



ANNUAL STATEMENT

For the Year Ended December 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

NAIC Group Code 3490 (Current Period) 3490 (Prior Period) 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 Ann Lazzareschi, alazzareschi@beaconmutual.com

OFFICERS

Table with 2 columns: Name, Title. 1. James Vincent Rosati, President & CEO; 2. Brian Joseph Spero, EVP, COO, General Counsel, Assistant Secretary; 3. Cynthia Lee Lawlor, Chief Financial Officer

VICE-PRESIDENTS

Table with 4 columns: Name, Title, Name, Title. Pamela Lee Alarie, Vice President; Robert Glenn DeOrsey, Vice President; Rajani Mahadevan, Vice President; Timothy Francis Benson, Vice President; Michael Dennis Lynch, Vice President

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Harry Robert Bacon, Raymond Christopher Coia, Richard James DeRienzo, James Vincent Rosati; Carol Elaine Saccucci, Robert Anthony Walsh Jr., Myrth York, Linda D'Amaro Rossi; Kathleen Coyne-McCoy #

State of Rhode Island

County of Kent

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 lines for James Vincent Rosati, Brian Joseph Spero, and Cynthia Lee Lawlor with printed names and titles.

Subscribed and sworn to (or affirmed) before me this on this day of , 2017, 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



24017201643022100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2016

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
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. 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												15,156
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
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												
35. TOTALS (a)												15,156
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.

19.MA



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2016

NAIC Group Code **3490**

NAIC Company Code **24017**

19 RI

	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. 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	134,976,989	133,663,432	963,000	60,964,152	70,326,747	70,035,235	143,037,361	6,369,268	6,760,444	5,513,810	13,390,850	11,385,242
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
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												
35. TOTALS (a)	134,976,989	133,663,432	963,000	60,964,152	70,326,747	70,035,235	143,037,361	6,369,268	6,760,444	5,513,810	13,390,850	11,385,242
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 \$ 141,765

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



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2016

NAIC Group Code **3490**

NAIC Company Code **24017**

19.GT

	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												
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5.2 Commercial Multiple Peril (Liability Portion)												
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8. Ocean Marine												
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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	134,976,989	133,663,432	963,000	60,964,152	70,326,747	70,035,235	143,037,361	6,369,268	6,760,444	5,513,810	13,390,850	11,400,398
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
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												
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DETAILS OF WRITE-INS												
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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 \$ 141,765

(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	IL DE	6,348	11 5,866 2,670	5,866 2,681		2,231	3,047			3,432	5,323	16,175
0999998	Other U.S. Unaffiliated Insurers - Reinsurance for which total of Col 8 < \$100,000													
0999999	Total Other U.S. Unaffiliated Insurers *#			6,348	11	8,536	8,547	2,231	3,047			3,432	5,323	16,175
9999999	Totals			6,348	11	8,536	8,547	2,231	3,047			3,432	5,323	16,175

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		18 Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	19 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 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
13-2673100	22039	General Reinsurance Corporation	DE		5,476	731	10	20,710	305	5,854	106	65		27,781	84		27,697	
06-1430254	10348	Arch Reinsurance Company	DE		187							2		2	4		(2)	
43-0727872	15105	Safety National Casualty Corporation	MO		101							1		1	2		(1)	
13-4924125	10227	Munich Reinsurance America, Inc.	DE		103							1		1	2		(1)	
06-1481194	10829	Markel Global Reinsurance Company	DE		314							4		4	7		(3)	
13-1290712	20583	XL Reinsurance America, Inc.	NY		136							4		4	6		(2)	
36-6067575	24139	Old Republic General Insurance Corp	IL			9		166	1					176			176	
48-0921045	39845	Westport Insurance Corporation	MO			28		467	6					501			501	
0999998	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)				86							2		2	3		(1)	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				6,403	768	10	21,343	312	5,854	106	79		28,472	108		28,364	
1399999	Total Authorized - Total Authorized				6,403	768	10	21,343	312	5,854	106	79		28,472	108		28,364	
AA-1128003	00000	Catlin UW / Lloyd's Syndicate 2003	GB		139													
AA-1129000	00000	Markel at Lloyd's, Zurich	GB		163							2		2	4		(2)	
2599998	Total Unauthorized - Other non-U.S. Insurers# (under \$100,000)				434							5		5	9		(4)	
2599999	Total Unauthorized - Other non-U.S. Insurers#				736							7		7	13		(6)	
2699999	Total Unauthorized - Total Unauthorized				736							7		7	13		(6)	
AA-3194130	00000	Endurance Specialty Insurance, Ltd	BM		107							1		1	2		(1)	
AA-1460023	00000	Tokio Millenium Re AG	CH		162							2		2	4		(2)	
3899998	Total Certified - Other Non-U.S. Insurers# (under \$100,000)																	

NOTE:

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1) General Reinsurance Corporation		5,476
2) _____		
3) _____		
4) _____		
5) _____		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1) General Reinsurance Corporation	27,781	5,476	Yes [] No [X]
2) Westport Insurance Corporation	501		Yes [] No [X]
3) Old Republic General Insurance Corp	176		Yes [] No [X]
4) Markel Global Reinsurance Company	4	314	Yes [] No [X]
5) XL Reinsurance America, Inc.	4	136	Yes [] No [X]

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		18 Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	19 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 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
3899999	Total Certified - Other Non-U.S. Insurers#				269								3		3	6		(3)
3999999	Total Certified - Total Certified				269								3		3	6		(3)
4099999	Total Authorized, Unauthorized and Certified				7,408	768	10	21,343	312	5,854	106		89		28,482	127		28,355
9999999	Totals				7,408	768	10	21,343	312	5,854	106		89		28,482	127		28,355

22.1

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1) General Reinsurance Corporation		5,476
2) _____		
3) _____		
4) _____		
5) _____		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1) General Reinsurance Corporation	27,781	5,476	Yes [] No [X]
2) Westport Insurance Corporation	501		Yes [] No [X]
3) Old Republic General Insurance Corp	176		Yes [] No [X]
4) Markel Global Reinsurance Company	4	314	Yes [] No [X]
5) XL Reinsurance America, Inc.	4	136	Yes [] No [X]

SCHEDULE F – PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col.11
				5 Current	Overdue							
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
13-2673100	22039	General Reinsurance Corporation	DE	741						741		
36-6067575	24139	Old Republic General Insurance Corp	IL	9						9		
48-0921045	39845	Westport Insurance Corporation	MO	28						28		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			778						778		
1399999	Total Authorized - Total Authorized			778						778		
4099999	Total Authorized, Unauthorized and Certified			778						778		
9999999	Totals			778						778		

SCHEDULE F – PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7 + 8 + 10 + 11 + 12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20 % of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col. 16 plus Col 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
AA-1129000	00000	Markel at Lloyd's, Zurich	GB		2				4			2						
AA-1128987	00000	BGS Services Limited	GB		1				2			1						
AA-1126609	00000	Lloyd's Syndicate 0609 (AUW)	GB		1				1			1						
AA-1126780	00000	Lloyd's Syndicate 0780 (ADV)	GB		1				1			1						
AA-1120084	00000	Lloyd's Syndicate 1955 (BAR)	GB		1				1			1						
AA-1126004	00000	Lloyd's Syndicate 4444 (CNP)	GB		1				1			1						
AA-1126006	00000	Lloyd's Syndicate 4472 (LIB)	GB		1				1			1						
AA-1128987	00000	Lloyd's Syndicate 2987 (BRT)	GB		1				1			1						
AA-1120337	00000	Aspen Insurance UK Limited	GB						1									
1299999	Total Other Non-U.S. Insurers #				7			X X X	13			7						
1399999	Total Affiliates and Others				7			X X X	13			7						
9999999	Totals				7			X X X	13			7						

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1. Amounts in dispute totaling \$ 0 are included in Column 6.
 2. Amounts in dispute totaling \$ 0 are excluded from Column 15.

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

SCHEDULE F - PART 6 - SECTION 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Certified Reinsurer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	11 Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Collateral Provided						18 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	19 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col 7, not to exceed 100%)	20 Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance with Certified Reinsurer Due to Collateral Deficiency (Col. 8 - Col. 20)						
											12 Multiple Beneficiary Trust	13 Funds Held by Company Under Reinsurance Treaties	14 Letters of Credit	15 Issuing or Confirming Bank Reference Number (a)	16 Other Allowable Collateral	17 Total Collateral Provided (Col. 12 + 13 + 14 + 16)										
AA-3194130	00000	Endurance Specialty Insurance, Ltd.	BM	4	12/29/2015	50.000	(1)		(1)	(1)																
AA-1460023	00000	Tokio Millenium Re AG	CH	3	07/07/2015	20.000	(2)		(2)	(0)																
1299999 Total Other Non-U.S. Insurers#						X X X	X X X	(3)		(3)	(1)						X X X	X X X								
1399999 Total Affiliates and Others						X X X	X X X	(3)		(3)	(1)						X X X	X X X								
9999999 Totals						X X X	X X X	(3)		(3)	(1)						X X X	X X X								

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(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing Confirming Bank Name	Letters of Credit Amount
<h1 style="font-size: 4em; margin: 0;">NONE</h1>				

NONE **Schedule F - Part 6 - Section 2**

NONE **Schedule F - Part 7**

NONE **Schedule F - Part 8 Overdue Reinsurance**

SCHEDULE F – PART 9

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)	356,704,083		356,704,083
2. Premiums and considerations (Line 15)	42,375,912		42,375,912
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	777,735	(777,735)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	4,322,129		4,322,129
6. Net amount recoverable from reinsurers		28,355,876	28,355,876
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	404,179,859	27,578,141	431,758,000
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	151,788,494	27,615,813	179,404,307
10. Taxes, expenses, and other obligations (Lines 4 through 8)	22,232,827		22,232,827
11. Unearned premiums (Line 9)	65,732,771	89,285	65,822,056
12. Advance premiums (Line 10)	2,852,533		2,852,533
13. Dividends declared and unpaid (Line 11.1 and 11.2)	2,079,604		2,079,604
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	126,957	(126,957)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	179,334		179,334
17. Provision for reinsurance (Line 16)			
18. Other liabilities	649,063		649,063
19. Total liabilities excluding protected cell business (Line 26)	245,641,583	27,578,141	273,219,724
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	158,538,276	X X X	158,538,276
22. Totals (Line 38)	404,179,859	27,578,141	431,758,000

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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	X X X	X X X	X X X	2,507	681	148	20	129		13	2,083	X X X
2. 2007	136,208	11,343	124,865	83,164	3,358	5,050	23	16,840		2,469	101,673	12,215
3. 2008	118,728	9,972	108,756	70,584	1,038	4,129	42	16,620		1,505	90,253	9,894
4. 2009	101,670	7,173	94,497	69,602	1,975	3,901	13	13,206		1,281	84,721	8,609
5. 2010	91,451	8,028	83,423	67,521	1,802	3,468	34	13,649		1,050	82,802	8,130
6. 2011	92,459	7,451	85,008	69,231		4,577		13,484		1,290	87,292	8,206
7. 2012	102,597	8,432	94,165	69,190	1,169	4,874	17	13,544		744	86,422	8,360
8. 2013	111,600	8,778	102,822	65,562		4,863		13,751		815	84,176	8,384
9. 2014	126,456	7,849	118,607	58,097		4,913		14,136		583	77,146	8,551
10. 2015	135,250	8,033	127,217	46,216		4,515		13,887		304	64,618	8,359
11. 2016	139,815	7,408	132,407	20,933		2,271		10,772		73	33,976	7,626
12. Totals	X X X	X X X	X X X	622,607	10,023	42,709	149	140,018		10,127	795,162	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						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	19,421	10,788	175		542	245			1,653			10,758	94
2. 2007	1,691		101		70				179			2,041	14
3. 2008	1,067		128		56		1		117			1,369	13
4. 2009	5,684		77		92		3		549			6,405	22
5. 2010	5,036	3,028	113	48	87	17	5		507			2,655	31
6. 2011	3,332	388	183	10	204	13	7		341			3,656	48
7. 2012	10,400	6,356	702	77	260	15	43	5	1,079			6,031	83
8. 2013	7,898	783	2,290	330	478	21	27	4	947			10,502	133
9. 2014	10,339		3,859	378	739		84	8	1,230			15,865	244
10. 2015	15,644		12,356	1,618	1,322		128	13	2,557			30,376	527
11. 2016	24,023		32,179	3,393	2,287		705	76	6,394			62,119	2,102
12. Totals	104,535	21,343	52,163	5,854	6,137	311	1,003	106	15,553			151,777	3,311

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	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	8,808	1,950
2. 2007	107,095	3,381	103,714	78.626	29.807	83.061				1,792	249
3. 2008	92,702	1,080	91,622	78.079	10.830	84.245				1,195	174
4. 2009	93,114	1,988	91,126	91.585	27.715	96.433				5,761	644
5. 2010	90,386	4,929	85,457	98.835	61.398	102.438				2,073	582
6. 2011	91,359	411	90,948	98.810	5.516	106.988				3,117	539
7. 2012	100,092	7,639	92,453	97.558	90.595	98.182				4,669	1,362
8. 2013	95,816	1,138	94,678	85.857	12.964	92.080				9,075	1,427
9. 2014	93,397	386	93,011	73.857	4.918	78.419				13,820	2,045
10. 2015	96,625	1,631	94,994	71.442	20.304	74.671				26,382	3,994
11. 2016	99,564	3,469	96,095	71.211	46.828	72.575				52,809	9,310
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	129,501	22,276

- 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**

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	138,877	126,789	112,174	101,408	100,465	95,507	92,410	88,309	88,224	88,202	(22)	(107)
2. 2007	107,830	102,174	94,395	92,676	89,299	86,576	86,168	88,765	86,755	86,695	(60)	(2,070)
3. 2008	XXX	84,231	85,750	83,289	77,607	76,653	76,486	75,744	75,180	74,885	(295)	(859)
4. 2009	XXX	XXX	84,563	81,644	76,090	76,042	75,567	76,211	76,411	77,371	960	1,160
5. 2010	XXX	XXX	XXX	76,022	70,119	71,877	71,614	71,564	71,495	71,301	(194)	(263)
6. 2011	XXX	XXX	XXX	XXX	74,526	72,740	76,045	75,607	76,228	77,123	895	1,516
7. 2012	XXX	XXX	XXX	XXX	XXX	72,829	70,713	74,930	77,098	77,830	732	2,900
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	68,900	70,847	77,575	79,980	2,405	9,133
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71,727	72,476	77,645	5,169	5,918
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76,340	78,550	2,210	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78,929	XXX	XXX
12. Totals											11,800	17,328

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	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**

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			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2016	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			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2016	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			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2016	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		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior	000	34,048	50,958	59,544	65,597	68,262	70,548	75,227	77,143	79,097	22	(3)
2. 2007	27,723	54,203	65,963	72,997	76,936	81,080	82,956	82,337	84,657	84,833	10,673	1,528
3. 2008	XXX	21,739	45,872	58,896	65,943	69,309	71,688	73,256	73,490	73,633	8,651	1,230
4. 2009	XXX	XXX	22,460	44,923	58,064	65,355	69,509	71,661	72,954	71,515	7,415	1,172
5. 2010	XXX	XXX	XXX	19,837	42,857	55,129	62,826	66,311	68,406	69,153	7,219	880
6. 2011	XXX	XXX	XXX	XXX	23,047	47,788	61,476	68,165	71,816	73,808	7,313	845
7. 2012	XXX	XXX	XXX	XXX	XXX	22,951	47,028	59,942	69,839	72,878	7,393	884
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	22,356	47,655	63,415	70,425	7,420	831
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,720	47,311	63,010	7,231	1,076
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,793	50,731	6,766	1,066
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,204	4,587	937

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			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016			
1. Prior	000												
2. 2007													
3. 2008	XXX												
4. 2009	XXX	XXX											
5. 2010	XXX	XXX	XXX										
6. 2011	XXX	XXX	XXX	XXX									
7. 2012	XXX	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2016	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**

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	56,731	38,727	25,437	12,949	10,006	4,205	1,973	393	333	175
2. 2007	37,123	18,264	9,326	4,836	2,529	728	299	646	204	101
3. 2008	XXX	27,073	12,179	6,547	3,130	966	457	408	109	129
4. 2009	XXX	XXX	26,746	9,312	2,444	1,701	293	325	73	80
5. 2010	XXX	XXX	XXX	19,521	3,960	2,281	872	601	188	70
6. 2011	XXX	XXX	XXX	XXX	22,862	5,413	3,086	998	352	180
7. 2012	XXX	XXX	XXX	XXX	XXX	24,958	7,272	2,172	1,025	663
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	22,212	4,772	2,360	1,983
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,713	7,691	3,557
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,583	10,853
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,415

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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**

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	4,106	842	255	107	121	79	47	55	142	22
2. 2007	7,247	10,116	10,386	10,496	10,555	10,589	10,621	10,666	10,672	10,673
3. 2008	XXX	5,904	8,133	8,436	8,575	8,617	8,640	8,626	8,642	8,651
4. 2009	XXX	XXX	5,017	6,866	7,214	7,316	7,367	7,384	7,402	7,415
5. 2010	XXX	XXX	XXX	4,978	6,800	7,055	7,152	7,181	7,197	7,219
6. 2011	XXX	XXX	XXX	XXX	5,018	6,883	7,149	7,248	7,291	7,313
7. 2012	XXX	XXX	XXX	XXX	XXX	5,253	7,010	7,217	7,358	7,393
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	5,149	7,012	7,320	7,420
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,122	6,924	7,231
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,939	6,766
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,587

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	1,338	664	442	363	255	193	167	136	113	94
2. 2007	2,852	510	237	143	87	56	31	20	15	14
3. 2008	XXX	2,218	489	244	122	81	57	38	22	13
4. 2009	XXX	XXX	1,978	515	206	117	62	47	34	22
5. 2010	XXX	XXX	XXX	1,910	424	191	93	68	52	31
6. 2011	XXX	XXX	XXX	XXX	1,980	426	199	110	69	48
7. 2012	XXX	XXX	XXX	XXX	XXX	1,867	435	255	119	83
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,960	505	229	133
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,085	531	244
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,110	527
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,102

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	560	53	11	16	11	16	39	5	218	
2. 2007	11,585	12,152	12,149	12,158	12,160	12,162	12,165	12,215	12,215	12,215
3. 2008	XXX	9,395	9,915	9,946	9,948	9,948	9,948	9,893	9,894	9,894
4. 2009	XXX	XXX	8,209	8,564	8,591	8,603	8,604	8,606	8,609	8,609
5. 2010	XXX	XXX	XXX	7,748	8,107	8,128	8,127	8,130	8,130	8,130
6. 2011	XXX	XXX	XXX	XXX	7,770	8,157	8,196	8,204	8,205	8,206
7. 2012	XXX	XXX	XXX	XXX	XXX	7,961	8,338	8,356	8,359	8,360
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	7,894	8,361	8,381	8,384
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,188	8,530	8,551
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,040	8,359
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,626

- 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	XXX										
4. 2009	XXX	XXX									
5. 2010	XXX	XXX	XXX								
6. 2011	XXX	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior											
2. 2007											
3. 2008	XXX										
4. 2009	XXX	XXX									
5. 2010	XXX	XXX	XXX								
6. 2011	XXX	XXX	XXX	XXX							
7. 2012	XXX	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior	6,032	(271)	92	(181)	(14)	(3)					
2. 2007	130,176	149,483	149,379	149,361	149,355	149,355	149,355	149,355	149,355	149,355	
3. 2008	XXX	99,692	110,958	112,318	112,283	112,243	112,243	112,243	112,243	112,243	
4. 2009	XXX	XXX	90,416	98,234	98,411	98,382	98,382	98,382	98,382	98,382	
5. 2010	XXX	XXX	XXX	82,472	93,881	94,058	94,045	94,045	94,045	94,045	
6. 2011	XXX	XXX	XXX	XXX	80,928	95,075	95,451	95,450	95,450	95,448	(2)
7. 2012	XXX	XXX	XXX	XXX	XXX	88,345	104,222	104,554	104,558	104,558	(2)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	95,360	114,641	115,255	115,253	(2)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	106,844	129,195	129,963	768
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112,279	136,523	24,244
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114,809	114,809
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	139,815
13. Earned Premiums (Sc P-Pt 1)	136,208	118,728	101,670	91,451	92,459	102,597	111,600	126,456	135,250	139,815	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior	1,063	(1,123)	(2,142)	(129)	(442)	(357)	(350)				
2. 2007	10,280	11,884	11,874	11,872	11,871	11,871	11,871	11,871	11,871	11,871	
3. 2008	XXX	9,490	10,527	10,648	10,645	10,642	10,642	10,642	10,642	10,642	
4. 2009	XXX	XXX	8,288	8,976	8,991	8,989	8,989	8,989	8,989	8,989	
5. 2010	XXX	XXX	XXX	7,350	8,325	8,340	8,339	8,339	8,339	8,339	
6. 2011	XXX	XXX	XXX	XXX	6,907	8,126	8,157	8,157	8,157	8,157	
7. 2012	XXX	XXX	XXX	XXX	XXX	7,559	8,869	8,891	8,891	8,891	
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	7,788	9,041	9,078	9,078	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,574	7,813	7,854	41
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,757	8,048	1,291
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,076	6,076
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,408
13. Earned Premiums (Sc P-Pt 1)	11,343	9,971	7,173	8,028	7,451	8,431	8,778	7,849	8,033	7,408	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	151,777	1,568	1.033	133,917		
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. Totals	151,777	1,568	1.033	133,917		

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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	3,994	3,163	3,865	4,104	5,177	3,333	3,271	3,994	3,973	3,894
2. 2007										
3. 2008	X X X									
4. 2009	X X X	X X X								
5. 2010	X X X	X X X	X X X							
6. 2011	X X X	X X X	X X X	X X X						
7. 2012	X X X	X X X	X X X	X X X	X X X					
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015	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. 2016	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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior										
2. 2007										
3. 2008	X X X									
4. 2009	X X X	X X X								
5. 2010	X X X	X X X	X X X							
6. 2011	X X X	X X X	X X X	X X X	X X X					
7. 2012	X X X	X X X	X X X	X X X	X X X	X X X				
8. 2013	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2015	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. 2016	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)

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 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	151,777	1,568	1.033	133,917		
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						
17. Reinsurance-Nonproportional Assumed Liability						
18. Reinsurance-Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	151,777	1,568	1.033	133,917		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2007		
1.603 2008		
1.604 2009		
1.605 2010		
1.606 2011		
1.607 2012		
1.608 2013		
1.609 2014		
1.610 2015		
1.611 2016		
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 \$ _____
5.2 Surety \$ _____
 (in thousands of dollars)

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
3490	Beacon Mutual Insurance Group	24017	05-0458697				Beacon Mutual Insurance Company	RI						N	
3490	Beacon Mutual Insurance Group	11837	20-0317088				Castle Hill Insurance Company	RI	DS	Beacon Mutual Insurance Company	Ownership	100.0	Beacon Mutual Insurance Company	N	
		00000	06-1490630				BMIC Service Corp	RI	DS	Beacon Mutual Insurance Company	Ownership	100.0	Beacon Mutual Insurance Company	Y	

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Asterik	Explanation
	NONE

NONE Schedule Y - Part 2

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.

	<u>Responses</u>
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
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 annual statement filing. 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	
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 Supplemental 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 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?	YES
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?	NO
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
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 Expense 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
AUGUST FILING	
35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 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 19: 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 0: N/A

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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