



ANNUAL STATEMENT

For the Year Ended December 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

NAIC Group Code 3490 3490 NAIC Company Code 24017 Employer's ID Number 05-0458697

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI

Country of Domicile US

Incorporated/Organized July 11, 1990 Commenced Business August 12, 1992

Statutory Home Office One Beacon Centre, Warwick, RI, US 02886-1378

Main Administrative Office One Beacon Centre, Warwick, RI, US 02886-1378

Mail Address One Beacon Centre, Warwick, RI, US 02886-1378

Primary Location of Books and Records One Beacon Centre, Warwick, RI, US 02886-1378

Internet Web Site Address www.beaconmutual.com

Statutory Statement Contact Nancy Resende, 401-825-2634

nresende@beaconmutual.com, 401-825-2634

OFFICERS

Table with 3 columns: Name, Title. Rows include Brian Joseph Spero (President & CEO), Amy Clark Vitale (EVP, Chief Legal Officer & Asst Secretary), Gregg Christopher Tumeinski (EVP, Chief Growth & Finance Officer).

VICE-PRESIDENTS

Table with 4 columns: Name, Title, Name, Title. Rows include Rajani Mahadevan (EVP, Chief Strategy and Operations Officer), Theresa Joanna Keegan (VP, Business Solutions & Product Development), William Frank Gross (Vice President), Michelle Nichole Pelletier (Asst Vice President), Kevin Owen Flood (Asst Vice President), James Wallace Moody Jr (Vice President), David Michael Blair (Vice President), Shannon Lee Broadbent (Vice President), Tricia Caroline Marlar (Asst Vice President and General Counsel).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Rows include Harry Robert Bacon (Raymond Christopher Coia), Jerry Anthony Sahagian (Kate Coyne-McCoy), Robert Walsh Jr (Laura Yalanis #), Brian Joseph Spero (Brian Joseph Spero), Bradford Alan Dean (Bradford Alan Dean), Michele Ann Doherty # (Michele Ann Doherty #), Timothy Ludger Byrne (Timothy Ludger Byrne), Steven Issa (Steven Issa).

State of Rhode Island

County of Kent ss

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

(Signature) Brian Joseph Spero (Printed Name)

(Signature) Amy Clark Vitale (Printed Name)

(Signature) Gregg Christopher Tumeinski (Printed Name)

President & CEO (Title)

EVP, Chief Legal Officer & Asst Secretary (Title)

EVP, Chief Growth & Finance Officer (Title)

Subscribed and sworn to (or affirmed) before me this on this day of , 2026, by

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2025

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet insurance plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
16. Workers' Compensation												250
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												

19 CT



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2025

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)												250
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19 CT

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2025

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet insurance plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
16. Workers' Compensation												32,317
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												

19.MA



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2025

NAIC Group Code **3490**

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)												32,317
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2025

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet insurance plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
16. Workers' Compensation	105,919,765	107,972,370	650,000	49,411,460	55,621,181	53,073,097	125,178,654	4,521,567	4,297,261	3,774,082	10,078,638	8,847,857
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												

19 RI



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2025

NAIC Group Code **3490**

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	105,919,765	107,972,370	650,000	49,411,460	55,621,181	53,073,097	125,178,654	4,521,567	4,297,261	3,774,082	10,078,638	8,847,857
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19 RI

(a) Finance and service charges not included in Lines 1 to 35 \$ 64,890

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code **3490**

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2025

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine												
9.2 Pet insurance plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
16. Workers' Compensation	105,919,765	107,972,370	650,000	49,411,460	55,621,181	53,073,097	125,178,654	4,521,567	4,297,261	3,774,082	10,078,638	8,880,424
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												

19.GT



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2025

NAIC Group Code **3490**

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
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23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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)	105,919,765	107,972,370	650,000	49,411,460	55,621,181	53,073,097	125,178,654	4,521,567	4,297,261	3,774,082	10,078,638	8,880,424
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19.GT

(a) Finance and service charges not included in Lines 1 to 35 \$ 64,890

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

SCHEDULE F – PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
94-1390273 13-2673100	19801 22039	Argonaut Insurance Company General Reinsurance Corporation	NE DE	14,070	9,260 2,538	9,260 2,538		4,766	6,344			2,014	2,201	22,420
0999999	Total Other U.S. Unaffiliated Insurers *#			14,070		11,798	11,798	4,766	6,344			2,014	2,201	22,420
9999999	Totals			14,070		11,798	11,798	4,766	6,344			2,014	2,201	22,420

NONE Schedule F - Part 2 Premium Portfolio

SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
13-2673100	22039	General Reinsurance Corporation	DE		2,610	76	2	7,676	169	1,960	23			9,906		12	25	9,869	
06-1430254	10348	Arch Reinsurance Company	DE		116														
06-1463851	10717	Aspen Specialty Insurance Company	ND		22														
39-1338397	37273	AXIS Insurance Company	IL		22														
13-4924125	10227	Munich Reinsurance America, Inc.	DE		304											1		(1)	
74-2195939	42374	Sutton Special Risk	TX		83														
48-0921045	39845	Westport Insurance Corp	MO			39		287	5					331				331	
13-1290712	20583	XL Reinsurance America Inc.	NY		73											1		(1)	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				3,230	115	2	7,963	174	1,960	23			10,237		14	25	10,198	
AA-3190829	0	Markel Bermuda Limited	BMU		104														
AA-1126609	0	Lloyd's Syndicate 0609 (AUW)	UK		78											1		(1)	
AA-1127414	0	Lloyd's Syndicate 1414 (ASC)	UK		31														
AA-1120156	0	Lloyd's Syndicate 1686 (AXS)	UK		17														
AA-1120084	0	Lloyd's Syndicate 1955 (BAR)	UK		31														
AA-1128987	0	Lloyd's Syndicate 2987 (BRT)	UK		149											1		(1)	
AA-1129000	0	Lloyd's Syndicate 3000 (MKL)	UK		150											1		(1)	
AA-1120090	0	Lloyd's Syndicate 4711 (ASP)	UK		17														
AA-1126510	0	Waypoint UW Management a div of Equinox/Lloy	UK		23														
1299999	Total Authorized - Other Non-U.S. Insurers#				600											3		(3)	
1499999	Total Authorized - Total Authorized Excluding Protected Cells				3,830	115	2	7,963	174	1,960	23			10,237		17	25	10,195	
9999999	Totals				3,830	115	2	7,963	174	1,960	23			10,237		17	25	10,195	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-2673100	General Reinsurance Corporation			0		37	9,869		9,906	11,887	37	11,850		11,850	1		190
06-1430254	Arch Reinsurance Company			0		-									2		
06-1463851	Aspen Specialty Insurance Company			0		-									3		
39-1338397	AXIS Insurance Company			0		-									3		
13-4924125	Munich Reinsurance America, Inc.			0		-									2		
74-2195939	Sutton Special Risk			0		-									1		
48-0921045	Westport Insurance Corp			0		-	331		331	397		397		397	2		8
13-1290712	XL Reinsurance America Inc.			0		-									2		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		37	10,200		10,237	12,284	37	12,247		12,247	XXX		198
AA-3190829	Markel Bermuda Limited			0		-									2		
AA-1126609	Lloyd's Syndicate 0609 (AUW)			0		-									2		
AA-1127414	Lloyd's Syndicate 1414 (ASC)			0		-									2		
AA-1120156	Lloyd's Syndicate 1686 (AXS)			0		-									2		
AA-1120084	Lloyd's Syndicate 1955 (BAR)			0		-									2		
AA-1128987	Lloyd's Syndicate 2987 (BRT)			0		-									2		
AA-1129000	Lloyd's Syndicate 3000 (MKL)			0		-									2		
AA-1120090	Lloyd's Syndicate 4711 (ASP)			0		-									2		
AA-1126510	Waypoint UW Management a div of Equinox/Lloyds Syndicate 510			0		-									2		
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX											XXX		
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		37	10,200		10,237	12,284	37	12,247		12,247	XXX		198
9999999	Totals			XXX		37	10,200		10,237	12,284	37	12,247		12,247	XXX		198

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38 + + 40 + 41
13-2673100	General Reinsurance Corporation	78					78		78							YES	
06-1430254	Arch Reinsurance Company															YES	
06-1463851	Aspen Specialty Insurance Company															YES	
39-1338397	AXIS Insurance Company															YES	
13-4924125	Munich Reinsurance America, Inc.															YES	
74-2195939	Sutton Special Risk															YES	
48-0921045	Westport Insurance Corp	39					39		39							YES	
13-1290712	XL Reinsurance America Inc.															YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	117					117		117							XXX	
AA-3190829	Markel Bermuda Limited															YES	
AA-1126609	Lloyd's Syndicate 0609 (AUW)															YES	
AA-1127414	Lloyd's Syndicate 1414 (ASC)															YES	
AA-1120156	Lloyd's Syndicate 1686 (AXS)															YES	
AA-1120084	Lloyd's Syndicate 1955 (BAR)															YES	
AA-1128987	Lloyd's Syndicate 2987 (BRT)															YES	
AA-1129000	Lloyd's Syndicate 3000 (MKL)															YES	
AA-1120090	Lloyd's Syndicate 4711 (ASP)															YES	
AA-1126510	Waypoint UW Management a div of Equinox/Lloyds Syndicate 510															YES	
1299999	Total Authorized - Other Non-U.S. Insurers#															XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	117					117		117							XXX	
9999999	Totals	117					117		117							XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective D of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Gross of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 Col.24; not to Exceed Col.6	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67		
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	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	XXX
39-1338397	AXIS Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
74-2195939	Sutton Special Risk	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
48-0921045	Westport Insurance Corp	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XL Reinsurance America Inc.	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	XXX
AA-3190829	Markel Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126609	Lloyd's Syndicate 0609 (AUW)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Syndicate 1414 (ASC)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's Syndicate 1686 (AXS)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Syndicate 1955 (BAR)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	Lloyd's Syndicate 2987 (BRT)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1129000	Lloyd's Syndicate 3000 (MKL)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120090	Lloyd's Syndicate 4711 (ASP)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510	Waypoint UW Management a div of Equinox/Lloyds Syndicate 510	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	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals							XXX	XXX									

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance				
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([(Col. 47 * 20%) + (Col. 45 * 20%)])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
13-2673100	General Reinsurance Corporation		XXX	XXX					XXX	XXX	
06-1430254	Arch Reinsurance Company		XXX	XXX					XXX	XXX	
06-1463851	Aspen Specialty Insurance Company		XXX	XXX					XXX	XXX	
39-1338397	AXIS Insurance Company		XXX	XXX					XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.		XXX	XXX					XXX	XXX	
74-2195939	Sutton Special Risk		XXX	XXX					XXX	XXX	
48-0921045	Westport Insurance Corp		XXX	XXX					XXX	XXX	
13-1290712	XL Reinsurance America Inc.		XXX	XXX					XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX					XXX	XXX	
AA-3190829	Markel Bermuda Limited		XXX	XXX					XXX	XXX	
AA-1126609	Lloyd's Syndicate 0609 (AUW)		XXX	XXX					XXX	XXX	
AA-1127414	Lloyd's Syndicate 1414 (ASC)		XXX	XXX					XXX	XXX	
AA-1120156	Lloyd's Syndicate 1686 (AXS)		XXX	XXX					XXX	XXX	
AA-1120084	Lloyd's Syndicate 1955 (BAR)		XXX	XXX					XXX	XXX	
AA-1128987	Lloyd's Syndicate 2987 (BRT)		XXX	XXX					XXX	XXX	
AA-1129000	Lloyd's Syndicate 3000 (MKL)		XXX	XXX					XXX	XXX	
AA-1120090	Lloyd's Syndicate 4711 (ASP)		XXX	XXX					XXX	XXX	
AA-1126510	Waypoint UW Management a div of Equinox/Lloyds Syndicate 510		XXX	XXX					XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX					XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX					XXX	XXX	
9999999	Totals										

NONE Schedule F - Part 4 Banks for Letters of Credit

SCHEDULE F – PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premium	Affiliated
6.	General Reinsurance Corporation	9,906	2,610	Yes [] No [X]
7.	Westport Insurance Corp	331	.....	Yes [] No [X]
8.	0 .....	.....	.....	Yes [] No [X]
9.	0 .....	.....	.....	Yes [] No [X]
10.	0 .....	.....	.....	Yes [] No [X]

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

SCHEDULE F – PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	398,760,787		398,760,787
2. Premiums and considerations (Line 15)	38,435,086		38,435,086
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	116,497	(116,497)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	6,773,170		6,773,170
6. Net amount recoverable from reinsurers		10,194,226	10,194,226
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	444,085,540	10,077,729	454,163,269
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	153,616,053	10,119,678	163,735,731
10. Taxes, expenses, and other obligations (Lines 4 through 8)	21,850,510		21,850,510
11. Unearned premiums (Line 9)	55,755,639		55,755,639
12. Advance premiums (Line 10)	2,377,660		2,377,660
13. Dividends declared and unpaid (Line 11.1 and 11.2)	650,000		650,000
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	16,986	(41,949)	(24,963)
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	1,148,395		1,148,395
17. Provision for reinsurance (Line 16)			
18. Other liabilities	150,101		150,101
19. Total liabilities excluding protected cell business (Line 26)	235,565,344	10,077,729	245,643,073
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	208,520,196	X X X	208,520,196
22. Totals (Line 38)	444,085,540	10,077,729	454,163,269

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

If yes, give full explanation:

.....

.....

.....

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

SCHEDULE P – PART 1D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	X X X	X X X	X X X	3,620	439	155	9	143		679	3,470	X X X
2. 2016	139,815	7,408	132,407	70,712		6,341		15,129		1,347	92,182	7,980
3. 2017	132,505	6,169	126,336	63,570		6,692		15,052		1,202	85,314	7,340
4. 2018	128,222	5,552	122,670	63,730		5,793		13,373		1,603	82,896	6,951
5. 2019	126,600	5,465	121,135	58,141		4,781		13,501		1,231	76,423	6,458
6. 2020	112,231	5,076	107,155	41,927		4,503		16,446		671	62,876	4,466
7. 2021	104,146	4,666	99,480	45,801		3,531		6,765		636	56,097	4,414
8. 2022	112,637	4,936	107,701	48,069		4,123		9,950		731	62,142	4,619
9. 2023	119,407	5,280	114,127	49,951		4,081		9,704		316	63,736	4,660
10. 2024	120,260	4,632	115,628	39,280		3,435		9,229		201	51,944	4,860
11. 2025	121,679	3,830	117,849	16,785		1,768		8,345		20	26,898	4,555
12. Totals	X X X	X X X	X X X	501,586	439	45,203	9	117,637		8,637	663,978	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	30,987	6,685	3,875	56	759	168	36		3,142			31,890	85
2. 2016	1,136		895		47		13		198			2,289	13
3. 2017	595		1,605		32		12		214			2,458	6
4. 2018	2,376	125	771		102	5	8		301			3,428	17
5. 2019	1,484		1,212		87		14		259			3,056	23
6. 2020	791		1,517		44		11		230			2,593	11
7. 2021	2,517		1,155		150		14		361			4,197	38
8. 2022	4,482		2,089	125	246		22		613			7,327	63
9. 2023	9,878	1,068	3,825	58	564		91		1,265			14,497	156
10. 2024	13,921	85	10,558	710	1,083	1	186	4	2,100			27,048	288
11. 2025	19,136		29,188	1,011	2,035		439	18	5,062			54,831	1,305
12. Totals	87,303	7,963	56,690	1,960	5,149	174	846	22	13,745			153,614	2,005

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	28,121	3,769
2. 2016	94,471		94,471	67,569		71,349				2,031	258
3. 2017	87,772		87,772	66,241		69,475				2,200	258
4. 2018	86,454	130	86,324	67,425	2,341	70,371				3,022	406
5. 2019	79,479		79,479	62,780		65,612				2,696	360
6. 2020	65,469		65,469	58,334		61,097				2,308	285
7. 2021	60,294		60,294	57,894		60,609				3,672	525
8. 2022	69,594	125	69,469	61,786	2,532	64,502				6,446	881
9. 2023	79,359	1,126	78,233	66,461	21,326	68,549				12,577	1,920
10. 2024	79,792	800	78,992	66,350	17,271	68,316				23,684	3,364
11. 2025	82,758	1,029	81,729	68,013	26,867	69,351				47,313	7,518
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	134,070	19,544

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

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior	80,499	90,181	99,966	101,473	104,201	103,706	105,908	104,844	101,606	101,997	391	(2,847)
2. 2016	78,929	82,164	79,898	79,366	79,267	79,844	79,361	78,962	78,692	79,145	453	183
3. 2017	XXX	79,608	77,785	77,095	74,679	73,598	72,538	71,692	71,571	72,510	939	818
4. 2018	XXX	XXX	74,811	76,093	74,618	74,390	74,490	73,043	72,892	72,649	(243)	(394)
5. 2019	XXX	XXX	XXX	73,906	69,945	69,228	67,677	66,470	66,092	65,718	(374)	(752)
6. 2020	XXX	XXX	XXX	XXX	59,145	57,640	51,495	50,037	49,647	48,793	(854)	(1,244)
7. 2021	XXX	XXX	XXX	XXX	XXX	61,132	56,700	55,385	54,022	53,167	(855)	(2,218)
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	61,907	59,067	57,570	58,907	1,337	(160)
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,157	65,897	67,263	1,366	3,106
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,703	67,663	2,960	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,322	XXX	XXX
12. Totals											5,120	(3,508)

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior												
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
12. Totals												

NONE

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

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

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

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

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	000	33,163	43,155	55,572	57,920	61,783	66,774	70,352	69,922	73,249			
2. 2016	23,204	48,956	61,396	67,530	71,633	73,666	75,416	76,472	76,723	77,054	6,924	1,043	
3. 2017	XXX	22,104	46,204	58,496	63,619	66,224	68,331	69,111	69,715	70,266	6,332	1,002	
4. 2018	XXX	XXX	19,030	42,107	55,106	61,487	65,024	68,113	69,316	69,522	5,950	984	
5. 2019	XXX	XXX	XXX	18,834	39,659	51,319	57,130	60,174	62,226	62,921	5,402	1,033	
6. 2020	XXX	XXX	XXX	XXX	14,648	31,435	39,191	43,794	45,793	46,430	3,593	862	
7. 2021	XXX	XXX	XXX	XXX	XXX	14,838	31,883	41,889	47,093	49,331	3,613	763	
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	17,306	37,519	47,107	52,193	3,767	789	
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,055	41,585	54,031	3,689	815	
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,713	42,715	3,580	992	
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,553	2,481	769	

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	000												
2. 2016													
3. 2017	XXX												
4. 2018	XXX	XXX											
5. 2019	XXX	XXX	XXX										
6. 2020	XXX	XXX	XXX	XXX									
7. 2021	XXX	XXX	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

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

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

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

SCHEDULE P – PART 4A – HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	17,791	8,749	5,243	4,494	4,110	5,153	5,129	5,279	3,962	3,855
2. 2016	29,415	14,155	5,351	2,398	2,362	1,357	1,040	717	671	908
3. 2017	XXX	31,668	12,543	5,852	4,524	3,071	2,633	1,597	817	1,617
4. 2018	XXX	XXX	28,055	11,199	4,572	3,273	2,123	1,255	1,063	779
5. 2019	XXX	XXX	XXX	28,556	12,831	6,335	4,003	2,409	1,839	1,226
6. 2020	XXX	XXX	XXX	XXX	23,756	13,540	5,386	3,062	2,255	1,528
7. 2021	XXX	XXX	XXX	XXX	XXX	18,011	7,648	3,582	2,637	1,169
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	24,295	10,933	3,893	1,986
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,923	10,808	3,858
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,812	10,030
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,598

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

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

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

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

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

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

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

SCHEDULE P – PART 5D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	2,358	596	233	160	71	44	23	(1)	4	
2. 2016	4,587	6,467	6,742	6,842	6,887	6,909	6,923	6,924	6,926	6,924
3. 2017	XXX	3,997	5,881	6,160	6,261	6,302	6,325	6,335	6,346	6,332
4. 2018	XXX	XXX	3,880	5,526	5,770	5,879	5,921	5,931	5,948	5,950
5. 2019	XXX	XXX	XXX	3,571	5,000	5,251	5,357	5,381	5,403	5,402
6. 2020	XXX	XXX	XXX	XXX	2,181	3,305	3,487	3,558	3,584	3,593
7. 2021	XXX	XXX	XXX	XXX	XXX	2,274	3,371	3,531	3,590	3,613
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	2,401	3,536	3,712	3,767
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,446	3,527	3,689
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,461	3,580
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,481

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	1,209	658	448	295	227	185	154	113	97	85
2. 2016	2,102	443	197	104	66	46	31	20	19	13
3. 2017	XXX	2,039	429	181	90	53	33	21	11	6
4. 2018	XXX	XXX	1,854	423	200	96	57	44	27	17
5. 2019	XXX	XXX	XXX	1,660	399	168	80	49	28	23
6. 2020	XXX	XXX	XXX	XXX	1,270	275	110	46	21	11
7. 2021	XXX	XXX	XXX	XXX	XXX	1,211	258	113	55	38
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	1,224	268	116	63
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,207	293	156
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,231	288
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,305

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	345	35	13	4	3	2	2			
2. 2016	7,626	7,955	7,972	7,978	7,979	7,981	7,980	7,980	7,980	7,980
3. 2017	XXX	6,967	7,313	7,332	7,334	7,337	7,340	7,340	7,340	7,340
4. 2018	XXX	XXX	6,637	6,930	6,946	6,946	6,949	6,951	6,951	6,951
5. 2019	XXX	XXX	XXX	6,197	6,433	6,446	6,457	6,457	6,458	6,458
6. 2020	XXX	XXX	XXX	XXX	4,232	4,455	4,462	4,466	4,466	4,466
7. 2021	XXX	XXX	XXX	XXX	XXX	4,224	4,397	4,413	4,414	4,414
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	4,388	4,606	4,617	4,619
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,430	4,645	4,660
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,651	4,860
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,555

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

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	25,006	722	(10)	(3)				(45)	(6)		
2. 2016	114,809	137,327	138,324	138,313	138,311	138,311	138,311	138,275	138,273	138,273	
3. 2017	XXX	109,265	130,829	131,311	131,301	131,301	131,301	131,200	131,200	131,200	
4. 2018	XXX	XXX	105,671	127,410	128,163	128,139	128,137	128,137	128,137	128,137	
5. 2019	XXX	XXX	XXX	104,393	120,889	121,275	121,263	121,263	121,263	121,263	
6. 2020	XXX	XXX	XXX	XXX	94,995	109,227	110,043	110,036	110,034	110,034	
7. 2021	XXX	XXX	XXX	XXX	XXX	89,552	108,272	109,418	109,399	109,398	(1)
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	93,114	116,035	117,276	117,268	(8)
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,529	117,737	118,361	624
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	96,840	121,481	24,641
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	96,424	96,424
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121,680
13. Earned Premiums (Sc P-Pt 1)	139,815	132,505	128,222	126,600	112,232	104,146	112,636	119,407	120,260	121,680	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	1,332	33						(1)			
2. 2016	6,076	7,121	7,164	7,164	7,164	7,164	7,164	7,162	7,162	7,162	
3. 2017	XXX	5,091	6,024	6,045	6,045	6,045	6,045	6,040	6,040	6,040	
4. 2018	XXX	XXX	4,576	5,515	5,548	5,547	5,547	5,547	5,547	5,547	
5. 2019	XXX	XXX	XXX	4,505	5,234	5,252	5,251	5,251	5,251	5,251	
6. 2020	XXX	XXX	XXX	XXX	4,314	4,965	5,002	5,002	5,002	5,002	
7. 2021	XXX	XXX	XXX	XXX	XXX	3,999	4,848	4,900	4,899	4,899	
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	4,050	5,082	5,130	5,130	
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,204	5,063	5,083	20
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,726	4,510	784
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,027	3,027
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,831
13. Earned Premiums (Sc P-Pt 1)	7,408	6,169	5,552	5,465	5,076	4,667	4,935	5,280	4,632	3,831	XXX

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

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

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

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

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation	153,616,053	545,055	0.355	117,849,111		
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims-made						
8. Special Liability						
9. Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other						
15. International						
16. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X	X X X	X X X
17. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X	X X X	X X X
18. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X	X X X	X X X
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Pet Insurance Plans						
24. Totals	153,616,053	545,055	0.355	117,849,111		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	1,569	1,467	1,121	1,157	1,044	1,078	968	1,044	1,152	907
2. 2016										
3. 2017	X X X									
4. 2018	X X X	X X X								
5. 2019	X X X	X X X	X X X							
6. 2020	X X X	X X X	X X X	X X X						
7. 2021	X X X	X X X	X X X	X X X	X X X					
8. 2022	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2024	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2025	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	X X X									
4. 2018	X X X	X X X								
5. 2019	X X X	X X X	X X X							
6. 2020	X X X	X X X	X X X	X X X	X X X	X X X				
7. 2021	X X X	X X X	X X X	X X X	X X X	X X X				
8. 2022	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2024	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2025	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

NONE

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

NONE **Schedule P - Part 7B**

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

SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2016		
1.603 2017		
1.604 2018		
1.605 2019		
1.606 2020		
1.607 2021		
1.608 2022		
1.609 2023		
1.610 2024		
1.611 2025		
1.612 Totals		

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

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

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

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

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

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

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

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

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

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 An extended statement may be attached

.....

NONE Schedule T - Part 2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
3490 3490	Beacon Mutual Insurance Group Beacon Mutual Insurance Group	24017 11837 00000 00000	05-0458697 20-0317088 06-1490630 85-4065871				Beacon Mutual Insurance Company Castle Hill Insurance Company BMIC Service Corp The Beacon Foundation	RI RI RI RI	DS DS OTH	Beacon Mutual Insurance Company Beacon Mutual Insurance Company Beacon Mutual Insurance Company	Ownership Ownership Board of Directors	100.000 100.000	Beacon Mutual Insurance Company Beacon Mutual Insurance Company Beacon Mutual Insurance Company	NO NO YES NO	

Asterik	Explanation
1	The Beacon Mutual Insurance Company formed The Beacon Foundation in November 2020. The Beacon Mutual Insurance Company is the sole member of The Beacon Foundation.

NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

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

Responses**MARCH FILING**

- | | |
|------------------------------------------------------------------------------------------------------------------|-----|
| 1. Will an actuarial opinion be filed by March 1? | YES |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | YES |

APRIL FILING

- | | |
|----------------------------------------------------------------------------------------------------|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? | YES |
| 7. Will the Supplemental Investment 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 |

SUPPLEMENTAL FILINGS

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

MARCH FILING

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 16. Will the Premiums Attributed to Protected Cells be filed by March 1? | NO |
| 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1? | NO |
| 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 Management'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

Explanation 31: n/a

Explanation 32: n/a

Explanation 33: n/a

Explanation 34: n/a

Explanation 35: n/a

Explanation 36: n/a

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 37: n/a

Explanation 38: n/a

Bar Code:



24017202520100000



24017202524000000



24017202545500000



24017202538500000



24017202536500000



24017202550000000



24017202522400000



24017202522600000



240172025000000



24017202523000000



24017202521000000



24017202521700000



24017202556000000



24017202522300000



24017202542000000



24017202536000000



24017202549000000



24017202540100000



24017202540000000



24017202550500000



24017202522500000



24017202555500000



240172025000000



24017202530100000



24017202521600000



24017202529000000



24017202556500000

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 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 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)				

DETAILS OF WRITE-IN LINES				
0901.				
0902.				
0903.				
998. Summary of remaining write-ins for Line 09 from overflow page	NONE			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9. above)				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	NONE			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				

