



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

ProTucket Insurance Company

| | | |
|---|--|--|
| NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small> | NAIC Company Code..... 16125 | Employer's ID Number..... 81-5375941 |
| Organized under the Laws of RH | State of Domicile or Port of Entry RH | Country of Domicile US |
| Incorporated/Organized..... February 24, 2017 | Commenced Business..... March 15, 2017 | |
| Statutory Home Office | 521 Fifth Avenue, Suite 630..... New York NY US 10175 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | |
| Main Administrative Office | 3501 Concord Road, Suite 120..... York PA US..... 17402 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | 717-840-2402 <small>(Area Code) (Telephone Number)</small> |
| Mail Address | 3501 Concord Road, Suite 120 PO Box 3709..... York PA US 17402-0609 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small> | |
| Primary Location of Books and Records | 3501 Concord Road, Suite 120..... York PA US 17402 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small> | 717-840-2402 <small>(Area Code) (Telephone Number)</small> |
| Internet Web Site Address | N/A | |
| Statutory Statement Contact | Karen Elizabeth Burmeister <small>(Name)</small> Karen.Burmeister@Pro-Global.com <small>(E-Mail Address)</small> | 717-757-0000 x6226 <small>(Area Code) (Telephone Number) (Extension)</small> <small>(Fax Number)</small> |

OFFICERS

| Name | Title | Name | Title |
|--------------------------|-----------------|--------------------------|----------------------------|
| 1. Mory Katz | President & CEO | 2. Andrew James Donnelly | Vice President & Treasurer |
| 3. Albert Bernard Miller | Secretary | 4. | |

OTHER

| | | | |
|--------------------------|----------------|-------------------|----------------|
| Richard Frederick Lawson | Vice President | Marvin David Mohn | Vice President |
|--------------------------|----------------|-------------------|----------------|

DIRECTORS OR TRUSTEES

| | | | |
|-------------------------|--------------------------|-----------|-------------------|
| Artur Pawel Niemczewski | Richard Frederick Lawson | Susan Lee | Marvin David Mohn |
| Mory Katz | | | |

State of..... Rhode Island
County of.....

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) Mory Katz | _____ (Signature) Andrew James Donnelly | _____ (Signature) Albert Bernard Miller |
| 1. (Printed Name) President & CEO | 2. (Printed Name) Vice President & Treasurer | 3. (Printed Name) Secretary |
| _____ (Title) | _____ (Title) | _____ (Title) |

Subscribed and sworn to before me
This _____ day of _____ 2018

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 _____

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0 NAIC Company Code....16125

BUSINESS IN GRAND TOTAL DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 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..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 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..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

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.

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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0 NAIC Company Code....16125

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 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..... | | | | | | | | | | | | |
| 16. Workers' compensation..... | | | | | | | | | | | | |
| 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..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

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.

**Sch. F - Pt. 1
NONE**

**Sch. F - Pt. 2
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 4
NONE**

**Sch. F - Pt. 5
NONE**

**Sch. F - Pt. 6 - Sn. 1
NONE**

**Sch. F - Pt. 6 - Sn. 2
NONE**

**Sch. F - Pt. 7
NONE**

**Sch. F - Pt. 8
NONE**

SCHEDULE F - PART 9

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)..... | 3,029,350 | | 3,029,350 |
| 2. Premiums and considerations (Line 15)..... | | | .0 |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)..... | | | .0 |
| 4. Funds held by or deposited with reinsured companies (Line 16.2)..... | | | .0 |
| 5. Other assets..... | | | .0 |
| 6. Net amount recoverable from reinsurers..... | | | .0 |
| 7. Protected cell assets (Line 27)..... | | | .0 |
| 8. Totals (Line 28)..... | 3,029,350 | .0 | 3,029,350 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3)..... | | | .0 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8)..... | 23,396 | | 23,396 |
| 11. Unearned premiums (Line 9)..... | | | .0 |
| 12. Advance premiums (Line 10)..... | | | .0 |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2)..... | | | .0 |
| 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)..... | | | .0 |
| 15. Funds held by company under reinsurance treaties (Line 13)..... | | | .0 |
| 16. Amounts withheld or retained by company for account of others (Line 14)..... | | | .0 |
| 17. Provision for reinsurance (Line 16)..... | | | .0 |
| 18. Other liabilities..... | | | .0 |
| 19. Total liabilities excluding protected cell business (Line 26)..... | 23,396 | .0 | 23,396 |
| 20. Protected cell liabilities (Line 27)..... | | | .0 |
| 21. Surplus as regards policyholders (Line 37)..... | 3,005,954 | XXX | 3,005,954 |
| 22. Totals (Line 38)..... | 3,029,350 | .0 | 3,029,350 |

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:

**Sch. H - Pt. 1
NONE**

**Sch. H - Pt. 2
NONE**

**Sch. H - Pt. 3
NONE**

**Sch. H - Pt. 4
NONE**

**Sch. H - Pt. 5
NONE**

**Sch. P - Pt. 1A
NONE**

**Sch. P - Pt. 1B
NONE**

**Sch. P - Pt. 1C
NONE**

**Sch. P - Pt. 1D
NONE**

**Sch. P - Pt. 1E
NONE**

**Sch. P - Pt. 1F - Sn. 1
NONE**

**Sch. P - Pt. 1F - Sn. 2
NONE**

**Sch. P - Pt. 1G
NONE**

**Sch. P - Pt. 1H - Sn. 1
NONE**

**Sch. P - Pt. 1H - Sn. 2
NONE**

**Sch. P - Pt. 1I
NONE**

**Sch. P - Pt. 1J
NONE**

**Sch. P - Pt. 1K
NONE**

**Sch. P - Pt. 1L
NONE**

**Sch. P - Pt. 1M
NONE**

**Sch. P - Pt. 1N
NONE**

**Sch. P - Pt. 1O
NONE**

**Sch. P - Pt. 1P
NONE**

**Sch. P - Pt. 1R - Sn. 1
NONE**

**Sch. P - Pt. 1R - Sn. 2
NONE**

**Sch. P - Pt. 1S
NONE**

**Sch. P - Pt. 1T
NONE**

**Sch. P - Pt. 2A
NONE**

**Sch. P - Pt. 2B
NONE**

**Sch. P - Pt. 2C
NONE**

**Sch. P - Pt. 2D
NONE**

**Sch. P - Pt. 2E
NONE**

**Sch. P - Pt. 2F - Sn. 1
NONE**

**Sch. P - Pt. 2F - Sn. 2
NONE**

**Sch. P - Pt. 2G
NONE**

**Sch. P - Pt. 2H - Sn. 1
NONE**

**Sch. P - Pt. 2H - Sn. 2
NONE**

**Sch. P - Pt. 2I
NONE**

**Sch. P - Pt. 2J
NONE**

**Sch. P - Pt. 2K
NONE**

**Sch. P - Pt. 2L
NONE**

**Sch. P - Pt. 2M
NONE**

**Sch. P - Pt. 2N
NONE**

**Sch. P - Pt. 2O
NONE**

**Sch. P - Pt. 2P
NONE**

Sch. P - Pt. 2R - Sn. 1
NONE

Sch. P - Pt. 2R - Sn. 2
NONE

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

Sch. P - Pt. 3A
NONE

Sch. P - Pt. 3B
NONE

Sch. P - Pt. 3C
NONE

Sch. P - Pt. 3D
NONE

Sch. P - Pt. 3E
NONE

Sch. P - Pt. 3F - Sn. 1
NONE

Sch. P - Pt. 3F - Sn. 2
NONE

Sch. P - Pt. 3G
NONE

Sch. P - Pt. 3H - Sn. 1
NONE

Sch. P - Pt. 3H - Sn. 2
NONE

Sch. P - Pt. 3I
NONE

Sch. P - Pt. 3J
NONE

Sch. P - Pt. 3K
NONE

Sch. P - Pt. 3L
NONE

Sch. P - Pt. 3M
NONE

**Sch. P - Pt. 3N
NONE**

**Sch. P - Pt. 3O
NONE**

**Sch. P - Pt. 3P
NONE**

**Sch. P - Pt. 3R - Sn. 1
NONE**

**Sch. P - Pt. 3R - Sn. 2
NONE**

**Sch. P - Pt. 3S
NONE**

**Sch. P - Pt. 3T
NONE**

**Sch. P - Pt. 4A
NONE**

**Sch. P - Pt. 4B
NONE**

**Sch. P - Pt. 4C
NONE**

**Sch. P - Pt. 4D
NONE**

**Sch. P - Pt. 4E
NONE**

**Sch. P - Pt. 4F - Sn. 1
NONE**

**Sch. P - Pt. 4F - Sn. 2
NONE**

**Sch. P - Pt. 4G
NONE**

**Sch. P - Pt. 4H - Sn. 1
NONE**

**Sch. P - Pt. 4H - Sn. 2
NONE**

**Sch. P - Pt. 4I
NONE**

**Sch. P - Pt. 4J
NONE**

**Sch. P - Pt. 4K
NONE**

**Sch. P - Pt. 4L
NONE**

**Sch. P - Pt. 4M
NONE**

**Sch. P - Pt. 4N
NONE**

**Sch. P - Pt. 4O
NONE**

**Sch. P - Pt. 4P
NONE**

**Sch. P - Pt. 4R - Sn. 1
NONE**

**Sch. P - Pt. 4R - Sn. 2
NONE**

**Sch. P - Pt. 4S
NONE**

**Sch. P - Pt. 4T
NONE**

**Sch. P - Pt. 5A - Sn. 1
NONE**

**Sch. P - Pt. 5A - Sn. 2
NONE**

**Sch. P - Pt. 5A - Sn. 3
NONE**

**Sch. P - Pt. 5B - Sn. 1
NONE**

**Sch. P - Pt. 5B - Sn. 2
NONE**

**Sch. P - Pt. 5B - Sn. 3
NONE**

**Sch. P - Pt. 5C - Sn. 1
NONE**

**Sch. P - Pt. 5C - Sn. 2
NONE**

**Sch. P - Pt. 5C - Sn. 3
NONE**

**Sch. P - Pt. 5D - Sn. 1
NONE**

**Sch. P - Pt. 5D - Sn. 2
NONE**

**Sch. P - Pt. 5D - Sn. 3
NONE**

**Sch. P - Pt. 5E - Sn. 1
NONE**

**Sch. P - Pt. 5E - Sn. 2
NONE**

**Sch. P - Pt. 5E - Sn. 3
NONE**

**Sch. P - Pt. 5F - Sn. 1A
NONE**

**Sch. P - Pt. 5F - Sn. 2A
NONE**

**Sch. P - Pt. 5F - Sn. 3A
NONE**

**Sch. P - Pt. 5F - Sn. 1B
NONE**

**Sch. P - Pt. 5F - Sn. 2B
NONE**

**Sch. P - Pt. 5F - Sn. 3B
NONE**

**Sch. P - Pt. 5H - Sn. 1A
NONE**

**Sch. P - Pt. 5H - Sn. 2A
NONE**

**Sch. P - Pt. 5H - Sn. 3A
NONE**

Sch. P - Pt. 5H - Sn. 1B

NONE

Sch. P - Pt. 5H - Sn. 2B

NONE

Sch. P - Pt. 5H - Sn. 3B

NONE

Sch. P - Pt. 5R - Sn. 1A

NONE

Sch. P - Pt. 5R - Sn. 2A

NONE

Sch. P - Pt. 5R - Sn. 3A

NONE

Sch. P - Pt. 5R - Sn. 1B

NONE

Sch. P - Pt. 5R - Sn. 2B

NONE

Sch. P - Pt. 5R - Sn. 3B

NONE

Sch. P - Pt. 5T - Sn. 1

NONE

Sch. P - Pt. 5T - Sn. 2

NONE

Sch. P - Pt. 5T - Sn. 3

NONE

Sch. P - Pt. 6C - Sn. 1

NONE

Sch. P - Pt. 6C - Sn. 2

NONE

Sch. P - Pt. 6D - Sn. 1

NONE

Sch. P - Pt. 6D - Sn. 2

NONE

Sch. P - Pt. 6E - Sn. 1

NONE

Sch. P - Pt. 6E - Sn. 2

NONE

Sch. P - Pt. 6H - Sn. 1A

NONE

Sch. P - Pt. 6H - Sn. 2A

NONE

Sch. P - Pt. 6H - Sn. 1B

NONE

Sch. P - Pt. 6H - Sn. 2B

NONE

Sch. P - Pt. 6M - Sn. 1

NONE

Sch. P - Pt. 6M - Sn. 2

NONE

Sch. P - Pt. 6N - Sn. 1

NONE

Sch. P - Pt. 6N - Sn. 2

NONE

Sch. P - Pt. 6O - Sn. 1

NONE

Sch. P - Pt. 6O - Sn. 2

NONE

Sch. P - Pt. 6R - Sn. 1A

NONE

Sch. P - Pt. 6R - Sn. 2A

NONE

Sch. P - Pt. 6R - Sn. 1B

NONE

Sch. P - Pt. 6R - Sn. 2B

NONE

Sch. P - Pt. 7A - Sn. 1

NONE

Sch. P - Pt. 7A - Sn. 2

NONE

Sch. P - Pt. 7A - Sn. 3

NONE

Sch. P - Pt. 7A - Sn. 4

NONE

Sch. P - Pt. 7A - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 1

NONE

Sch. P - Pt. 7B - Sn. 2

NONE

Sch. P - Pt. 7B - Sn. 3

NONE

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

SECTION 4

| Years in Which Policies Were Issued | Net Earned Premiums Reported At Year End (\$000 Omitted) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | .XXX | | | | | | | | | |
| 4. 2010..... | .XXX | .XXX | | | | | | | | |
| 5. 2011..... | .XXX | .XXX | .XXX | | | | | | | |
| 6. 2012..... | .XXX | .XXX | .XXX | .XXX | | | | | | |
| 7. 2013..... | .XXX | .XXX | .XXX | .XXX | .XXX | | | | | |
| 8. 2014..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | | |
| 9. 2015..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | |
| 10. 2016..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | |
| 11. 2017..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | |

SECTION 5

| Years in Which Policies Were Issued | Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | .XXX | | | | | | | | | |
| 4. 2010..... | .XXX | .XXX | | | | | | | | |
| 5. 2011..... | .XXX | .XXX | .XXX | | | | | | | |
| 6. 2012..... | .XXX | .XXX | .XXX | .XXX | | | | | | |
| 7. 2013..... | .XXX | .XXX | .XXX | .XXX | .XXX | | | | | |
| 8. 2014..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | | |
| 9. 2015..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | |
| 10. 2016..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | |
| 11. 2017..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | |

SECTION 6

| Years in Which Policies Were Issued | Incurred Adjustable Commissions Reported At Year End (\$000 Omitted) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | .XXX | | | | | | | | | |
| 4. 2010..... | .XXX | .XXX | | | | | | | | |
| 5. 2011..... | .XXX | .XXX | .XXX | | | | | | | |
| 6. 2012..... | .XXX | .XXX | .XXX | .XXX | | | | | | |
| 7. 2013..... | .XXX | .XXX | .XXX | .XXX | .XXX | | | | | |
| 8. 2014..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | | |
| 9. 2015..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | |
| 10. 2016..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | |
| 11. 2017..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | |

SECTION 7

| Years in Which Policies Were Issued | Reserves For Commission Adjustments At Year End (\$000 Omitted) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | |
| 3. 2009..... | .XXX | | | | | | | | | |
| 4. 2010..... | .XXX | .XXX | | | | | | | | |
| 5. 2011..... | .XXX | .XXX | .XXX | | | | | | | |
| 6. 2012..... | .XXX | .XXX | .XXX | .XXX | | | | | | |
| 7. 2013..... | .XXX | .XXX | .XXX | .XXX | .XXX | | | | | |
| 8. 2014..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | | |
| 9. 2015..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | | |
| 10. 2016..... | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | .XXX | | |
| 11. 2017..... | .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 [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 | 2008..... | ..... | ..... |
| 1.603 | 2009..... | ..... | ..... |
| 1.604 | 2010..... | ..... | ..... |
| 1.605 | 2011..... | ..... | ..... |
| 1.606 | 2012..... | ..... | ..... |
| 1.607 | 2013..... | ..... | ..... |
| 1.608 | 2014..... | ..... | ..... |
| 1.609 | 2015..... | ..... | ..... |
| 1.610 | 2016..... | ..... | ..... |
| 1.611 | 2017..... | ..... | ..... |
| 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 [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: (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 [X]
- 7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | | Direct Business Only | | | | | Totals |
|-------------------------------------|--|-------------------------------------|--|--|---|--------------------------------|--------|
| | | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | |
| 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 |

NONE

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) | * |
| Members | | | | | | | | | | | | | | | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Adam Barron..... | GBR..... | UDP..... | | Ownership..... | 100.000 | Adam Barron..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Pro Global Holdings Ltd..... | GBR..... | UIP..... | Adam Baron..... | Ownership..... | 49.250 | Adam Barron..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | 81-5261781.. | | | | Pro US Holdings Inc..... | DE..... | UDP..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | 16125.. | 81-5375941.. | | | | ProTucket Insurance Company..... | RI..... | RE..... | PRO US Holdings LLC..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Stripe Global Services Ltd..... | GBR..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Pro Insurance Solutions Ltd..... | GBR..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Tasca Consulting, Ltd..... | GBR..... | NIA..... | Pro Insurance Solutions Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | AUL Network, Ltd..... | GBR..... | NIA..... | Pro Insurance Solutions Ltd..... | Ownership..... | 5.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Hermes People Ltd..... | GBR..... | NIA..... | Pro Insurance Solutions Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | 42-1738438.. | | | | PRO IS, Inc..... | DE..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Participant Run-Off (PRO) Iberica, SLU..... | ESP..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Chiltington Intl Holding GmbH..... | DEU..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Chiltington Holdings Ltd..... | GBR..... | NIA..... | Pro Global Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Pro Claim Solutions GmbH..... | DEU..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Chiltington International Inc..... | FL..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | PIR Holder SL..... | ESP..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Pro Insurance Solutions GmbH..... | DEU..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Pro Insurance Solutions SA..... | ARG..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 98.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Professional Resources SA..... | ARG..... | NIA..... | Pro Insurance Solution SA..... | Ownership..... | 98.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Chiltington Internacional SA de CV..... | MEX..... | NIA..... | Chiltington International Holding GmbH..... | Ownership..... | 85.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Chiltington International Ltd..... | GBR..... | NIA..... | Chiltington Holdings Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | Professional Resources Ltd..... | GBR..... | NIA..... | Chiltington International Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |
| 0000 | Pro Global Holdings Ltd..... | | | | | | C.I.R.A.S Ltd..... | GBR..... | NIA..... | Chiltington International Ltd..... | Ownership..... | 100.000 | Pro Global Holdings Ltd..... | N..... | |

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------------------------|---------------------|--|--------------------------|--------------------------|---|---|---|---|-------|--|-------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| Affiliated Transactions | | | | | | | | | | | | |
| ..... | 81-5261781..... | Pro US Holdings Inc..... | ..... | (3,002,000) | ..... | ..... | ..... | ..... | ..... | ..... | (3,002,000) | ..... |
| 16125..... | 81-5375941..... | ProTucket Insurance Company..... | ..... | 3,002,000 | ..... | ..... | ..... | ..... | ..... | ..... | 3,002,000 | ..... |
| 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.

MARCH FILING

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

Responses

WAIVED

YES

SEE EXPLANATIONSEE EXPLANATION**APRIL FILING**

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

YES

YES

YES

MAY FILING

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?

NO

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

SEE EXPLANATIONSEE 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?

SEE EXPLANATION

The following supplemental reports are required to be filed as part of your 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?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
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

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

YES

NO

NO

NO

NO

NO

NO

NO

NO

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
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?
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?
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

NO

NO

NO

NO

NO

NO

NO

AUGUST FILING

35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SEE EXPLANATION

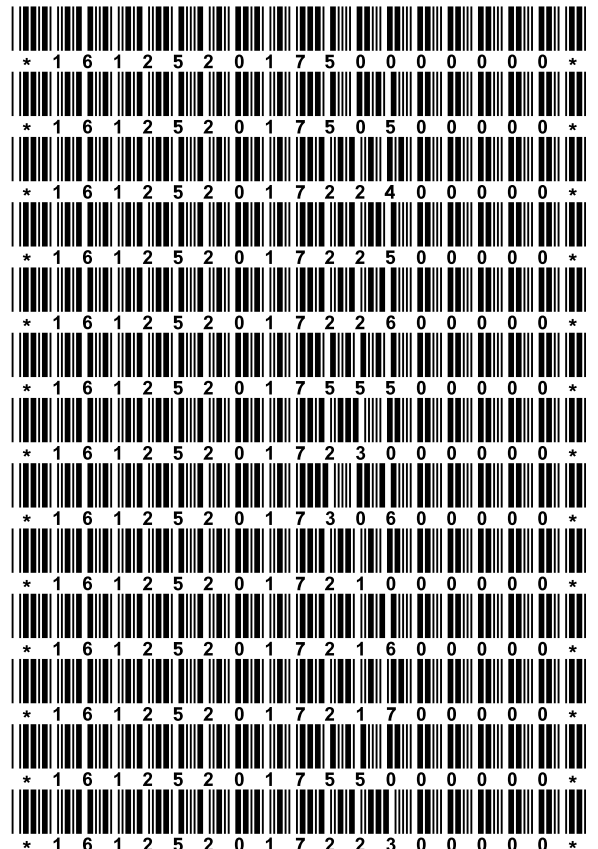
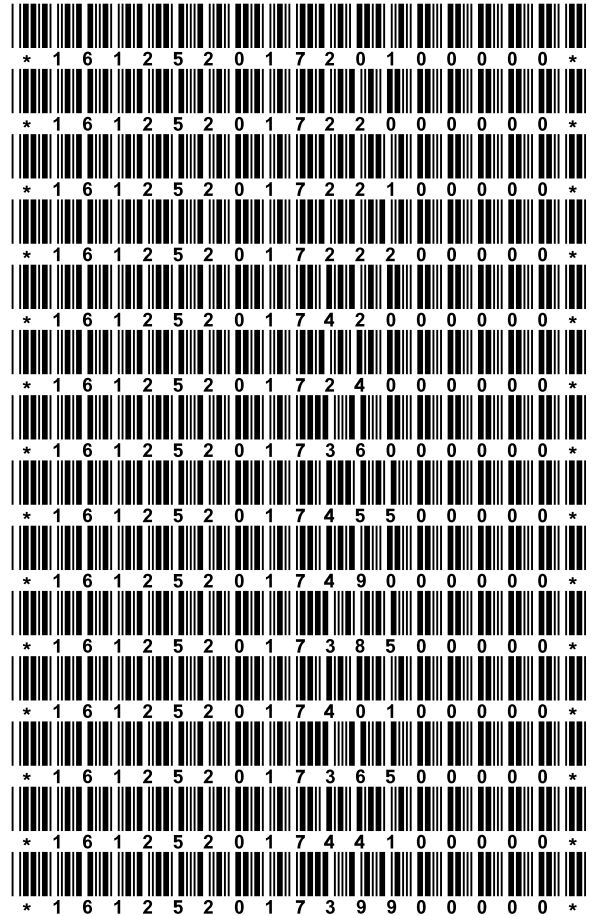
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

EXPLANATION:

- 1.
- 2.
3. Exempt under RI Statute 27-4.6-9
4. Exempt under RI Statute 27-4.6-9
- 5.
- 6.
- 7.
8. The data for this supplement is not required to be filed.
9. Exempt under statute
10. Exempt under statute
11. Exempt under statute
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
- 22.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
35. Exempt under statute

BAR CODE:



**Overflow Page
NONE**

**Overflow Page
NONE**

2017 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

| | | | |
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| Assets | 2 | Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 58 |
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2018 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 | Col. 7 through 14 Totals | Amount in Dispute Include 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 |
| | | | | | | | | | | | | | | 0 | | | | 0 | |

2018 SCHEDULE F - PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| ID Number from Col. 1 | Name of Reinsurer from Col. 3 | Collateral | | | | 25 Total Funds Held & Collateral (Cols. 17 + 18 + 20 + 21 + 22 + 24; but not in Excess of Col. 15) | 26 Net Recoverable Net of Funds Held & Collateral (Cols. 15 - 25) | 27 Applicable Sch. F Penalty (Col. 78) | Ceded Reinsurance Credit Risk | | | | | | | | |
|-----------------------|-------------------------------|-----------------------------------|-------------------------|---|--|---|--|---|---|---|---|--|---|--|--|---|---|
| | | 21 Multiple Beneficiary Trusts | 22 Letters of Credit | 23 Issuing or Confirming Bank Reference Number | 24 Single Beneficiary Trusts & Other Allowable Collateral | | | | 28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27) | 29 Stressed Recoverable (Col. 28 * 120%) | 30 Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; but not in Excess of Col. 29) | 31 Stressed Recoverable (Cols. 29 - 30) | 32 Total Collateral (Cols. 21 + 22 + 24; but not in Excess of Col. 31) | 33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32) | 34 Reinsurer Designation Equivalent | 35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) | 36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) |
| | | | | | | | | | | | | | | | | | |

2018 SCHEDULE F - PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| ID Number from Col. 1 | Name of Reinsurer from Col. 3 | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | 44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43 | 45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41 | 46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44) | 47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45) | 48 Amounts Received Prior 90 Days | 49 Percentage Overdue (Col. 42 / Col. 43) | 50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / (Cols. 46 + 48)) | 51 Percentage More Than 120 Days Overdue (Col. 41 / Col. 43) | 52 Is the Amount in Col. 50 Less than 20%? (Yes or No) | 53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50 | |
|--------------------------|-------------------------------|--|--------------------|--------------------|---------------------|---------------------|---|---|--|--|--|--|--|---|---|--|---|--|
| | | 37 | Overdue | | | | | | | | | | | | | | | 43 Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8) |
| | | Current | 38 1 to 29 Days | 39 30 - 90 Days | 40 91 - 120 Days | 41 Over 120 Days | 42 Total Overdue Cols. 38 + 39 + 40 + 41 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

2018 SCHEDULE F - PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| ID Number from Col. 1 | Name of Reinsurer from Col. 3 | Provision for Certified Reinsurance | | | | | | | | | | | | | Complete if Col. 52 = "No"; Otherwise Enter 0 | | | 69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Cols. 62 + 65] or Col. 68; Not to Exceed Col. 63) |
|--------------------------|-------------------------------|---|--|--|---|--|---|--|---|---|---|--|---|--|---|-----------------------------|-------|---|
| | | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | | |
| | | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% through 100%) | Catastrophe Recoverables Qualifying for Collateral Deferral | Net Recoverables Subject to Collateral Requirements for Full Credit (Cols. 19 - 57) | Dollar Amount of Collateral Required (Col. 56 * Col. 58) | Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58) | Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, but Not to Exceed 100%) | 20% of Recoverable on Paid Losses & LAE over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%) | Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61]) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Cols. 19 - 63) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%) | Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24 Not to Exceed Col. 63) | Net Unsecured Recoverable for Which Credit is Allowed (Cols. 63 - 66) | 20% of Amount in Col. 67 | | |
| | | | | | | | | | | | | | | | | | | |

2018 SCHEDULE F - PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

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