,000	114	22,886		22,886	XXX		368
A A 2400020	Madel Damida Linited		.													
AA-3190829 AA-1128987	Markel Bermuda Limited Ambridge Partners LLC/Lloyds Syndicate 2987		.	/										3		
AA-1126609	Lloyd's Syndicate 0609 (AUW)		.	, 	2			2	2	2				3		
AA-1128987	Lloyd's Syndicate 2987 (BRT)		.		2			2	2	2				3		
AA-1120084	Lloyd's Syndicate 1955 (BAR)		0)	-									3		[
AA-1127414	Lloyd's Syndicate 1414 (ASC)		.)	ļ .									3		
AA-1129000	Lloyd's Syndicate 3000 (MKL)		.)	2			2	2	2						
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX		8			8	8	8				XXX		
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX		121	19,054		19,175	23,008	122	22,886		22,886	XXX		368
142222					121	19,034			23,000	122	22,000		22,000	^^^		300
06-1463851	Aspen Specialty Insurance Company)	1			1	1	1				.3		
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers		XXX		1			1	1	1				XXX		
2799999	Total Unauthorized - Protected Cells		XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		XXX	1	1			1	1	1				XXX		

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

_																		
				llateral		1	25	26	27					ed Reinsuranc				
			21	22	23	24				28	29	30	31	32	33	34	35	36
	ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral		Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
5	799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX		122	19,054		19,176	23,009	123	22,886		22,886	XXX		368
23.1																		
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Ι.																		1
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Ŀ																		
ç	99999	Totals			XXX		122	19,054		19,176	23,009	123	22,886		22,886	XXX		368

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

									1 44	1 45	1 40		1 40	1 40				T 50
		37	rance Recove	erable on Paid I	Overdue	Paid Loss Adj	ustment Expe	nses 43	44	45	46	47	48	49	50	51	52	53
		31	38	39	40	41	42	75			•							
									Total Recoverable	Recoverable on Paid Losse		Recoverable on Paid Losse			Percentage of			
ID Number	No. of						Total	Total Due Cols. 37 + 42	on Paid Losses & LAE Amounts in	& LAE Over 90 Days Past Due Amounts	Total Recoverable on Paid Losses &	& LAE Over 90 Days Past Due Amounts	Assessments	Danastana	Amounts More Than 90 Days Overdue Not	Percentage Mor		Amounts in Col. 4
Number From	Name of Reinsurer		1- 29	30 - 90	91 - 120	Over 120	Overdue Cols. 38 +	(In total should Equal	Dispute Included in	in Dispute Included in	LAE Amounts Not in Dispute	Not in Dispute (Cols. 40 +	Amounts Received Price	Percentage		Than 120 Days Overdue	in Col. 50 Less Than 20%?	for Reinsurers wit Values Less Tha
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. 41/Col. 43)	(Yes or No)	20% in Col. 50
-			,-	,-							(**************************************			1	,	(**************************************	(**************************************	
	General Reinsurance Corporation	277						277			277						YES	
39-1338397 06-1430254	AXIS Insurance Company																YES YES	
13-4924125	Arch Reinsurance Munich Reinsurance America, Inc.																YES	
74-2195939	Sutton Special Risk													1			YES	
13-1290712	XL Reinsurance America Inc.																YES	1
48-0921045	Westport Insurance Corp	35						35			35						YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	312						312			312						XXX	
	Markel Bermuda Limited																YES	
	Ambridge Partners LLC/Lloyds Syndicate 2987 Lloyd's Syndicate 0609 (AUW)																YES YES	
AA-1128987	Lloyd's Syndicate 0005 (ACW)																YES	
	Lloyd's Syndicate 1955 (BAR)													1			YES	
AA-1127414	Lloyd's Syndicate 1414 (ASC)								I								YES	1
AA-1129000	Lloyd's Syndicate 3000 (MKL)																YES	
1299999	Total Authorized - Other Non-U.S. Insurers#																XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	312						312			312						XXX	
1+33333		312						312			312						^^^	
06-1463851	Aspen Specialty Insurance Company																YES	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers																XXX	
2799999	Total Unauthorized - Protected Cells																XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells																XXX	

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

									1	T T				T T			
			rance Recove	rable on Paid		Paid Loss Adj	ustment Expe		44	45 46	6 47	48	49	50	51	52	53
		37	38	39	Overdue 40	41	42	43									-
			30	39	40	41	42							1			'
														1			
														1			
														1			
														1			
									Total	Recoverable	Recove	rahle		1			
									Recoverable	on Paid Losse	on Paid	•		Percentage of			
									on Paid Losses	& LAE Over Tot				Amounts More			
								Total Due	& LAE	90 Days Past Recover		•		Than 90 Days			
l ID							Total	Cols. 37 + 42	Amounts in	Due Amounts Paid Los		1			Percentage Mor	Is the Amount	Amounts in Col. 4
Number	Name of						Overdue	(In total should	Dispute	in Dispute LAE Am	•	1	Percentage	1	Than 120 Days	in Col. 50 Less	for Reinsurers wit
From	Reinsurer		1- 29	30 - 90	91 - 120	Over 120	Cols. 38 +	Equal	Included in	Included in Not in D	1		-	1 1	Overdue	Than 20%?	Values Less Tha
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+ 40 + 41	Cols. 7 + 8)	Col. 43	Cols. 40 & 41 (Cols. 4)		•	42/Col. 43	1 '	Col. 41/Col. 43)	(Yes or No)	20% in Col. 50
	110.11 00.11 0	- Culton	Dayo	24,0	24,0	Dajo		30.0 0)	00 10	(00.0. 10 0. 1.	,	.0, 00 20,0	12/00 10	1.0 .0, ((100 0.110)	2070 111 0011 00
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C	312						312			312					XXX	
														.			
														.			
														1			
														1			
9999999	Totals	312						312			312					XXX	

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

					•												
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	Otherwise Enter 0	69
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective D of Certififed Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catatrophic Recoverables Qualifying for Collateral Deferral	Net Recoverable Subject to Collatereal Requirement for Full Credi (Col. 19 - Col. 57)	1	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col.22 + Col. 24]/ Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collate Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Du to Collateral Defciency (Col. 19 - Col. 63)	on Paid Losse % LAE Over 90 Days Past Due Amounts Not in Dispute	Total Collater Provided (Col. 20 + Col 21 + Col. 22 Col.24; not to Exceed Col 6	Which Credit is Allowed	20% of Amount	Provision for Overdue Reinsurance Ced to Certified Reinsurers (Grea of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63
13-2673100 39-1338397 06-1430254 13-4924125 74-2195939 13-1290712 48-0921045	General Reinsurance Corporation AXIS Insurance Company Arch Reinsurance Munich Reinsurance America, Inc. Sutton Special Risk XL Reinsurance America Inc. Westport Insurance Corp	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 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 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	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829 AA-1128987 AA-1126609 AA-1128987 AA-1120084 AA-1127414 AA-1129000	Markel Bermuda Limited Ambridge Partners LLC/Lloyds Syndicate 2987 Lloyd's Syndicate 0609 (AUW) Lloyd's Syndicate 2987 (BRT) Lloyd's Syndicate 1955 (BAR) Lloyd's Syndicate 1414 (ASC) Lloyd's Syndicate 3000 (MKL)	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	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 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	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells		1		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1463851	Aspen Specialty Insurance Company	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers	1	1	1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2799999	Total Unauthorized - Protected Cells		_		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	1	1		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

	T	I			(1 10 10 10 1			Certilled IVer									
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	therwise Enter 0	69
						Net Recoverable Subject to		Percent of Collateral Provided for Net Recoverables Subject to Collateral	Percent Credit Allowed on Net Recoverables	20% of Recoverable on Paid Losses	Amounts of	Provision for Reinsurance with Certified	20% of Recoverable on Paid Losse	66 Total Collater	67	68	Provision for Overdue Reinsurance Ced
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective D of Certififed Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catatrophic Recoverables Qualifying for Collateral Deferral	Collatereal Requirement for Full Credi (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col 56 * Col. 58)	Requirements ([Col. 20 + Col. 21 + Col.22 + Col. 24]/ Col. 58)	Subject to Collate Requirements (Col. 60 / Col. 56, not to exceed 100%)	& LAE Over 90 Days Past Due Amounts in Dispute	Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	Reinsurers Du to Collateral Defciency (Col. 19 - Col. 63)	% LAE Over 90 Days Past Due Amounts Not in Dispute	Provided (Col. 20 + Col 21 + Col. 22 Col.24; not to	Net Unsecured Recoverable fo Which Credit	20% of Amount in Col. 67	to Certified Reinsurers (Grea of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63
5799999	Lack Total Authorized, Unauthorized and Certified Excluding Protected Cell	ls						XXX	XXX								
			1														
9999999	Totals							XXX	XXX								

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

		70			Provision for Over	due Authorized and				
			Provision for Unau	thorized Reinsurance	•	iction Reinsurance		Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
			71	12	Complete if Col. 52 = "Yes"; Otherwise Enter 0	Complete if Col. 52 = "No"; Otherwise Enter 0	73	70	11	70
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 +77)
	.									
13-2673100	General Reinsurance Corporation		XXX	XXX				XXX	XXX	
39-1338397	AXIS Insurance Company		XXX	XXX				XXX	XXX	
06-1430254	Arch Reinsurance		XXX	XXX				XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.		XXX	XXX				XXX	XXX	
74-2195939	Sutton Special Risk		XXX	XXX				XXX	XXX	
13-1290712	XL Reinsurance America Inc.		XXX	XXX				XXX	XXX	
48-0921045	Westport Insurance Corp		XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA 2100920	Madra Damuda Limitad									
AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
AA-1128987	Ambridge Partners LLC/Lloyds Syndicate 2987		XXX	XXX				XXX	XXX	
AA-1126609	Lloyd's Syndicate 0609 (AUW)		XXX	XXX					XXX	
AA-1128987	Lloyd's Syndicate 2987 (BRT)							XXX		
AA-1120084 AA-1127414	Lloyd's Syndicate 1955 (BAR)	.	XXX	XXX				XXX	XXX	
	Lloyd's Syndicate 1414 (ASC)			XXX				• • • • • • • • • • • • • • • • • • •		
AA-1129000	Lloyd's Syndicate 3000 (MKL)		XXX					XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX				XXX	XXX	
06-1463851	Aspen Specialty Insurance Company				XXX	xxx	XXX		xxx	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX		XXX	
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		XXX	
2033333	rotal oriauthorized - rotal oriauthorized Excluding Protected Cells			1				1		

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

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

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

		ggg	inks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)	
1	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	
9999999 Total				

Interrogatories for Schedule F, Part 3 (000 Omitted)

	1	2	3	
	Name of Reinsurer	Commission Rate	Ceded Premium	
1.				
2.				
3.				
4.				
5.				
B.	Report the five largest reinsurance recoverables reported in F, Part 3, Line 9999999, Column 15, the amount of ceded	·		s, Schedule
B.		·		s, Schedule
В.		·		s, Schedule 4 Affiliated
B. 6.	F, Part 3, Line 9999999, Column 15, the amount of ceded	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4
	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer	premium, and indicate whether the recoverable 2 Total Recoverables	s are due from an affiliated insurer. 3 Ceded Premium	4 Affiliated
6.	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer General Reinsurance Corporation	premium, and indicate whether the recoverable 2 Total Recoverables	s are due from an affiliated insurer. 3 Ceded Premium 3,995	4 Affiliated Yes[] No[X]
6. 7.	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer General Reinsurance Corporation Arch Reinsurance	premium, and indicate whether the recoverable 2 Total Recoverables 18,818 2	s are due from an affiliated insurer. 3 Ceded Premium 3,995 128	4 Affiliated Yes[] No[X] Yes[] No[X]

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

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	395,272,988		395,272,988
2.	Premiums and considerations (Line 15)	37,168,067		37,168,067
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	312,056	(312,056)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	3,922,115		3,922,115
6.	Net amount recoverable from reinsurers		19,022,558	19,022,558
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	436,675,226	18,710,502	455,385,728
LIABIL	ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	151,738,970	18,778,116	170,517,086
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	19,533,558		19,533,558
11.	Unearned premiums (Line 9)	54,584,736	84,782	54,669,518
12.		2,261,406		2,261,406
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	6,008,000		6,008,000
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	132,794	(152,397)	(19,603)
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)	1,095,694		1,095,694
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	351,203		351,203
19.	Total liabilities excluding protected cell business (Line 26)	235,706,361	18,710,501	254,416,862
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	200,968,865	XXX	200,968,865
22.		436,675,226	18,710,501	455,385,727

or pooling arrangements? Yes [] No [X]

If yes, give full explanation:

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	To	otal	Compreh (Hospita Medic Indivic	al and cal)	(Hos	rehensive pital and edical) Group	Med Suppl	10010	Visio	n Only	Denta	l Only	Federal E Health Pi	Employees Benefits lan
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX
Premiums earned		XXX		XXX		XXX	l	XXX	I	XXX		XXX		XXX
Incurred claims										1			1	1
Cost containment expenses														
Incurred claims and cost	1	1				1	I		I	1			1	1
containment expenses (Lines 3 and 4)														
Increase in contract reserves														
7. Commissions (a)														
Other general insurance expenses														
Q Tayon licenses and foos														
10. Total other expenses incurred														
11 Aggregate write-ins for deductions														
12. Gain from underwriting before														
dividends or refunds							Ì							
13. Dividends or refunds														
14. Gain from underwriting after														
dividends or refunds									•					
DETAILS OF WRITE-IN LINES														
1101.														
1102.						N	<u></u>							
1198. Summary of remaining write-ins														
for Line 11 from overflow page									•					
1100 Totals (Lines 1101 through 1103		+								 				+
plus 1198) (Line 11 above)							1			1				

		re Title	Medic	aid Title		Credit	Dis	ability	Long-	Term		ther
	X\	/III	X	KIX		A&H	Inc	come	Ča	re	l H	ealth
	15	16	17	18	19	20	21	22	23	24	25	26
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
Premiums earned Incurred claims		XXX		XXX		XXX	.	XXX		XXX		XXX
Cost containment expenses												
Incurred claims and cost												
containment expenses						1	•	1				
(Lines 3 and 4)					}	ł						1
6. Increase in contract reserves												
7. Commissions (a)												
Other general insurance expenses												
8. Other general insurance expenses												
9. Taxes, licenses and fees												
Total other expenses incurred												1
Aggregate write-ins for deductions												1
Gain from underwriting before												
dividends or refunds	l	 		1	l	.	.	1			l	1
Dividends or refunds												
Gain from underwriting after												1
dividends or refunds												
DETAILS OF WRITE-IN LINES												
1.												1
2.	l	[. [1				1			l	1
3.	[l						1			l	1
Summary of remaining write-ins												1
for Line 11 from overflow page					•							
9. Totals (Lines 1101 through 1103												
plus 1198) (Line 11 above)					1		1	1			1	1

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued) PART 2 - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A Premium Reserves:													
Unearned premiums										•			
2. Advance premiums													1
Reserve for rate credits									1				1
4. Total premium reserves, current year													
5. Total premium reserves, prior year													1
Increase in total premium reserves					NO								
B Contract Reserves:					N ()	NH							
Additional reserves (a)			l										1
Reserve for future contingent benefits													
Total contract reserves, current year									1				
Total contract reserves, prior year													
Increase in contract reserves		1	l		l	l		l	1	l		1	1
C Claim Reserves and Liabilities:													
Total current year			l					l	1				1
Total prior year													
3. Increase													
				PART 3 - TEST O	F PRIOR YEAR'S	CLAIM RESERVES	AND LIABILITIES						
Claims paid during the year:													
1.1 On claims incurred prior to current year													
1.2 On claims incurred during current year													
2. Claim reserves and liabilities, December 31, current y					NO								
2.1 On claims incurred prior to current year			l		N()			l					1
2.2 On claims incurred during current year					110			l					
3. Test:													
3.1 Lines 1.1 and 2.1													
3.2 Claim reserves and liabilities, December 31, prio													
3.3 Line 3.1 minus Line 3.2													
					PART 4 – RE	INSURANCE							
A Reinsurance Assumed:													
Premiums written]					[1
2. Premiums earned				[[
3. Incurred claims					NIA		[I					
4. Commissions						NE		<u> </u>					
B Reinsurance Ceded:					110								
Premiums written		I	[[l	[1			1
2. Premiums earned				[[
3. Incurred claims							[I					
4. Commissions			1						1	1			1

(a) Includes \$ ______0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

1	2	3	4	5	6	7	8	9	10	11	12	13
Comprehensive (Hospital and	Comprehensive	·			Federal Employees	Medicare						
Medical) Individual	(Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Health Benefits Plan	Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health	Total
				•								
					1							
				•								
				<u> </u>	L. <u></u>							
				$\mathbf{N} \leftarrow \mathbf{M}$								
	(Hospital and Medical)	(Hospital and Comprehensive Medical) (Hospital and	(Hospital and Comprehensive Medicare Medicare	(Hospital and Comprehensive Medical) (Hospital and Medicare Vision	(Hospital and Comprehensive Medical) (Hospital and Medicare Vision Dental	(Hospital and Comprehensive Employees Medical) (Hospital and Medicare Vision Dental Health Benefits	(Hospital and Comprehensive Employees Medicare Medical) (Hospital and Medicare Vision Dental Health Benefits Title	(Hospital and Comprehensive Employees Medicare Medical) (Hospital and Medicare Vision Dental Health Benefits Title Medicaid	(Hospital and Comprehensive Employees Medicare Medical Credit	(Hospital and Comprehensive Employees Medicare Medical Credit Disability	(Hospital and Comprehensive Employees Medicare Medicare Medical Credit Disability Long-Term	Comprehensive (Hospital and Comprehensive Employees Medicare Medical) (Hospital and Medicare Vision Dental Health Benefits Title Medicaid Credit Disability Long-Term Other

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	xxx	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017							ARIE					
6. 2018 7. 2019						NU)NE					
8. 2020							[
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

	•		Losses	Unpaid	-	Defens	se and Cost (Containment	l Innaid	Δdiust	ing and	23	24	25
		Case	Basis		· IBNR		Basis		- IBNR	· ·	Unpaid	20	24	Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
<u> </u>	,	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017								IE					
7.	2018								NE					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

			Total Losses an			Loss Expense Fred/Premiums E	_	Nontabula	ar Discount	34 Inter-		nce Sheet fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct				Lana	Pooling	Lanna	Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	Prior	XXX	XXX	xxx	XXX	XXX	XXX			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017						ON					
6. 7.	2018											
8.	2019					 .		. 				
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	xxx	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017							ARIE					
6. 2018 7. 2019						NU)NE					
8. 2020							[
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

	,		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017						🔼 .							
6.	2018							l(()).[`	VE					
7.	2019								 .					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

			Total Losses an			Loss Expense F	•	Nontahula	ır Discount	34 Inter-		nce Sheet
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and	0.1.1		and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2014											
3.	2015											
5.	2016 2017											
6.	2018						$\mathbf{O}V$					
7.						I . Y	OIN					
8.	2020											
9.	2021											
10.	2022											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	xxx	XXX									XXX
2. 2014												
3. 2015												
4. 2016 5. 2017												
5. 2017 6. 2018)NE	<u> </u>				
7. 2019						INC	INC	<u> </u>				
8. 2020												
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

	•		Losses	Unpaid	-	Defens	se and Cost (Containment	l Innaid	Δdiust	ing and	23	24	25
		Case	Basis		· IBNR		Basis		- IBNR	· ·	Unpaid	20	24	Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
<u> </u>	,	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017								IE					
7.	2018								NE					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

			Total Losses an			Loss Expense Fred/Premiums E	_	Nontabula	ar Discount	34 Inter-		nce Sheet fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct				Lana	Pooling	Lanna	Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	Prior	XXX	XXX	xxx	XXX	XXX	XXX			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017						ON					
6. 7.	2018											
8.	2019					 .		. 				
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

	Pre	emiums Earne	ed			Los	s and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	4,271	1,180	137	17	154		185	3,365	XXX
2. 2014	126,456	7,849	118,607	72,376		5,932		14,770		2,295	93,078	8,557
3. 2015	135,250	8,033	127,217	74,417		6,785		15,181		1,779	96,383	8,393
4. 2016	139,815	7,408	132,407	70,197		6,275		15,073		1,207	91,545	7,980
5. 2017	132,505	6,169	126,336	62,534		6,577		15,006		1,187	84,117	7,340
6. 2018	128,222	5,552	122,670	62,482		5,631		13,281		1,157	81,394	6,951
7. 2019	126,600	5,465	121,135	55,562		4,612		13,396		929	73,570	6,457
8. 2020	112,231	5,076	107,155	39,513		4,281		16,347		354	60,141	4,466
9. 2021	104,146	4,666	99,480	38,867		3,022		6,525		284	48,414	4,413
10. 2022	112,637	4,936	107,701	34,345		3,174		9,398		117	46,917	4,606
11. 2023	119,407	5,280	114,127	17,458		1,597		7,293		20	26,348	4,430
12. Totals	XXX	XXX	XXX	532,022	1,180	48,023	17	126,424		9,514	705,272	XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
	Case I	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	37,882	13,003	4,058		797	260	2		3,833			33,309	88
2. 2014	2,303	419	734	30	65		5		287			2,945	11
3. 2015	1,871	105	590	89	83	1	9		202			2,560	14
4. 2016	1,693		902	200	80		15		239			2,729	20
5. 2017	894		1,803	223	90		17		261			2,842	21
6. 2018	3,636	175	1,433	199	221		21		479			5,409	44
7. 2019	3,692		2,710	322	195		25	4	591			6,887	49
8. 2020	3,053		3,358	332	128		45	9	625			6,868	46
9. 2021	10,100	633	3,877	380	449	2	96		1,336			14,832	113
10. 2022	9,875		11,490	674	740		142	25	1,958			23,506	268
11. 2023	20,158	825	24,506	799	1,856	10	257	41	4,751			49,853	1,207
12. Totals	95,157	15,160	55,461	3,248	4,704	280	634	90	14,562			151,740	1,881

		То	tal Losses and		Loss and I	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss E	Expenses Incu	rred	(Incurr	ed/Premiums E	arned)	Nontabula	ar Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX	28,937	4,372
2.	2014	96,472	449	96,023	76.289	5.720	80.959				2,588	357
3.	2015	99,138	195	98,943	73.300	2.427	77.775				2,267	293
4.	2016	94,474	200	94,274	67.571	2.700	71.200				2,395	334
5.	2017	87,182	223	86,959	65.795	3.615	68.832				2,474	368
6.	2018	87,184	381	86,803	67.995	6.862	70.761				4,695	714
7.	2019	80,783	326	80,457	63.810	5.965	66.419				6,080	807
8.	2020	67,350	341	67,009	60.010	6.718	62.535				6,079	789
9.	2021	64,272	1,026	63,246	61.713	21.989	63.577			[12,964	1,868
10.	2022	71,122	699	70,423	63.143	14.161	65.388			[20,691	2,815
11.	2023	77,876	1,675	76,201	65.219	31.723	66.769				43,040	6,813
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	132,210	19,530

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	xxx	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017							ARIE					
6. 2018 7. 2019						NU)NE					
8. 2020							[
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

	,		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017						📭 .							
6.	2018							l(()).[`	VE					
7.	2019								 .					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

			Total Losses an			Loss Expense Fred/Premiums E	_	Nontabula	ar Discount	34 Inter-		nce Sheet fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct				Lana	Pooling	Lanna	Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	Prior	XXX	XXX	xxx	XXX	XXX	XXX			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017						ON					
6. 7.	2018											
8.	2019					 .		. 				
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1F – SECTION 1 MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017)NE					
6. 2018						INC						
7. 2019						·		<u> </u>				
8. 2020 9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and	4	and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016													
5. 2017						\							
6. 2018						· · · · · \	I (· ·) I	NE					
7. 2019								7					
8. 2020													
9. 2021													
10. 2022													
11. 2023													
12. Totals				·									

		1	 Γotal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	s Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							. 				
6.	2018					l N						
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1F - SECTION 2 MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017)NE					
6. 2018						NU	INC					
7. 2019 8. 2020												
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016													
5. 2017													
6. 2018								NE					
7. 2019													
8 2020													
9. 2021													
10. 2022 11. 2023													
12. Total													

			otal Losses an		Ī	Loss Expense Fred/Premiums E	_	Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	2000	Ехропос	XXX	Oripaid	Оприи
2.	2014											
3.	2015											
4.	2016											
5.	2017											
6.	2018						ION	. 				
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												XXX
3. 2015												XXX
4. 2016												XXX
5. 2017)NE					XXX
6. 2018 7. 2019						INC	INE	<u>.</u>				XXX
8. 2020						-		<u> </u>				XXX
9. 2021												XXX
10. 2022												XXX
11. 2023												XXX
12. Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
			4									Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017						.							
6.	2018								NE					
7.	2019								4 —					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

		1	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred		ed/Premiums E	-	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017											
6.	2018						ON					
. 7.												
8.	2020											
9.	2021											
10.	2022											
11.										.,,,,,		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1H – SECTION 1 OTHER LIABILITY – OCCURRENCE

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	xxx	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017)NE					
6. 2018 7. 2019						INC	MI					
7. 2019 8. 2020								-				
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

	•		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017						🔊							
6.	2018								VE					
7.	2019													
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

		7	Total Losses an	d	Loss and I	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							l. 				
6.	2018					N	ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1H - SECTION 2 OTHER LIABILITY - CLAIMS-MADE

	Pi	remiums Earn	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017												
6. 2018						INC	INE					
7. 2019												
8. 2020												
9. 2021												
10. 2022 11. 2023												
11. 2023 12. Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Pr	ior													
)14													
)15													
	16													
5. 20														
)18								NE					
1	19													
)20													
)21													
10. 20 11. 20)22													
	otals													

		7	Total Losses an	d	Loss and I	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							l. 				
6.	2018					N	ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number o
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX			110						XXX
2. 2022						NO	ME					XXX
3. 2023						146						XXX
4. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2022						N							
3. 2023						1							
4. Totals													

	1	Total Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
	Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct			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		
2. 2022											
3. 2023					1 1						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX			110						XXX
2. 2022							ME	- · · · · · · · · · · · · · · · · · · ·				
3. 2023						146	III					
4. Totals	XXX	XXX	XXX	·								XXX

		Losses	Unpaid		Defens	se and Cost (Containment I	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2022						l N							
3. 2023													
4. Totals													

	1	otal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
	Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct			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		
2. 2022											
3. 2023											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1K - FIDELITY/SURETY

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX			NIC						XXX
2. 2022						N()NE					XXX
3. 2023						110						XXX
4. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior						📭							
2. 2022						N							
3. 2023						1		7 L					
4. Totals													

		Т	otal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	ırred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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		
2.	2022											
3.	2023											
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

	Pi	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number o
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assume
1. Prior	XXX	XXX	XXX			NIA						XXX
2. 2022						N) NE					XXX
3. 2023						146						XXX
4. Totals	XXX	XXX	XXX									l xxx

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2022						l N							
3. 2023													
4. Totals													

		Total Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
	Los	s Expenses Inc	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct	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		
2. 2022											
3. 2023											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1M - INTERNATIONAL

		Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Y	ears in	1	2	3			Defense	and Cost	Adju	sting	10	11	
	Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Pr	remiums				4	5	6	7	8	9		Total	Claims
	Were										Salvage	Net Paid	Reported
Ea	rned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Los	ses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
lı lı	ncurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2014												XXX
3.	2015												XXX
4.	2016												XXX
5.	2017												XXX
6.	2018						N()NE					XXX
. 7	2019												XXX
8.	2020												XXX
9.	2021												XXX
10.	2022												XXX
11.	2023												XXX
12.	Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. P	rior													
2. 20	014													
	015													
	016													
5. 20	017						.							
	018								VE.					
7. 20	019						1		T L					
	020													
	021													
10. 20	022													
11. 20	023													
12. To	otals													

	•	7	Total Losses an	d	Loss and I	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							 				
6.	2018						ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	P	remiums Earne	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												XXX
3. 2015												XXX
4. 2016												XXX
5. 2017												XXX
6. 2018						INC)NE	<u> </u>				XXX
7. 2019												XXX
8. 2020												XXX
9. 2021												XXX
10. 2022 11. 2023												XXX
11. 2023 12. Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													XXX
2.	2014													XXX
3.	2015													XXX
4	2016													XXX
5.	2017													XXX
6.	2018						N		NE					XXX
7.	2019													XXX
8.	2020													XXX
9.	2021													XXX
10.	2022													XXX
11.	2023													XXX
12.	Totals													XXX

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							. 				
6.	2018											
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 10 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												XXX
3. 2015												XXX
4. 2016												XXX
5. 2017												XXX
6. 2018							INE					XXX
7. 2019												XXX
8. 2020												XXX
9. 2021												XXX
10. 2022 11. 2023												XXX
11. 2023 12. Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													XXX
2.	2014													XXX
3.	2015													XXX
4	2016													XXX
5.	2017													XXX
6.	2018						N		NE					XXX
7.	2019													XXX
8.	2020													XXX
9.	2021													XXX
10.	2022													XXX
11.	2023													XXX
12.	Totals													XXX

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							. 				
6.	2018											
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												XXX
3. 2015												XXX
4. 2016												XXX
5. 2017												XXX
6. 2018						NU)NE					XXX
7. 2019												XXX
8. 2020 9. 2021												XXX
10. 2022												XXX
11. 2023												XXX
12. Totals	XXX	XXX	XXX									XXX

	•		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													XXX
2.	2014													XXX
3.	2015													XXX
4	2016													XXX
5.	2017													XXX
6.	2018						N	()	NE					XXX
7.	2019						T		7 L					XXX
8.	2020													XXX
9.	2021													XXX
10.	2022	l												XXX
11.	2023													XXX
12.	Totals													XXX

		Т	otal Losses an	d	Loss and I	Loss Expense F	Percentage		-	34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							l. 				
6.	2018					l N	ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1R – SECTION 1 PRODUCTS LIABILITY – OCCURRENCE

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017							ARIC					
6. 2018 7. 2019						INC)NE					
8. 2020						·		<u> </u>				
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2014													
3.	2015													
4.	2016													
5.	2017													
6.	2018						N	101						
7.	2019						1		Y L					
8.	2020													
9.	2021													
10.	2022													
11.	2023													
12.	Totals													

		7	Total Losses an	d	Loss and I	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							l. 				
6.	2018					N	ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1R - SECTION 2 PRODUCTS LIABILITY - CLAIMS-MADE

	Р	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containme	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. 2016												
5. 2017)NE					
6. 2018						INC	INC					
7. 2019 8. 2020												
9. 2021												
10. 2022												
11. 2023												
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment I	Unpaid	Adjust	ing and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2014													
3. 2015													
4. 2016													
5. 2017						.							
6. 2018								VE.					
7. 2019								T L					
8. 2020		1											
9. 2021													
10. 2022		1											
11. 2023													
12. Totals													

		1	Γotal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	s Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017							I. 				
6.	2018					. N	ON					
7.	2019											
8.	2020											
9.	2021											
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1S FINANCIAL GUARANTY/MORTGAGE GUARANTY

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX			NIC						XXX
2. 2022						N(INE					XXX
3. 2023						146						XXX
4. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		Defens	se and Cost (Containment (Unpaid	Adjust	ing and	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior 2. 2022								JE					
3. 2023								T L.					
4. Totals													

		7	otal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct	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		
2.	2022											
3.	2023											
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1T - WARRANTY

	Pı	remiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX			110						XXX
2. 2022							ME	- · · · · · · · · · · · · · · · · · · ·				
3. 2023						146	III					
4. Totals	XXX	XXX	XXX	·								XXX

		Losses	Unpaid		Defens	se and Cost (Containment I	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2022						l N							
3. 2023													
4. Totals													

	1	otal Losses an	d	Loss and I	Loss Expense F	Percentage			34	Net Bala	nce Sheet
	Loss	Expenses Incu	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Company	35	36
	Direct			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		
2. 2022											
3. 2023											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014		1										
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		RI) N I F					
7. 2019	XXX	XXX	XXX	XXX	XXX		INL					
8. 2020	XXX	XXX	XXX	XXX	XXX	X X X X	[· · - · - ·	<u> </u>				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
					· ·		· ·	12 Totals				

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

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX			NRIL					
7. 2019	XXX	XXX	XXX	XXX	XXX		JINE					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12 Totals	•	•		

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX			l		L				
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX) IN F					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
					•	•		12. Totals				

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

Years in	INCURRE	D NET LOSS	S AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	MITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	77,423	84,412	88,833	92,291	98,817	100,507	103,436	103,354	105,852	104,847	(1,005)	1,493
2. 2014	71,727	72,476	77,645	79,693	81,150	81,189	81,143	80,706	81,005	80,966	(39)	260
3. 2015	XXX	76,340	78,550	82,726	84,528	84,306	84,151	84,175	83,580	83,560	(20)	(615)
4. 2016	XXX	XXX	78,929	82,164	79,898	79,366	79,267	79,844	79,361	78,962	(399)	(882)
5. 2017	XXX	XXX	XXX	79,608	77,785	77,095	74,679	73,598	72,538	71,692	(846)	(1,906)
6. 2018	XXX	XXX	XXX	XXX	74,811	76,093	74,618	74,390	74,490	73,043	(1,447)	(1,347)
7. 2019	XXX	XXX	XXX	XXX	XXX	73,906	69,945	69,228	67,677	66,470	(1,207)	(2,758)
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	59,145	57,640	51,495	50,037	(1,458)	(7,603)
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,132	56,700	55,385	(1,315)	(5,747)
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,907	59,067	(2,840)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,157	XXX	XXX
				•				12. Totals			(10,576)	(19,105)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	ST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		NI) NI F					
7. 2019	XXX	XXX	XXX	XXX	XXX		/					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
		•		•				12. Totals		•		

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

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		NI () NI F					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
				•		•		12 Totals		•		

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX) NI F	=				
7. 2019	XXX	XXX	XXX	XXX	XXX		/					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	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)

	1						- 11					
Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		NI						
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12. Totals				

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

Years in	INCURRE	ED NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which Losses Were	1	2	3	4	5	6	7	8	9	10	11 One	12 Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		NI) NI F					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12 Totals				

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

	COLLE	OLL I	1 / 111			11 2	, , , , <u>, , , , , , , , , , , , , , , </u>		• • •			
Years in	INCURRE	ED NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were	İ		1								One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014		1		1								
3. 2015	XXX			1								
4. 2016	XXX	XXX		1								
5. 2017	XXX	XXX	XXX	1								
6. 2018	XXX	XXX	XXX	XXX		NI) NI F					
7. 2019	XXX	XXX	XXX	XXX	XXX		INL					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX		<u> </u>				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
			•	•	•	•		12 Totals	•	•		

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	. KXK					
2. 2022	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2022	XXX	XXX	XXX	XXX	XXX)	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

SCHEDULE P - PART 2K - FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2022	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAF	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2022	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

SCHEDULE P - PART 2M - INTERNATIONAL

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		N() N F					
7. 2019	XXX	XXX	XXX	XXX	XXX	146						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
					-	-		12. Totals	-			

SCHEDULE P – PART 2N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		INC	JINE					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12. Totals				

SCHEDULE P – PART 20 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX		INC	JINF					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12. Totals				

SCHEDULE P – PART 2P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX					_				
6. 2018	XXX	XXX	XXX	XXX		N() N F					
7. 2019	XXX	XXX	XXX	XXX	XXX	146						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12. Totals				

SCHEDULE P – PART 2R – SECTION 1 PRODUCTS LIABILITY – OCCURRENCE

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX			NIC						
6. 2018	XXX	XXX	XXX	XXX		N()NF					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
		· · · · ·		· · · · ·				12. Totals		· · · · ·		·

SCHEDULE P – PART 2R – SECTION 2 PRODUCTS LIABILITY – CLAIMS–MADE

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX) N F	_				
7. 2019	XXX	XXX	XXX	XXX	XXX	146						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	•		•	•		•		12. Totals	•	•		

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2022	XXX	XXX	XXX	XXX	XXX) 	XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	4. Totals											

SCHEDULE P – PART 2T – WARRANTY

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	ST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-				
2. 2022	XXX	XXX	XXX	XXX	XXX) 	- XXX				XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX
								4. Totals				

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

		CUMUI	ATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
١	ears in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
	Which											Claims	Claims Closed
Los	ses Were		I									Closed With	Without Loss
l l	ncurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1.	Prior	000											
2.	2014		1	1						1	1		
3.	2015	XXX	1	1						1	1		
4.	2016	XXX	XXX	1						1			
5.	2017	XXX	XXX	XXX						1			
6.	2018	XXX	XXX	XXX	XXX			1 N I		1			
7.	2019	XXX	XXX	XXX	XXX	XXX	INC	JINI		1			
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX			1	1		
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1			
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1		
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		

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

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014	1											
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX			7 1 1					
7. 2019	XXX	XXX	XXX	XXX	XXX	INC	JINI					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUL	ATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which	Ī										Claims	Claims Closed
Losses Were	Ī										Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014	1	1							1			
3. 2015	XXX	1							1			
4. 2016	XXX	XXX	1						1			
5. 2017	XXX	XXX	XXX				L		1			
6. 2018	XXX	XXX	XXX	XXX					1			
7. 2019	XXX	XXX	XXX	XXX	XXX	111			1			
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX			1			
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1			
11 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) 11 12 Years in Number of Number of Which Claims Claims Closed Losses Were Closed With Without Loss 2014 2015 2016 2018 2021 2022 Incurred 2017 2019 2020 2023 Loss Payment Payment Prior 000 37,166 50,788 60,552 58,880 65,777 64,937 67,660 72,160 75,371 2014 23,720 47,311 63,010 70,957 74,731 76,851 78,141 78,072 78,276 78.308 7.469 1,077 XXX 3. 2015 25,793 50.731 66.183 74.073 77.473 79.371 80.580 80.867 81,202 7.317 1,062 4. 67,530 75,416 2016 XXX 48.956 61.396 71.633 73.666 76.472 6.924 1.036 XXX 23.204 5. 2017 XXX XXXXXX 22,104 46,204 58,496 63,619 66,224 68,331 69,111 6,335 984 6. 2018 XXX XXX XXX XXX 19,030 42,107 55,106 61,487 65,024 68,113 5,931 976 2019 XXX XXX XXX XXX XXX 18,834 39,659 51,319 57,130 60,174 5,381 1,027 XXXX X X8. 9. 2020 XXXXXXXXXXXX14,648 31,435 39,191 43.794 3.558 862 XXX XXX XXX 41.889 3.531 2021 XXX XXX 14.838 31.883 769 XXX 2022 XXX XXX XXX XXX XXX XXX XXX17,306 37,519 3,536 802 10.

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX		1				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3F – SECTION 1 MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE

	CUMUL	ATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	IITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014								I				
3. 2015	XXX							I				
4. 2016	XXX	XXX						I				
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPOR	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX		NI					XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	l		l	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X. I.	000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	. XX	JINI	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. X:	000				
2. 2022	XXX	XXX	XXX	XXX	XXX	. X ×	JNE	XXX				
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	. Avx) N	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X. I	000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	. X ×) N i	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		xxx	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

	CUMUI	ATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX			. N.I.	N. N. I. F				XXX	XXX
6. 2018	XXX	XXX	XXX	XXX		. N.()N				XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX	116					XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	xxx

SCHEDULE P – PART 3N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	PENSES REPOR	RTED AT YEAR	END (\$000 OM	ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX		N()NF				XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 30 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPOR	RTED AT YEAR	END (\$000 OM	ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX		IN()NF				XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPOR	RTED AT YEAR	END (\$000 OM	ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000										XXX	XXX
2. 2014											XXX	XXX
3. 2015	XXX										XXX	XXX
4. 2016	XXX	XXX									XXX	XXX
5. 2017	XXX	XXX	XXX								XXX	XXX
6. 2018	XXX	XXX	XXX	XXX		INC)Nt				XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX			,		XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	,		XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	xxx

SCHEDULE P – PART 3R – SECTION 1 PRODUCTS LIABILITY – OCCURRENCE

	CUMU	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPOR	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX			NIC						
6. 2018	XXX	XXX	XXX	XXX		N()NF					
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P – PART 3R – SECTION 2 PRODUCTS LIABILITY – CLAIMS–MADE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	PENSES REPOR	RTED AT YEAR	END (\$000 OM	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX			NIC	ARIF					
6. 2018	XXX	XXX	XXX	XXX		INC	JNE	_				
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMU	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XX	. 000			XXX	XXX
2. 2022	XXX	XXX	XXX	XXX	XXX	NX.	JNH	XXX			XXX	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P – PART 3T - WARRANTY

	CUMU	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXP	ENSES REPOR	RTED AT YEAR	END (\$000 OM	ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXII	. 000				
2. 2022	XXX	XXX	XXX	XXX	XXX		JNE	XXX				
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	NSE AND COS	T CONTAINMEN	T EXPENSES R	PORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were	2044	0045	0040	0047	2042	2040	0000	0004	0000	0000
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	X X					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK ANI	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	NSE AND COS	CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior 2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFI	ENSE AND COS	T CONTAINMEN	T EXPENSES R	PORTED AT YE	AR END (\$000)	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014					1					
3. 2015	XXX				1	1				
4. 2016	XXX	XXX			1					
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	.					
8. 2020	XXX	XXX	XXX	XXX	XXX	XX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AND	IBNR RESERV	ES ON NET LOS	SES AND DEFE	NSE AND COST	CONTAINMENT	EXPENSES REF	PORTED AT YEA	AR END (\$000 OI	MITTED)
Ī	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	10,315	4,644	3,381	3,202	2,502	2,027	2,395	3,667	3,921	4,060
2. 2014	26,713	7,691	3,557	1,766	833	730	666	651	572	709
3. 2015	XXX	26,583	10,853	3,781	1,908	1,737	1,049	835	636	510
4. 2016	XXX	XXX	29,415	14,155	5,351	2,398	2,362	1,357	1,040	717
5. 2017	XXX	XXX	XXX	31,668	12,543	5,852	4,524	3,071	2,633	1,597
6. 2018	XXX	XXX	XXX	XXX	28,055	11,199	4,572	3,273	2,123	1,255
7. 2019	XXX	XXX	XXX	XXX	XXX	28,556	12,831	6,335	4,003	2,409
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	23,756	13,540	5,386	3,062
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,011	7,648	3,582
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,295	10,933
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,923

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1-1	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEF	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	$\mathbf{x} \mathbf{x}$					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESER\	ES ON NET LOS	SSES AND DEFE	NSE AND COS	T CONTAINMEN	T EXPENSES R	PORTED AT YE	AR END (\$000 (OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	$\mathbf{x} \mathbf{x}$					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESER\	ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	AR END (\$000 C	OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	X X					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	l	l
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	`		,	`		- //			,	
	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 C	OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX				1					
4. 2016	XXX	XXX			1					
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK ANI	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	X X					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	INSE AND COS	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 C	OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX		XXX	XXX	XXX		
3. 2023	xxx	XXX	xxx	xxx	XXX	XXX	xxx	xxx	xxx	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XIX	- XXK	XXX			
2. 2022	XXX	XXX	XXX	XXX)	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

.,	BULK AN	D IBNR RESER\	/ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX			
2. 2022	XXX	XXX	XXX	XXX		XX TO	XXX	XXX		
3. 2023	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XIX	. XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX		NX K	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX						l	
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

	BULK AN	D IBNR RESER\	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		MA					
6. 2018	XXX	XXX	XXX	XXX	NU					
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 40 – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

	BULK AN	D IBNR RESERV	/ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which										
Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4R – SECTION 1 PRODUCTS LIABILITY – OCCURRENCE

	BULK AN	ID IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4R – SECTION 2 PRODUCTS LIABILITY – CLAIMS–MADE

	BULK AN	ID IBNR RESER\	/ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK ANI	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX.	XXX			
2. 2022	XXX	XXX	XXX	XXX		XX -	XXX	XXX		
3. 2023	XXX	XXX	XXX	xxx	I XXX	XX	XXX	XXX	xxx	

SCHEDULE P – PART 4T - WARRANTY

	BULK AN	D IBNR RESER\	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX) X X 📻	XXX	XXX		
3. 2023	XXX	xxx	XXX	xxx	XXX	XXX	XXX	xxx	xxx	

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS SECTION 1

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH L	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX		INH				
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	'E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	xxx								
5. 2017	XXX	xxx	XXX							
6. 2018	XXX	xxx	XXX	XXX						
7. 2019	XXX	xxx	XXX	XXX	XXX					
8. 2020	XXX	xxx	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX		MH				
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX	N())NE				
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	xxx	XXX	xxx	XXX	XXX	XXX	xxx	xxx	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in		CUMUL	_ATIVE NUMBER	R OF CLAIMS CL	OSED WITH LO	SS PAYMENT DI	IRECT AND ASS	UMED AT YEAR	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	2,301	690	224	146	66	72	28	24	1	
2. 2014	5,122	6,924	7,231	7,368	7,412	7,434	7,459	7,467	7,471	7,469
3. 2015	XXX	4,939	6,766	7,079	7,202	7,268	7,286	7,298	7,316	7,317
4. 2016	XXX	XXX	4,587	6,467	6,742	6,842	6,887	6,909	6,923	6,924
5. 2017	XXX	XXX	XXX	3,997	5,881	6,160	6,261	6,302	6,325	6,335
6. 2018	XXX	XXX	XXX	XXX	3,880	5,526	5,770	5,879	5,921	5,931
7. 2019	XXX	XXX	XXX	XXX	XXX	3,571	5,000	5,251	5,357	5,381
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,181	3,305	3,487	3,558
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,274	3,371	3,531
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,401	3,536
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,446

SECTION 2

Years in			NUMBI	ER OF CLAIMS	OUTSTANDING I	DIRECT AND AS	SUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	1,179	653	438	305	247	179	153	130	119	88
2. 2014	2,085	531	244	112	72	50	25	17	13	11
3. 2015	XXX	2,110	527	241	129	66	49	38	22	14
4. 2016	XXX	XXX	2,102	443	197	104	66	46	31	20
5. 2017	XXX	XXX	XXX	2,039	429	181	90	53	33	21
6. 2018	XXX	XXX	XXX	XXX	1,854	423	200	96	57	44
7. 2019	XXX	XXX	XXX	XXX	XXX	1,660	399	168	80	49
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	1,270	275	110	46
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,211	258	113
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,224	268
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,207

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	498	246	5	8	7	1		1		
2. 2014	8,188	8,530	8,551	8,554	8,556	8,556	8,557	8,557	8,557	8,557
3. 2015	XXX	8,040	8,359	8,383	8,387	8,390	8,391	8,392	8,393	8,393
4. 2016	XXX	XXX	7,626	7,955	7,972	7,978	7,979	7,981	7,980	7,980
5. 2017	XXX	XXX	XXX	6,967	7,313	7,332	7,334	7,337	7,340	7,340
6. 2018	XXX	XXX	XXX	XXX	6,637	6,930	6,946	6,946	6,949	6,951
7. 2019	XXX	XXX	XXX	XXX	XXX	6,197	6,433	6,446	6,457	6,457
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	4,232	4,455	4,462	4,466
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,224	4,397	4,413
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,388	4,606
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,430

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

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX	N					
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END												
Which	1	2	3	4	5	6	7	8	9	10				
Premiums														
Were Earned														
and Losses														
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023				
1. Prior														
2. 2014														
3. 2015	XXX													
4. 2016	XXX	XXX												
5. 2017	XXX	XXX	XXX		NIA									
6. 2018	XXX	XXX	XXX	XXX										
7. 2019	XXX	XXX	XXX	XXX	XXX									
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX								
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX					

SECTION 3A

Years in		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END											
Which	1	2	3	4	5	6	7	8	9	10			
Premiums													
Were Earned													
and Losses													
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023			
1. Prior													
2. 2014													
3. 2015	XXX												
4. 2016	XXX	XXX											
5. 2017	XXX	XXX	XXX		NIA								
6. 2018	XXX	XXX	XXX	XXX									
7. 2019	XXX	XXX	XXX	XXX	XXX								
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH L	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END												
Which	1	2	3	4	5	6	7	8	9	10				
Premiums														
Were Earned														
and Losses														
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023				
1. Prior														
2. 2014														
3. 2015	XXX													
4. 2016	XXX	XXX												
5. 2017	XXX	XXX	XXX		NIA									
6. 2018	XXX	XXX	XXX	XXX										
7. 2019	XXX	XXX	XXX	XXX	XXX									
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX								
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX					

SECTION 3B

Years in		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END												
Which	1	2	3	4	5	6	7	8	9	10				
Premiums														
Were Earned														
and Losses														
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023				
1. Prior														
2. 2014														
3. 2015	XXX													
4. 2016	XXX	XXX												
5. 2017	XXX	XXX	XXX											
6. 2018	XXX	XXX	XXX	XXX										
7. 2019	XXX	XXX	XXX	XXX	XXX									
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX								
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					

SCHEDULE P – PART 5H – OTHER LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH L	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in			NUMBI	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END												
Which	1	2	3	4	5	6	7	8	9	10				
Premiums														
Were Earned														
and Losses														
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023				
1. Prior														
2. 2014														
3. 2015	XXX													
4. 2016	XXX	XXX												
5. 2017	XXX	XXX	XXX											
6. 2018	XXX	XXX	XXX	XXX										
7. 2019	XXX	XXX	XXX	XXX	XXX									
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX								
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					

SCHEDULE P – PART 5H – OTHER LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT D	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	xxx	XXX	XXX	xxx	xxx	XXX	XXX	xxx	xxx	

SECTION 2A

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX	N					
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in			CUMULATI	<u>/E NUMBER OF</u>	CLAIMS REPOR	RTED DIRECT A	ND ASSUMED A	T YEAR END	•	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX		NH				
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIA					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		NIO					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5T – WARRANTY SECTION 1

Years in		COIVIO	LATIVE NOWIDE	T CLAIIVIS C	LOSED WITH LO	T TIVILIVI L	TINECT AND AG	JOINILD AT TEA	ILIND	1
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX		\	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX		\	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	I XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT A	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX		XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

		CUMULA	ATIVE PREM	UMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10]
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015 4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018 7. 2019	XXX	XXX	XXX	XXX XXX	X						
8. 2020 9. 2021	XXX	XXX	XXX	XXX	XXX	NE	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023 12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

			CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	■X						
8. 2020	XXX	XXX	XXX	XXX	XXX	X					
9. 2021	XXX	XXX	XXX	XXX	XXX	XX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

		CUMULA	TIVE PREMI	JMS EARNEI	D DIRECT A	ND ASSUME	D AT YEAR E	ND (\$000 OI	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Yea Premiums Earned
1. Prior	19,612	620	(6)	(14)						(45)	(45
2. 2014	106,844	129,195	129,963	129,958	129,957	129,956	129,956	129,956	129,956	129,956	
3. 2015	XXX	112,279	136,523	137,264	137,255	137,253	137,253	137,253	137,253	137,253	
4. 2016	XXX	XXX	114,809	137,327	138,324	138,313	138,311	138,311	138,311	138,275	(36
5. 2017	XXX	XXX	XXX	109,265	130,829	131,311	131,301	131,301	131,301	131,200	(101
6. 2018	XXX	XXX	XXX	XXX	105,671	127,410	128,163	128,139	128,137	128,137	
7. 2019	XXX	XXX	XXX	XXX	XXX	104,393	120,889	121,275	121,263	121,263	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	94,995	109,227	110,043	110,036	(7
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89,552	108,272	109,418	1,146
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	93,114	116,035	22,921
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,529	95,529
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119,407
13. Earned Premiums (Sc P-Pt 1)	126.456	135.250	139.815	132.505	128.222	126.600	112.232	104.146	112.636	119.407	XXX

			CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	0 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior	1,275	37		(1)						(1)	(1)
2. 2014	6,574	7,813	7,854	7,854	7,854	7,854	7,854	7,854	7,854	7,854	
3. 2015	XXX	6,757	8,048	8,082	8,082	8,082	8,082	8,082	8,082	8,082	
4. 2016	XXX	XXX	6,076	7,121	7,164	7,164	7,164	7,164	7,164	7,162	(2)
5. 2017	XXX	XXX	XXX	5,091	6,024	6,045	6,045	6,045	6,045	6,040	(5)
6. 2018	XXX	XXX	XXX	XXX	4,576	5,515	5,548	5,547	5,547	5,547	
7. 2019	XXX	XXX	XXX	XXX	XXX	4,505	5,234	5,252	5,251	5,251	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	4,314	4,965	5,002	5,002	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,999	4,848	4,900	52
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,050	5,082	1,032
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,204	4,204
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,280
13. Earned Premiums (Sc P-Pt 1)	7,849	8.033	7,408	6,169	5,552	5,465	5,076	4,667	4,935	5,280	XXX

SCHEDULE P – PART 6E – COMMERCIAL MULTIPLE PERIL SECTION 1

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015 4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018 7. 2019	XXX	XXX	XXX	XXX	· · · · · ·	NE					
8. 2020	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total 13. Earned Premiums (Sc P–Pt 1)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014	I							1			
3. 2015	XXX			l							
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX			1					
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	1 X X	$NI \vdash$					
8. 2020	XXX	XXX	XXX	XXX					1		
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1		
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6H – OTHER LIABILITY – OCCURRENCE SECTION 1A

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015	XXX										
4. 2016 5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019 8. 2020	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2A

			CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED))		11
Ī	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Yea Premiums Earned
1. Prior											
2. 2014		l	l					l	l	l	
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX			1					
6. 2018	XXX	XXX	XXX	XXX			1				
7. 2019	XXX	XXX	XXX	XXX	1 X X	$N \vdash$	1				
8. 2020	XXX	XXX	XXX	XXX		VO V	1				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6H – OTHER LIABILITY – CLAIMS–MADE SECTION 1B

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX				1					
5. 2017	XXX	XXX	XXX			1	1				
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	1 X X	$N \vdash$	1				
8. 2020	XXX	XXX	XXX	XXX		O v					
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)						1	1	1			XXX

SECTION 2B

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX			l <u></u>					
6. 2018	XXX	XXX	XXX	XXX		.					
7. 2019	XXX	XXX	XXX	XXX	1 X X						l
8. 2020	XXX	XXX	XXX	XXX	X				l		l l
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)						1		1	1		XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

		CUMULA	ATIVE PREM	IUMS EARNE	ED DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014		l]		1	l	1		l
3. 2015	XXX										
4. 2016	XXX	XXX		1		1	1				
5. 2017	XXX	XXX	XXX	1	1	1		1			
6. 2018	XXX	XXX	XXX	XXX			1		1		
7. 2019	XXX	XXX	XXX	XXX	XX	$N \vdash$					
8. 2020	XXX	XXX	XXX	XXX		Ö					
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	1
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX				1			
7. 2019	XXX	XXX	XXX	XXX	1 X X	$N \vdash$		1			
8. 2020	XXX	XXX	XXX	XXX		NO V		1			
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)						1					XXX

SCHEDULE P – PART 6N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

SECTION 1

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX					1				
5. 2017	XXX	XXX	XXX				1	1			
6. 2018	XXX	XXX	XXX	XXX			1				
7. 2019	XXX	XXX	XXX	XXX	1 X X	\sim	1	1		l · · · · · · · · ·	
8. 2020	XXX	XXX	XXX	XXX		VO V	1				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)	1						1	1			XXX

SECTION 2

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015	XXX										
4. 2016 5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019 8. 2020	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023 12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)		^ .^	^.^.			^ . ^		^.^. ^			XXX

SCHEDULE P - PART 60 - REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

SECTION 1

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX			1	1			
7. 2019	XXX	XXX	XXX	XXX	1 X X	\sim		1			
8. 2020	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015 4. 2016	XXX	XXX									
5. 2017 6. 2018	XXX	XXX	XXX	XXX	10						
7. 2019 8. 2020	XXX	XXX	XXX	XXX	XX						
9. 2021 10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023 12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)		157			155	155	15.	15.	155		XXX

SCHEDULE P – PART 6R – PRODUCTS LIABILITY – OCCURRENCE SECTION 1A

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior											
2. 2014											
3. 2015	XXX						1				
4. 2016	XXX	XXX					1				
5. 2017	XXX	XXX	XXX				1				
6. 2018	XXX	XXX	XXX	XXX	10						
7. 2019	XXX	XXX	XXX	XXX	XX	$N \vdash$	1	1			
8. 2020	XXX	XXX	XXX	XXX	N XVV	NO V	1				
9. 2021	XXX	XXX	XXX	XXX	-xxx	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)							1	1			XXX

SECTION 2A

			CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
İ	1	2	3	4	5	6	7	8	9	10	1
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015	XXX										
4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018	XXX	XXX	XXX	XXX							
7. 2019	XXX	XXX	XXX	XXX	1 X X	$N \vdash$					
8. 2020	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE SECTION 1B

		CUMULA	ATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
İ	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Yea Premiums Earned
1. Prior											
2. 2014				1	1			1			
3. 2015	XXX			1	1						
4. 2016	XXX	XXX		1	1	1		1			
5. 2017	XXX	XXX	XXX	1	1	1		1			
6. 2018	XXX	XXX	XXX	XXX				1			
7. 2019	XXX	XXX	XXX	XXX	XX	$N \vdash$					
8. 2020	XXX	XXX	XXX	XXX		V O V					
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2B

			CUMULATIV	E PREMIUM	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Current Year Premiums Earned
1. Prior 2. 2014											
3. 2015 4. 2016	XXX	XXX									
5. 2017	XXX	XXX	XXX								
6. 2018 7. 2019	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Homeowners/Farmowners						
Private Passenger Auto Liability/Medical Commercial Auto/Truck Liability/Medical						
Workers' Compensation Commercial Multiple Peril	151,738,970	648,053	0.427	113,982,548		
Medical Professional Liability - Occurrence Medical Professional Liability - Claims-made						
Special Liability Other Liability - Occurrence						
Other Liabilities - Claims-made Special Property						
12. Auto Physical Damage 13. Fidelity/ Surety						
14. Other 15. International						
16. Reinsurance-Nonproportional Assumed	XXX	XXX	XXX	XXX	XXX	XXX
Property 17. Reinsurance-Nonproportional Assumed	· · · · · · · · · · · · · · · · · · ·	^ ^ ^	<u>^ ^ ^</u>	· · · · · · · · · · · · · · · · · · ·	^ ^ ^	^ ^ ^
Liability 18. Reinsurance-Nonproportional Assumed	XXX	XXX	XXX	XXX	XXX	XXX
Financial Lines 19. Products Liability - Occurrence	XXX	xxx	XXX	XXX	xxx	xxx
Products Liability - Claims-made Financial Guaranty/Mortgage Guaranty						
22. Warranty 23. Totals	151.738.970	648.053	0.427	113.982.548		

SECTION 2

Years		INCURRED I	OSSES AND DE	FENSE AND CO	OST CONTAINM	ENT EXPENSES	REPORTED AT	YEAR END (\$00	00 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	2,220	2,141	1,719	1,618	1,271	1,308	1,195	1,229	1,119	1,195
2. 2014	1									
3. 2015	XXX									
4. 2016	XXX	XXX							1	
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX					1	
7. 2019	XXX	XXX	XXX	XXX	XXX				1	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

		BULK AN	D INCURRED BU	JT NOT REPOR	TED RESERVES	FOR LOSSES A	AND DEFENSE A	ND COST CONT	TAINMENT	
Years				EXPE	NSES AT YEAR	END (\$000 OMI	TTED)			
in Which	1	2	3	4	5	6	7	8	9	10
Policies	1									
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014	.	1	1		1				1	
3. 2015	XXX	1	1						1	
4. 2016	XXX	XXX	1		1				1	
5. 2017	XXX	XXX	XXX						1	
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	\mathbf{x}				1	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7A PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years			NE	T EARNED PRE	MIUMS REPOR	TED AT YEAR EI	ND (\$000 OMITT	ED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX		110					
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

		1	2	3	4	5	6
Schedule P -	Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
				. orosinago or rotar			i orosinago or rotar
1. Homeowners/Farmown	~ . ~						
Private Passenger Auto							
Commercial Auto/Truck							
Workers' Compensation							
Commercial Multiple Per							
Medical Professional Lie							
Medical Professional Lie	ability - Claims-made						
Special Liability							
Other Liability - Occurre							
Other Liabilities - Claim	s-made		🕟 . 🖪 . 🚄				
11. Special Property			 	DNE			
12. Auto Physical Damage			I.N. .	JINC			
13. Fidelity/ Surety							l
14. Other							
15. International							
16. Reinsurance-Nonpropo	rtional Assumed						
Property							
17. Reinsurance-Nonpropol Liability	rtional Assumed						
18. Reinsurance-Nonpropol	rtional Assumed						
19. Products Liability - Occi	ITTANCA						
20. Products Liability - Clair							
21. Financial Guaranty/Mor	igage Guaranty						
22. Warranty							
23. Totals							

SECTION 2

Years		INCURRED I	OSSES AND DE	FENSE AND CO	OST CONTAINM	ENT EXPENSES	REPORTED AT	YEAR END (\$00	00 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014		1								
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	\times					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

		BULK AN	D INCURRED BU	JT NOT REPOR	TED RESERVES	FOR LOSSES A	AND DEFENSE A	ND COST CONT	TAINMENT							
Years		EXPENSES AT YEAR END (\$000 OMITTED)														
in Which	1	2	3	4	5	6	7	8	9	10						
Policies																
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023						
1. Prior																
2. 2014	1	1	1		1	1			1							
3. 2015	XXX	1			1	1			1							
4. 2016	XXX	XXX	1		1	1			1							
5. 2017	XXX	XXX	XXX						1							
6. 2018	XXX	XXX	XXX	XXX												
7. 2019	XXX	XXX	XXX	XXX	X X				1							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX			1							
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1							
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1							
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							

SCHEDULE P – PART 7B REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years			NE	T EARNED PRE	MIUMS REPORT	ED AT YEAR EN	ND (\$000 OMITT	ED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years		NET RESERVE	FOR PREMIUM	ADJUSTMENTS	AND ACCRUE	RETROSPECT	IVE PREMIUMS	AT YEAR END (\$000 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX	1								
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years			INCURRED	ADJUSTABLE	COMMISSIONS	REPORTED AT '	YEAR END (\$000) OMITTED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014					1	1				
3. 2015	XXX	[· · · · · · · · · ·			1					
4. 2016	XXX	XXX			1	1				
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	X X					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years			RESER\	/ES FOR COM	/ISSION ADJUS	TMENTS AT YEA	R END (\$000 O	MITTED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014					1					
3. 2015	XXX	1								
4. 2016	XXX	XXX			1					
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	X X					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX		1	1	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

COLLEGE E DINTERDOGATORICO

	OCILDO	ILE P INTERROGAT	OTTIES	
1.	The following questions relate to yet-to-be-issued Extended Report provisions in Medical Professional Liability Claims Made insurance			
1.1	Does the company issue Medical Professional Liability Claims Madendorsement, or "ERE") benefits in the event of Death, Disability, or			Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions by	plank. If the answer to question 1.1 is "y	res", please answer the following questions): :
1.2	What is the total amount of the reserve for that provision (DDR Res	serve), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
1.3	Does the company report any DDR reserve as Unearned Premium		Yes [] No []	
1.4	Does the company report any DDR reserve as loss or loss adjustm	ent expense reserve?		Yes [] No []
1.5	If the company reports DDR reserve as Unearned Premium Reserve Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines	n the Underwriting and Investment Exhibit,	Yes[] No[] N/A[)	
1.6	If the company reports DDR reserve as loss or loss adjustment expreserves are reported in Schedule P:	pense reserve, please complete the follo	wing table corresponding to where these	
		Schedule P, Part 1F, Med	e Included in dical Professional Liability ses and Expenses Unpaid	
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made	
	1.601 Prior 1.602 2014 1.603 2015	Costan i Cos	Social E. Stame made	
	1.604 2016 1.605 2017 1.606 2018 1.607 2019			
	1.608 2020			
	1.609 2021 1.610 2022 1.611 2023 1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, to January 1, 1998. This change in definition applies to both paid and Containment" and "Adjusting and Other") reported in compliance w	d unpaid expenses. Are these expenses	-	Yes[X] No[]
3.	The Adjusting and Other expense payments and reserves should be of claims reported, closed and outstanding in those years. When a the Adjusting and Other expense should be allocated in the same particular and Other expense assumed should be reported according reinsurers, or in those situations where suitable claim count informations.	Illocating Adjusting and Other expense be percentage used for the loss amounts aring to the reinsurance contract. For Adju	between companies in a group or a pool, and the claim counts. For reinsurers, string and Other expense incurred by	
	reasonable method determined by the company and described in Ir	nterrogatory 7, below. Are they so repor	rted in this Statement?	Yes [X] No []
4.	Do any lines in Schedule P include reserves that are reported gross net of such discounts on Page 10?	s of any discount to present value of futu	ure payments, and that are reported	Yes[]No[X]
	If yes, proper disclosure must be made in the Notes to Financial St in Schedule P - Part 1, Columns 32 and 33.	atements, as specified in the Instruction	s. Also, the discounts must be reported	
	The constant of the control of the c			
	Schedule P must be completed gross of non-tabular discounting. W upon request.	Vork papers relating to discount calculati	ions must be available for examination	
	Schedule P must be completed gross of non-tabular discounting. W			
5.	Schedule P must be completed gross of non-tabular discounting. W upon request.	rance department to which this Annual S		\$ \$
	Schedule P must be completed gross of non-tabular discounting. We upon request. Discounting is allowed only if expressly permitted by the state insurable when the net premiums in force at the end of the year for:	rance department to which this Annual S 5.1 5.2	Statement is being filed.	\$\$
	Schedule P must be completed gross of non-tabular discounting. We upon request. Discounting is allowed only if expressly permitted by the state insuru. What were the net premiums in force at the end of the year for: (in thousands of dollars)	rance department to which this Annual S 5.1 5.2	Statement is being filed.	\$\$

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

				Direct Bus	siness Only		•
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL						
	Alaska AK						
	Arizona AZ						
4.	Arkansas AR						
5.	California CA						
6.	Colorado CO						
7.	Connecticut CT						
8.	Delaware DE						
	District of Columbia DC						
	Florida FL FL						
	Georgia GA						
	Hawaii HI						
	Idaho ID						
	Illinois IL						
	Indiana IN						
	lowa IA						
	Kansas KS						
	Kentucky KY Louisiana LA						
	Louisiana LA Maine ME						
	Manuland						
	Massachusetts MA		NIO				
	Michigan MI		NO	NE			
	Minnesota MN						
	Mississippi MS						
	Missouri MO						
27.	Montana MT						
28.	Nebraska NE						
29.	Nevada NV						
	New Hampshire NH						
	New Jersey NJ						
	New Mexico NM						
	New York NY						
	North Carolina NC						
	North Dakota ND						
36.	Ohio OH						
٥١. ٥٥	Oklahoma OK Oregon OR						
	Oregon OR Pennsylvania PA						
	Discolation of Di						
	South Carolina SC						
	South Dakota SD						
	Tennessee TN						
44.	Texas TX						
45.	Utah UT						
46.	Vermont VT						
	Virginia VA						
48.	Washington WA						
49.	West Virginia WV						
50.	Wisconsin WI						
51.	Wyoming WY						
	American Samoa AS						
	Guam GU						
	Puerto Rico PR						
	U.S. Virgin Islands VI						
	Northern Mariana Islands MP						
	Canada CAN						
	Aggregate Other Alien OT						
59.	Totals					<u> </u>	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	TART IN DETAIL OF INCOMMINE TO LETTE OF THE CONTRACT OF THE CO														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				1 1
						Securities					(Ownership,	If Control			1 1
		NAIC				Exchange if					Board,	is		Is an SCA	ıl
		Com-				Publicly	Names of		Relationship to		Management,	Ownership		Filing	ı İ
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	ıl
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
	2 12		22.5.12.2.2.				2								
3490	Beacon Mutual Insurance Group		05-0458697				Beacon Mutual Insurance Company	RI			l	l		NO	1
3490	Beacon Mutual Insurance Group	11837	20-0317088				Castle Hill Insurance Company	RI	DS	Beacon Mutual Insurance Company		100.000	Beacon Mutual Insurance Company	NO	
1	· · · · · · · · · · · · · · · · · · ·	00000	06-1490630				BMIC Service Corp	Ŕľ	DS	Beacon Mutual Insurance Company	Ownership	100.000	Beacon Mutual Insurance Company	YES	1
												I I			1

Asterik	Explanation
	NONE
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	NONE
1	
1	
1	
1	
1	
1	
1	
1	

### **SCHEDULE Y**

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

							I ANT ALLIERIE					
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIG		Names of Insurers and			Purchases, Sales or Exchanges of Loans, Securities, Real Estate,	Income/ (Disbursements) Incurred in Connection with Guarantees or	Management Agreements	Income/ (Disbursements)		Any Other Material Activity Not in the Ordinary		Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC Company Code	ID Number	Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Mortgage Loans or Other Investments	Undertakings for the Benefit of any Affiliate(s)	and Service Contracts	Incurred Under Reinsurance Agreements	*	Course of the Insurer's Business	Totals	Reserve Credit Taken/ (Liability)
	T tumbor	or yamadoo	Bividondo	Contributions	mvodanonio	arry ramato(o)	Contracto	/ igroomonio		Buomoco	Totalo	(Liability)
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9999999	Control Totals								XXX			

### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
Castle Hill Insurance Company	Beacon Mutual Insurance Company	100.000	NO	Beacon Mutual Insurance Company	Beacon Mutual Insurance Group	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.

	MARCH FILING	Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	WAIVED
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
supp inte	SUPPLEMENTAL FILINGS  following supplemental reports are required to be filed as part of your annual statement filing if your company is enganged in the type of business blement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response progatory 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 that the provided in the company but the provided in the company but the provided in the company but the provided in the company but the provided in the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the company but the comp	of NO to the specific
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO .
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO .
26.	Will an approval from the reporting entity's state of domicle 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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	NO
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	NO
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April?	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### AUGUST FILING

38. Will Ma	anagement's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanation 11:	n/a	
Explanation 13:	n/a	
Explanation 14:	n/a	
Explanation 15:	n/a	
Explanation 16:	n/a	
Explanation 17:	n/a	
Explanation 18:	n/a	
Explanation 21:	n/a	
Explanation 22:	n/a	
Explanation 23:	n/a	
Explanation 24:	n/a	
Explanation 25:	n/a	
Explanation 26:	n/a	
Explanation 27:	n/a	
Explanation 28:	n/a	
•		
Explanation 29:	n/a	
Explanation 30:	n/a	
F		
Explanation 31:	n/a	
Explanation 32:	n/a	
F		
Explanation 33:	n/a	
Explanation 34:	n/a	
r		
Explanation 35:	n/a	
Explanation 36:	n/a	
,		

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 37:	n/a	
Explanation 38:		
Bar Code:	24017202320100000	24017202342000000
	24017202324000000	24017202336000000
	24017202345500000	24017202349000000
	24017202338500000	24017202340100000
	24017202336500000	24017202340000000
	2401720235000000	24017202350500000
	24017202322400000	24017202322500000
	24017202322600000	24017202355500000
	24017202300000	24017202300000
	24017202323000000	24017202330100000
	24017202321000000	24017202321600000
	24017202321700000	240172032900000
	2401720235600000	2401720235650000

# **OVERFLOW PAGE FOR WRITE-INS**

# EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 3490 NAIC Company Code 24017

		Direct Business Only					
		Prior Year		Current Year			
		1	2	3	4		
		Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)		
1.	Completed operations						
2.	Errors & omissions (E&O)						
3.	Directors &officers (D&O)						
4.	Environmental liability						
5.	Excess workers' compensation						
6.	Commercial excess & umbrella						
7.	Personal umbrella						
8.	Employment liability						
9.	Aggregate write-ins for facilities and premises (CGL)						
10.	Internet & cyber liability						
11.	Aggregate write-ins for other						
12.	Total ASL 17 – other liability (sum of						
	lines 1 through 11)						
TAILS	OF WRITE-IN LINES						
0901. 0902.							