0 0 0 0 0 2 0 1 8 2 0 1 0 0 1 0 0

PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

For the Year Ended December 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

RHODE ISLAND JOINT REINSURANCE ASSOCIATION

NAIC Group Code 00000 (Current Period), ____ (Prior Period) NAIC Company Code 00000 Employer's ID Number 05-0356382

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry MASSACHUSETTS

Country of Domicile UNITED STATES

Incorporated/Organized 10/01/1973 Commenced Business 10/01/1973

Statutory Home Office TWO CENTER PLAZA, 8TH FL (Street and Number), BOSTON, MA, US 02108 (City or Town, State, Country and Zip Code)

Main Administrative Office TWO CENTER PLAZA, 8TH FL (Street and Number) BOSTON, MA, US 02108 (City or Town, State, Country and Zip Code) 617-557-5515 (Area Code) (Telephone Number)

Mail Address TWO CENTER PLAZA, 8TH FL (Street and Number or P.O. Box), BOSTON, MA, US 02108 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records TWO CENTER PLAZA, 8TH FL (Street and Number) BOSTON, MA, US 02108 (City or Town, State, Country and Zip Code) 617-557-5515 (Area Code) (Telephone Number)

Internet Web Site Address WWW.RIJRA.COM

Statutory Statement Contact RICHARD J CONNORS (Name) 617-557-5514 (Area Code) (Telephone Number) (Extension)

RCONNORS@MPIUA.COM (E-Mail Address) 617-557-5675 (Fax Number)

OFFICERS

Name	Title	Name	Title
JOHN K GOLEMBESKI	PRESIDENT	JOHN K GOLEMBESKI	SECRETARY
RICHARD J CONNORS	TREASURER		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

DONALD BALDINI	PATRICK MCDONALD #	DENNIS P GRADY	T. BRYAN COOK
ELENA BIANCO	SANDRA G PARRILLO	COURTNEY LARKIN	CHARLES DIGRANDE
ROBERT ROMANIK	LARS B KRISTIANSEN #	ROBERT HARTNETT	RICHARD BLACKMAN
CARLA DESTEFANO	LESLIE MCKNIGHT	CHARLES NEWTON	TIMOTHY MERCER #

State of MASSACHUSETTS
ss
County of SUFFOLK

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.

JOHN K GOLEMBESKI	JOHN K GOLEMBESKI	RICHARD J CONNORS
PRESIDENT	SECRETARY	TREASURER

Subscribed and sworn to before me
this ____ day of ____ ,

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00000 | BUSINESS IN THE STATE OF Rhode Island | DURING THE YEAR 2018 | NAIC Company Code 00000

Line of Business	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	3,218,625	3,336,022		1,675,328	1,582,999	1,826,341	921,855	123,804	139,858	70,064	398,441	
2.1 Allied lines	4,334,463	4,473,114		2,269,016	4,484,681	4,249,232	797,991	595,610	552,341	100,056	506,551	
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	14,414,887	14,358,084		7,668,426	9,523,039	8,263,014	4,207,735	1,209,200	1,067,039	600,703	1,727,543	
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium (b)												
16. Workers' compensation												
17.1 Other liability-Occurrence	1,342,886	1,416,217		692,081	1,192,365	642,427	3,682,037	447,525	59,190	1,505,213	160,979	
17.2 Other Liability-Claims-Made	1,435	1,936		1,213	0	0	0	0	0	0	172	
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	23,312,296	23,585,373	0	12,306,064	16,783,084	14,981,014	9,609,618	2,376,139	1,818,428	2,276,036	2,793,686	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00000 | BUSINESS IN THE STATE OF Consolidated | DURING THE YEAR 2018 | NAIC Company Code 00000

	Line of Business	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	3,218,625	3,336,022	0	1,675,328	1,582,999	1,826,341	921,855	123,804	139,858	70,064	398,441	0
2.1	Allied lines	4,334,463	4,473,114	0	2,269,016	4,484,681	4,249,232	797,991	595,610	552,341	100,056	506,551	0
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	14,414,887	14,358,084	0	7,668,426	9,523,039	8,263,014	4,207,735	1,209,200	1,067,039	600,703	1,727,543	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability-Occurrence	1,342,886	1,416,217	0	692,081	1,192,365	642,427	3,682,037	447,525	59,190	1,505,213	160,979	0
17.2	Other Liability-Claims-Made	1,435	1,936	0	1,213	0	0	0	0	0	0	172	0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1	Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2	Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	23,312,296	23,585,373	0	12,306,064	16,783,084	14,981,014	9,609,618	2,376,139	1,818,428	2,276,036	2,793,686	0
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
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
Authorized - Other U.S. Unaffiliated Insurers																			
		AMERICAN STANDARD	USA		23									0			0	0	
		CINCINATI INS CO	USA		40									0				0	
		EVEREST	USA		253									0				0	
		ODYSSEY AMERICA	USA		177									0				0	
		TRANS RE	USA		253									0			0	0	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					746	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Authorized - Other Non-U.S. Insurers																			
		033 HIS	GBR		193									0			0	0	
		057 ATR	GBR		20									0			0	0	
		2001 AML	GBR		149									0			0	0	
		1856 ARC	GBR		40									0			0	0	
		1458 REN RE	GBR		26									0			0	0	
1299999 - Total Authorized - Other Non-U.S. Insurers					428	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					1,174	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unauthorized - Pools - Voluntary Pools																			
		Sompo	BMU		429									0			0	0	
		Fidelis	BMU		101									0			0	0	
		Hamilton Re	BMU		127									0			0	0	
		Renaissance	BMU		44									0			0	0	
		Davince Re	BMU		44									0			0	0	
		XL	BMU		153									0			0	0	
		Korean Re	KOR		127									0			0	0	
		MS Amlin Bermuda	BMU		177									0			0	0	
		Lanncashire	GBR		253									0			0	0	
2599999 - Total Unauthorized - Pools - Voluntary Pools					1,455	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					1,455	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)					2,629	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					2,629	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3 (Continued)

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

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		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	Applicable Sch. F Penalty (Col. 78)	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 (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk Collateralized Recoverables (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)
Authorized - Other U.S. Unaffiliated Insurers																	
	AMERICAN STANDARD					0	0	0	0	0	0	0	0	0		0	0
	CINCINATI INS CO					0	0	0	0	0	0	0	0	0		0	0
	EVEREST					0	0	0	0	0	0	0	0	0		0	0
	ODYSSEY AMERICA					0	0	0	0	0	0	0	0	0		0	0
	TRANS RE					0	0	0	0	0	0	0	0	0		0	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
Authorized - Other Non-U.S. Insurers																	
	033 HIS					0	0	0	0	0	0	0	0	0		0	0
	057 ATR					0	0	0	0	0	0	0	0	0		0	0
	2001 AML					0	0	0	0	0	0	0	0	0		0	0
	1856 ARC					0	0	0	0	0	0	0	0	0		0	0
	1458 REN RE					0	0	0	0	0	0	0	0	0		0	0
1299999 - Total Authorized - Other Non-U.S. Insurers		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
Unauthorized - Pools - Voluntary Pools																	
	Sompo					0	0	0	0	0	0	0	0	0		0	0
	Fidelis					0	0	0	0	0	0	0	0	0		0	0
	Hamilton Re					0	0	0	0	0	0	0	0	0		0	0
	Renaissance					0	0	0	0	0	0	0	0	0		0	0
	Davince Re					0	0	0	0	0	0	0	0	0		0	0
	XL					0	0	0	0	0	0	0	0	0		0	0
	Korean Re					0	0	0	0	0	0	0	0	0		0	0
	MS Amlin Bermuda					0	0	0	0	0	0	0	0	0		0	0
	Lanncashire					0	0	0	0	0	0	0	0	0		0	0
2599999 - Total Unauthorized - Pools - Voluntary Pools		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
9999999 Totals		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0

SCHEDULE F - PART 3 (Continued)

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

		Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1 – 29 Days	30 – 90 Days	91 – 120 Days	Over 120 Days	Total Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 – 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 – 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20% (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
Authorized - Other U.S. Unaffiliated Insurers																		
	AMERICAN STANDARD						0	0			0	0		0.000	0.000	0.000	YES	0
	CINCINATI INS CO						0	0			0	0		0.000	0.000	0.000	YES	0
	EVEREST						0	0			0	0		0.000	0.000	0.000	YES	0
	ODYSSEY AMERICA						0	0			0	0		0.000	0.000	0.000	YES	0
	TRANS RE						0	0			0	0		0.000	0.000	0.000	YES	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
Authorized - Other Non-U.S. Insurers																		
	033 HIS						0	0			0	0		0.000	0.000	0.000	YES	0
	057 ATR						0	0			0	0		0.000	0.000	0.000	YES	0
	2001 AML						0	0			0	0		0.000	0.000	0.000	YES	0
	1856 ARC						0	0			0	0		0.000	0.000	0.000	YES	0
	1458 REN RE						0	0			0	0		0.000	0.000	0.000	YES	0
1299999 - Total Authorized - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
Unauthorized - Pools - Voluntary Pools																		
	Sompo						0	0			0	0		0.000	0.000	0.000	YES	0
	Fidelis						0	0			0	0		0.000	0.000	0.000	YES	0
	Hamilton Re						0	0			0	0		0.000	0.000	0.000	YES	0
	Renaissance						0	0			0	0		0.000	0.000	0.000	YES	0
	Davince Re						0	0			0	0		0.000	0.000	0.000	YES	0
	XL						0	0			0	0		0.000	0.000	0.000	YES	0
	Korean Re						0	0			0	0		0.000	0.000	0.000	YES	0
	MS Amlin Bermuda						0	0			0	0		0.000	0.000	0.000	YES	0
	Lanncashire						0	0			0	0		0.000	0.000	0.000	YES	0
2599999 - Total Unauthorized - Pools - Voluntary Pools		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
9999999 Totals		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0

SCHEDULE F - PART 3 (Continued)

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

		Provision for Certified Reinsurance												Complete if Col. 52 = "No"; Otherwise Enter 0			
ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements 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 Amount 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%)	66 Total Collateral Provided (Col. 20+Col. 21+Col.22+ Col. 24; not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	68 20% of Amount in Col. 67	69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
Authorized - Other U.S. Unaffiliated Insurers																	
	AMERICAN STANDARD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	CINCINATI INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	EVEREST	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	ODYSSEY AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	TRANS RE	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	XXX	XXX
Authorized - Other Non-U.S. Insurers																	
	033 HIS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	057 ATR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1856 ARC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1458 REN RE	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	XXX	XXX
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Unauthorized - Pools - Voluntary Pools																	
	Sompo	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Fidelis	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Hamilton Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Renaissance	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Davince Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	XL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Korean Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	MS Amlin Bermuda	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Lanncashire	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2599999 - Total Unauthorized - Pools - Voluntary Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		XXX	XXX	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 Totals		XXX	XXX	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3 (Continued)

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

		70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
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%)	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 [Col. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized 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 (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Authorized - Other U.S. Unaffiliated Insurers										
	AMERICAN STANDARD	0	XXX	XXX	0	0	0	XXX	XXX	0
	CINCINATI INS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
	EVEREST	0	XXX	XXX	0	0	0	XXX	XXX	0
	ODYSSEY AMERICA	0	XXX	XXX	0	0	0	XXX	XXX	0
	TRANS RE	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
Authorized - Other Non-U.S. Insurers										
	033 HIS	0	XXX	XXX	0	0	0	XXX	XXX	0
	057 ATR	0	XXX	XXX	0	0	0	XXX	XXX	0
	2001 AML	0	XXX	XXX	0	0	0	XXX	XXX	0
	1856 ARC	0	XXX	XXX	0	0	0	XXX	XXX	0
	1458 REN RE	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999 - Total Authorized - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	XXX	0
Unauthorized - Pools - Voluntary Pools										
	Sompo	0	0	0	XXX	XXX	XXX	0	XXX	0
	Fidelis	0	0	0	XXX	XXX	XXX	0	XXX	0
	Hamilton Re	0	0	0	XXX	XXX	XXX	0	XXX	0
	Renaissance	0	0	0	XXX	XXX	XXX	0	XXX	0
	Davince Re	0	0	0	XXX	XXX	XXX	0	XXX	0
	XL	0	0	0	XXX	XXX	XXX	0	XXX	0
	Korean Re	0	0	0	XXX	XXX	XXX	0	XXX	0
	MS Amlin Bermuda	0	0	0	XXX	XXX	XXX	0	XXX	0
	Lanncashire	0	0	0	XXX	XXX	XXX	0	XXX	0
2599999 - Total Unauthorized - Pools - Voluntary Pools		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

Schedule F - Part 4

NONE

Schedule F - Part 5

NONE

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	43,698,057		43,698,057
2. Premiums and considerations (Line 15)	2,529,272		2,529,272
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
4 Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5. Other assets	275,415		275,415
6. Net amount recoverable from reinsurers			0
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	46,502,744	0	46,502,744
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	11,885,654		11,885,654
10. Taxes, expenses, and other obligations (Lines 4 through 8)	674,661		674,661
11. Unearned premiums (Line 9)	12,306,064		12,306,064
12. Advance premiums (Line 10)	184,003		184,003
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	0		0
15. Funds held by company under reinsurance treaties (Line 13)	0		0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	1,161,287		1,161,287
19. Total liabilities excluding protected cell business (Line 26)	26,211,669	0	26,211,669
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	20,291,075	XXX	20,291,075
22. Totals (Line 38)	46,502,744	0	46,502,744

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 [ ]

If yes, give full explanation:

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Home/Farm

NONE

Schedule P - Part 1B - Private Passenger

NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

NONE

Schedule P - Part 1E - Comm Multi Peril

NONE

Schedule P - Part 1F - Med Pro Liab Occ

NONE

Schedule P - Part 1F - Med Pro Liab Clm

NONE

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur

NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance

NONE

Schedule P - Part 1O - Reinsurance

NONE

Schedule P - Part 1P - Reinsurance

NONE

Schedule P - Part 1R - Prod Liab Occur

NONE

Schedule P - Part 1R - Prod Liab Claims

NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A

NONE

Schedule P - Part 2B

NONE

Schedule P - Part 2C

NONE

Schedule P - Part 2D

NONE

Schedule P - Part 2E

NONE

Schedule P - Part 2F - Section 1

NONE

Schedule P - Part 2F - Med Pro Liab Clm

NONE

Schedule P - Part 2G

NONE

Schedule P - Part 2H - Other Liab Occur

NONE

Schedule P - Part 2H - Other Liab Claim

NONE

Schedule P - Part 2I

NONE

Schedule P - Part 2J

NONE

Schedule P - Part 2K

NONE

Schedule P - Part 2L

NONE

Schedule P - Part 2M

NONE

Schedule P - Part 2N

NONE

Schedule P - Part 2O

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

Schedule P - Part 3F - Med Pro Liab Occ

NONE

Schedule P - Part 3F - Med Pro Liab Clm

NONE

Schedule P - Part 3G

NONE

Schedule P - Part 3H - Other Liab Occur

NONE

Schedule P - Part 3H - Other Liab Claims

NONE

Schedule P - Part 3I

NONE

Schedule P - Part 3J

NONE

Schedule P - Part 3K

NONE

Schedule P - Part 3L

NONE

Schedule P - Part 3M

NONE

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

NONE

Schedule P - Part 3R - Prod Liab Occur

NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

NONE

Schedule P - Part 4F - Med Pro Liab Occ

NONE

Schedule P - Part 4F - Med Pro Liab Clm

NONE

Schedule P - Part 4G

NONE

Schedule P - Part 4H - Other Liab Occur

NONE

Schedule P - Part 4H - Other Liab Claims

NONE

Schedule P - Part 4I

NONE

Schedule P - Part 4J

NONE

Schedule P - Part 4K

NONE

Schedule P - Part 4L

NONE

Schedule P - Part 4M

NONE

Schedule P - Part 4N

NONE

Schedule P - Part 4O

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

NONE

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

NONE

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

NONE

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

Schedule P - Part 6E - SN1

NONE

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

NONE

Schedule P - Part 6H - SN2A

NONE

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

NONE

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 6O - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

NONE

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 Contacts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	4,808		0.0	12,712		0.0
2. Private Passenger Auto Liability/Medical	0		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical	0		0.0	0		0.0
4. Workers' Compensation	0		0.0	0		0.0
5. Commercial Multiple Peril	0		0.0	0		0.0
6. Medical Professional Liability-Occurrence	0		0.0	0		0.0
7. Medical Professional Liability -Claims-Made	0		0.0	0		0.0
8. Special Liability	0		0.0	0		0.0
9. Other Liability-Occurrence	5,187		0.0	1,343		0.0
10. Other Liability-Claims-Made	0		0.0	1		0.0
11. Special Property	1,890		0.0	6,628		0.0
12. Auto Physical Damage	0		0.0	0		0.0
13. Fidelity/Surety	0		0.0	0		0.0
14. Other	0		0.0	0		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability-Occurrence	0		0.0	0		0.0
20. Products Liability-Claims-Made	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Totals	11,886	0	0.0	20,684	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END ($000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END ($000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 7B - REINSURANCE 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 Contacts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	4,808		0.0	12,712		0.0
2. Private Passenger Auto Liability/Medical	0		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical	0		0.0	0		0.0
4. Workers' Compensation	0		0.0	0		0.0
5. Commercial Multiple Peril	0		0.0	0		0.0
6. Medical Professional Liability-Occurrence	0		0.0	0		0.0
7. Medical Professional Liability -Claims-Made	0		0.0	0		0.0
8. Special Liability	0		0.0	0		0.0
9. Other Liability-Occurrence	5,187		0.0	1,343		0.0
10. Other Liability-Claims-made	0		0.0	1		0.0
11. Special Property	1,890		0.0	6,628		0.0
12. Auto Physical Damage	0		0.0	0		0.0
13. Fidelity/Surety	0		0.0	0		0.0
14. Other	0		0.0	0		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property	0		0.0	0		0.0
17. Reinsurance-Nonproportional Assumed Liability	0		0.0	0		0.0
18. Reinsurance-Nonproportional Assumed Financial Lines	0		0.0	0		0.0
19. Products Liability-Occurrence	0		0.0	0		0.0
20. Products Liability-Claims-Made	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Totals	11,886	0	0.0	20,684	0	0.0

SECTION 2

NONE

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

NONE

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 4

NONE

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

NONE

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

NONE

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

NONE

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END ($000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2009	0	0	0	0	0	0	0	0	0	
3. 2010	XXX	0	0	0	0	0	0	0	0	
4. 2011	XXX	XXX	0	0	0	0	0	0	0	
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [ ] No [X]
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

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

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

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

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

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	2009		
1.603	2010		
1.604	2011		
1.605	2012		
1.606	2013		
1.607	2014		
1.608	2015		
1.609	2016		
1.610	2017		
1.611	2018		
1.612	Totals	0	0

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 [ ] 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 [ ] 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 [ ]

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:
(in thousands of dollars)

5.1 Fidelity $ ....

5.2 Surety $ ....

6. Claim count information is reported per claim or per claimant (indicate which). ....
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 [ ]

7.2 An extended statement may be attached.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

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? (Y/N)	16 *

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		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?	WAIVED
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	WAIVED
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	WAIVED
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	WAIVED
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?	SEE EXPLANATION
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing **<u>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.</u>** 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	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
25.	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
26.	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
27.	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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report 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 Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation:

10. Accountants Letter of Qualifications be filed with the State of domicile by June 1. The Association does not file with the NAIC.

12. Business not written

13. Business not written

14. Business not written

15. Business not written

16. Business not written

17. Business not written

18. Business not written

19. Business not written

21. The Reinsurance Attestation Supplement will be filed with the State by March 1. The Association does not file with the NAIC.

22. Business not written

23. Business not written

24. The Association does not file with the NAIC

25. Business not written

26. Business not written

27. Business not written

28. Business not written

29. Business not written

30. Business not written

31. Business not written

32. Business not written

33. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

34. Business not written

35. Business not written

36. Business not written

37. Business not written

Bar Code:

2. 0 0 0 0 0 2 0 1 8 4 6 0 0 0 0 0 0

3. 0 0 0 0 0 2 0 1 8 3 9 0 0 0 0 0 0

4. 0 0 0 0 0 2 0 1 8 3 9 0 0 0 0 0 0

5. 0 0 0 0 0 2 0 1 8 2 7 0 0 0 0 0 0

8. 0 0 0 0 0 2 0 1 8 2 0 1 0 0 0 0 0

12. 0 0 0 0 0 2 0 1 8 4 2 0 0 0 0 0 0

13. 0 0 0 0 0 2 0 1 8 2 4 0 0 0 0 0 0

14. 0 0 0 0 0 2 0 1 8 3 6 0 5 9 0 0 0

15. 0 0 0 0 0 2 0 1 8 4 5 5 0 0 0 0 0

16. 0 0 0 0 0 2 0 1 8 4 9 0 0 0 0 0 0

17. 0 0 0 0 0 2 0 1 8 3 8 5 0 0 0 0 0

18. 0 0 0 0 0 2 0 1 8 4 0 1 0 0 0 0 0

19. 0 0 0 0 0 2 0 1 8 3 6 5 0 0 0 0 0

22. 0 0 0 0 0 2 0 1 8 4 0 0 0 0 0 0 0

23. 0 0 0 0 0 2 0 1 8 5 0 0 0 0 0 0 0

25. 0 0 0 0 0 2 0 1 8 2 2 4 0 0 0 0 0

26. 0 0 0 0 0 2 0 1 8 2 2 5 0 0 0 0 0

27. 0 0 0 0 0 2 0 1 8 2 2 6 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28. 0 0 0 0 0 2 0 1 8 5 5 5 0 0 0 0 0

29. 0 0 0 0 0 2 0 1 8 2 3 0 5 9 0 0 0

30. 0 0 0 0 0 2 0 1 8 3 0 6 0 0 0 0 0

31. 0 0 0 0 0 2 0 1 8 2 1 0 0 0 0 0 0

32. 0 0 0 0 0 2 0 1 8 2 1 6 5 9 0 0 0

33. 0 0 0 0 0 2 0 1 8 2 1 7 0 0 0 0 0

34. 0 0 0 0 0 2 0 1 8 5 5 0 0 0 0 0 0

35. 0 0 0 0 0 2 0 1 8 2 9 0 0 0 0 0 0

36. 0 0 0 0 0 2 0 1 8 3 0 0 0 0 0 0 0

37. 0 0 0 0 0 2 0 1 8 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)