



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## The Beacon Mutual Insurance Company

**NAIC Group Code** 3490 3490 **NAIC Company Code** 24017 **Employer's ID Number** 05-0458697  
(Current Period) (Prior Period)

**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  
(Street and Number) (City or Town, State, Country and Zip Code)

**Main Administrative Office** One Beacon Centre  
(Street and Number)  
Warwick, RI, US 02886-1378 401-825-2667  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

**Mail Address** One Beacon Centre, Warwick, RI, US 02886-1378  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

**Primary Location of Books and Records** One Beacon Centre Warwick, RI, US 02886-1378 401-825-2667  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

**Internet Web Site Address** www.beaconmutual.com

**Statutory Statement Contact** Ann Lazzareschi 401-825-2621  
(Name) (Area Code) (Telephone Number) (Extension)  
alazzareschi@beaconmutual.com 401-825-2659  
(E-Mail Address) (Fax Number)

### OFFICERS

|    | Name               | Title   |
|----|--------------------|---|
| 1. | Brian Joseph Spero | President & CEO                                       |
| 2. | Amy Clark Vitale   | Vice President, General Counsel & Assistant Secretary |
| 3. | Cynthia Lee Lawlor | Chief Financial Officer                               |

### VICE-PRESIDENTS

| Name                   | Title                 | Name                    | Title            |
|------------------------|-----------------------|-------------------------|------------------|
| Pamela Lee Alarie      | Vice President        | Robert Glenn DeOrsey    | Vice President   |
| Michael Dennis Lynch   | Vice President        | Rajani Mahadevan        | EVP & COO        |
| James Wallace Moody Jr | Vice President        | Carmen Lee Angela Sharp | Vice President # |
| Theresa Joanna Keegan  | Asst Vice President # |                         |                  |
|                        |                       |                         |                  |
|                        |                       |                         |                  |
|                        |                       |                         |                  |
|                        |                       |                         |                  |

### DIRECTORS OR TRUSTEES

|                    |                          |                    |                      |
|--------------------|--------------------------|--------------------|----------------------|
| Harry Robert Bacon | Raymond Christopher Coia | Brian Joseph Spero | Timothy Ludger Byrne |
| Myrth York         | Linda D'Amario Rossi     | Kate Coyne-McCoy   | Bradford Alan Dean   |
| Steven Issa        |                          |                    |                      |
|                    |                          |                    |                      |
|                    |                          |                    |                      |
|                    |                          |                    |                      |
|                    |                          |                    |                      |
|                    |                          |                    |                      |
|                    |                          |                    |                      |

State of Rhode Island

County of Kent ss

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

|   |  |   |
|---|--|---|
| _____<br>(Signature)<br>Brian Joseph Spero<br>_____<br>(Printed Name)<br>1. | _____<br>(Signature)<br>Amy Clark Vitale<br>_____<br>(Printed Name)<br>2.          | _____<br>(Signature)<br>Cynthia Lee Lawlor<br>_____<br>(Printed Name)<br>3. |
| _____<br>President & CEO<br>_____<br>(Title)                                | _____<br>Vice President, General Counsel & Assistant Secretary<br>_____<br>(Title) | _____<br>Chief Financial Officer<br>_____<br>(Title)                        |

Subscribed and sworn to (or affirmed) before me this on this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_

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



24017201843022100

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2018

NAIC Group Code **3490**

NAIC Company Code **24017**

|   | Gross Premiums, Including Policy and Membership Fees, Less<br>Return Premiums and Premiums on Policies not Taken |                                   | 3   | 4   | 5   | 6                         | 7                       | 8   | 9   | 10  | 11                                       | 12                             |
|---|--|-----------------------------------|---|---|---|---------------------------|-------------------------|---|---|---|--|--------------------------------|
|   | 1<br>Direct<br>Premiums<br>Written   | 2<br>Direct<br>Premiums<br>Earned | Dividends Paid<br>or Credited to<br>Policyholders on<br>Direct Business | Direct<br>Unearned<br>Premium<br>Reserves | Direct Losses<br>Paid<br>(deducting<br>salvage) | Direct Losses<br>Incurred | Direct Losses<br>Unpaid | Direct Defense<br>and Cost<br>Containment<br>Expense Paid | Direct Defense<br>and Cost<br>Containment<br>Expense Incurred | Direct Defense<br>and Cost<br>Containment<br>Expense Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes,<br>Licenses<br>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   |  |                                   |   |   |   |                           |                         |   |   |   |  | 15,517                         |
| 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)  |  |                                   |   |   |   |                           |                         |   |   |   |  | 15,517                         |
| <b>DETAILS OF WRITE-INS</b>   |  |                                   |   |   |   |                           |                         |   |   |   |  |                                |
| 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 2018

NAIC Group Code **3490**

NAIC Company Code **24017**

19 RI

|   | Gross Premiums, Including Policy and Membership Fees, Less<br>Return Premiums and Premiums on Policies not Taken |                                   | 3<br>Dividends Paid<br>or Credited to<br>Policyholders on<br>Direct Business | 4<br>Direct<br>Unearned<br>Premium<br>Reserves | 5<br>Direct Losses<br>Paid<br>(deducting<br>salvage) | 6<br>Direct Losses<br>Incurred | 7<br>Direct Losses<br>Unpaid | 8<br>Direct Defense<br>and Cost<br>Containment<br>Expense Paid | 9<br>Direct Defense<br>and Cost<br>Containment<br>Expense Incurred | 10<br>Direct Defense<br>and Cost<br>Containment<br>Expense Unpaid | 11<br>Commissions<br>and Brokerage<br>Expenses | 12<br>Taxes,<br>Licenses<br>and Fees |
|---|--|-----------------------------------|--|--|--|--------------------------------|------------------------------|--|--|---|--|--------------------------------------|
|   | 1<br>Direct<br>Premiums<br>Written   | 2<br>Direct<br>Premiums<br>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 (b)             |  |                                   |  |  |  |                                |                              |  |  |   |  |                                      |
| 16. Workers' Compensation   | 122,777,054  | 122,892,528                       |  | 57,827,493                                     | 66,617,965   | 81,630,547                     | 166,492,066                  | 5,699,083  | 5,581,726  | 5,360,976   | 11,833,010                                     | 8,889,642                            |
| 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)  | 122,777,054  | 122,892,528                       |  | 57,827,493                                     | 66,617,965   | 81,630,547                     | 166,492,066                  | 5,699,083  | 5,581,726  | 5,360,976   | 11,833,010                                     | 8,889,642                            |
| <b>DETAILS OF WRITE-INS</b>   |  |                                   |  |  |  |                                |                              |  |  |   |  |                                      |
| 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 \$ 132,660

(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.



24017201843059100

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2018

NAIC Group Code **3490**

NAIC Company Code **24017**

19 GT

|   | Gross Premiums, Including Policy and Membership Fees, Less<br>Return Premiums and Premiums on Policies not Taken |                                   | 3   | 4   | 5   | 6                         | 7                       | 8   | 9   | 10  | 11                                       | 12                             |
|---|--|-----------------------------------|---|---|---|---------------------------|-------------------------|---|---|---|--|--------------------------------|
|   | 1<br>Direct<br>Premiums<br>Written   | 2<br>Direct<br>Premiums<br>Earned | Dividends Paid<br>or Credited to<br>Policyholders on<br>Direct Business | Direct<br>Unearned<br>Premium<br>Reserves | Direct Losses<br>Paid<br>(deducting<br>salvage) | Direct Losses<br>Incurred | Direct Losses<br>Unpaid | Direct Defense<br>and Cost<br>Containment<br>Expense Paid | Direct Defense<br>and Cost<br>Containment<br>Expense Incurred | Direct Defense<br>and Cost<br>Containment<br>Expense Unpaid | Commissions<br>and Brokerage<br>Expenses | Taxes,<br>Licenses<br>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   | 122,777,054  | 122,892,528                       |   | 57,827,493                                | 66,617,965                                      | 81,630,547                | 166,492,066             | 5,699,083   | 5,581,726   | 5,360,976   | 11,833,010                               | 8,905,159                      |
| 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)  | 122,777,054  | 122,892,528                       |   | 57,827,493                                | 66,617,965                                      | 81,630,547                | 166,492,066             | 5,699,083   | 5,581,726   | 5,360,976   | 11,833,010                               | 8,905,159                      |
| <b>DETAILS OF WRITE-INS</b>   |  |                                   |   |   |   |                           |                         |   |   |   |  |                                |
| 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.

### SCHEDULE F – PART 1

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

| 1<br>ID<br>Number        | 2<br>NAIC<br>Company<br>Code              | 3<br>Name of<br>Reinsured                                     | 4<br>Domiciliary<br>Jurisdiction | 5<br>Assumed<br>Premium | Reinsurance On   |                                   |                  | 9<br>Contingent<br>Commissions<br>Payable | 10<br>Assumed<br>Premiums<br>Receivable | 11<br>Unearned<br>Premium | 12<br>Funds Held<br>By or<br>Deposited<br>With<br>Reinsured<br>Companies | 13<br>Letters<br>of<br>Credit Posted | 14<br>Amount of<br>Assets<br>Pledged or<br>Compensating<br>Balances to<br>Secure Letters<br>of Credit | 15<br>Amount of<br>Assets<br>Pledged or<br>Collateral<br>Held in Trust |
|--------------------------|---|---|----------------------------------|-------------------------|--|-----------------------------------|------------------|---|---|---------------------------|--|--------------------------------------|---|--|
|                          |   |   |                                  |                         | 6<br>Paid Losses<br>and Loss<br>Adjustment<br>Expenses | 7<br>Known Case<br>Losses and LAE | 8<br>Cols. 6 + 7 |   |   |                           |  |                                      |   |  |
| 94-1390273<br>13-2673100 | 19801<br>22039                            | Argonaut Insurance Company<br>General Reinsurance Corporation | IL<br>DE                         | 5,206                   | 9<br>6,070<br>2,649                                    | 6,070<br>2,658                    | 6,070<br>2,658   |   | 1,932                                   | 2,609                     |  | 2,335                                | 3,163   | 16,515   |
| 0999999                  | Total Other U.S. Unaffiliated Insurers *# |   |                                  | 5,206                   | 9  | 8,719                             | 8,728            |   | 1,932                                   | 2,609                     |  | 2,335                                | 3,163   | 16,515   |
| 9999999                  | Totals                                    |   |                                  | 5,206                   | 9  | 8,719                             | 8,728            |   | 1,932                                   | 2,609                     |  | 2,335                                | 3,163   | 16,515   |

**NONE    Schedule F - Part 2 Premium Portfolio**

### SCHEDULE F – PART 3

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

| 1<br>ID<br>Number | 2<br>NAIC<br>Company<br>Code   | 3<br>Name<br>of<br>Reinsurer               | 4<br>Domiciliary<br>Jurisdiction | 5<br>Special Code | 6<br>Reinsurance<br>Premiums<br>Ceded | Reinsurance Recoverable On |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  | Reinsurance Payable                |  | 19<br>Net Amount<br>Recoverable<br>From<br>Reinsurers<br>Cols. 15 –<br>[17 + 18] | 20<br>Funds Held<br>by<br>Company<br>Under<br>Reinsurance<br>Treaties |
|-------------------|--|--|----------------------------------|-------------------|---------------------------------------|----------------------------|------------------|-------------------------------------|-------------------------------------|--------------------------------|-------------------------------|----------------------------|---------------------------------|---------------------------------------|--|------------------------------------|--|--|---|
|                   |  |  |                                  |                   |                                       | 7<br>Paid<br>Losses        | 8<br>Paid<br>LAE | 9<br>Known<br>Case Loss<br>Reserves | 10<br>Known<br>Case LAE<br>Reserves | 11<br>IBNR<br>Loss<br>Reserves | 12<br>IBNR<br>LAE<br>Reserves | 13<br>Unearned<br>Premiums | 14<br>Contingent<br>Commissions | 15<br>Cols. 7<br>through 14<br>Totals | 16<br>Amount in<br>Dispute<br>Included in<br>Column 15 | 17<br>Ceded<br>Balances<br>Payable | 18<br>Other<br>Amounts<br>Due to<br>Reinsurers |  |   |
| 13-2673100        | 22039  | General Reinsurance Corporation            | DE                               |                   | 3,938                                 | 240                        | 4                | 18,926                              | 298                                 | 4,274                          | 85                            | 48                         |                                 |                                       | 23,875   |                                    | 75   | 23,800   |   |
| 06-1481194        | 10829  | Markel Global Reinsurance Company          | DE                               |                   | 176                                   |                            |                  |                                     |                                     |                                |                               | 2                          |                                 |                                       | 2  |                                    | 7  | (5)  |   |
| 13-4924125        | 10227  | Munich Reinsurance America, Inc.           | DE                               |                   | 768                                   |                            |                  |                                     |                                     |                                |                               | 10                         |                                 |                                       | 10   |                                    | 29   | (19)   |   |
| 13-1290712        | 20583  | XL Reinsurance America, Inc.               | NY                               |                   | 55                                    |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 2  | (1)  |   |
| 06-1430254        | 10348  | Arch Reinsurance Company                   | DE                               |                   | 112                                   |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 4  | (3)  |   |
| 43-0727872        | 15105  | Safety National Casualty Corporation       | MO                               |                   | 86                                    |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 4  | (3)  |   |
| 36-6067575        | 24139  | Old Republic General Insurance Corp        | IL                               |                   |                                       | 5                          |                  | 142                                 |                                     |                                |                               |                            |                                 |                                       | 147  |                                    |  | 147  |   |
| 48-0921045        | 39845  | Wesport Insurance Corp                     | MO                               |                   |                                       | 29                         |                  | 425                                 | 5                                   |                                |                               |                            |                                 |                                       | 459  |                                    |  | 459  |   |
| 0999999           | Total Authorized - Other U.S. Unaffiliated Insurers                    |  |                                  |                   | 5,135                                 | 274                        | 4                | 19,493                              | 303                                 | 4,274                          | 85                            | 63                         |                                 |                                       | 24,496   |                                    | 121  | 24,375   |   |
| AA-1128987        | 0  | BGS Services Limited                       | BMU                              |                   | 38                                    |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 2  | (1)  |   |
| AA-1129000        | 0  | Markel at Lloyd's, Zurich / Syndicate 3000 | GBR                              |                   | 81                                    |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 3  | (2)  |   |
| AA-1126609        | 0  | Lloyd's of London Lloyd's Syndicate 609    | AUW                              |                   | 22                                    |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    | 1  | (1)  |   |
| AA-1126780        | 0  | Lloyd's of London Lloyd's Syndicate 0780   | ADV                              |                   | 30                                    |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    |  |  |   |
| AA-1120084        | 0  | Lloyd's of London Lloyd's Syndicate 1955   | BAR                              |                   | 10                                    |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    |  |  |   |
| AA-1126004        | 0  | Lloyd's of London Lloyd's Syndicate 4444   | CNP                              |                   | 4                                     |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    |  |  |   |
| AA-1128987        | 0  | Lloyd's of London Lloyd's Syndicate 2987   | BRT                              |                   | 51                                    |                            |                  |                                     |                                     |                                |                               | 1                          |                                 |                                       | 1  |                                    | 3  | (2)  |   |
| 1299999           | Total Authorized - Other Non-U.S. Insurers#                            |  |                                  |                   | 236                                   |                            |                  |                                     |                                     |                                |                               | 3                          |                                 |                                       | 3  |                                    | 9  | (6)  |   |
| 1499999           | Total Authorized - Total Authorized Excluding Protected Cells          |  |                                  |                   | 5,371                                 | 274                        | 4                | 19,493                              | 303                                 | 4,274                          | 85                            | 66                         |                                 |                                       | 24,499   |                                    | 130  | 24,369   |   |
| CR-3194130        | 0  | Endurance Specialty Insurance, Ltd         | BMU                              |                   | 48                                    |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    | 1  | (1)  |   |
| CR-1460023        | 0  | Tokio Millenium Re AG                      | BMU                              |                   | 133                                   |                            |                  |                                     |                                     |                                |                               | 2                          |                                 |                                       | 2  |                                    | 5  | (3)  |   |
| 4099999           | Total Certified - Other Non-U.S. Insurers#                             |  |                                  |                   | 181                                   |                            |                  |                                     |                                     |                                |                               | 2                          |                                 |                                       | 2  |                                    | 6  | (4)  |   |
| 4199999           | Total Certified - Protected Cells                                      |  |                                  |                   |                                       |                            |                  |                                     |                                     |                                |                               |                            |                                 |                                       |  |                                    |  |  |   |
| 4299999           | Total Certified - Total Certified Excluding Protected Cells            |  |                                  |                   | 181                                   |                            |                  |                                     |                                     |                                |                               | 2                          |                                 |                                       | 2  |                                    | 6  | (4)  |   |
| 4399999           | Total Authorized, Unauthorized and Certified Excluding Protected Cells |  |                                  |                   | 5,552                                 | 274                        | 4                | 19,493                              | 303                                 | 4,274                          | 85                            | 68                         |                                 |                                       | 24,501   |                                    | 136  | 24,365   |   |
| 9999999           | Totals   |  |                                  |                   | 5,552                                 | 274                        | 4                | 19,493                              | 303                                 | 4,274                          | 85                            | 68                         |                                 |                                       | 24,501   |                                    | 136  | 24,365   |   |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3  | Collateral                        |                         |   |  | 25<br>Total Funds Held, Payables & Collateral | 26<br>Net Recoverable Net of Funds Held & Collateral | 27<br>Applicable Sch. F Penalty (Col. 78) | Ceded Reinsurance Credit Risk   |   |  |  |   |   |  |   |
|-----------------------|--|-----------------------------------|-------------------------|---|--|---|--|---|---|---|--|--|---|---|--|---|
|                       |  | 21<br>Multiple Beneficiary Trusts | 22<br>Letters of Credit | 23<br>Issuing or Confirming Bank Reference Number | 24<br>Single Beneficiary Trusts & Other Allowable Collateral |   |  |   | 28<br>Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27) | 29<br>Stressed Recoverable (Col. 28 * 120%) | 30<br>Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29) | 31<br>Stressed Net Recoverable (Cols. 29 - 30) | 32<br>Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31) | 33<br>Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32) | 34<br>Reinsurer Designation Equivalent | 35<br>Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) |
| 13-2673100            | General Reinsurance Corporation  | 0                                 | 0                       | 0   | 75   | 23800   |  | 23,875                                    | 28,650  | 75  | 28,575   |  | 28,575  | 1   |  | 1029  |
| 06-1481194            | Markel Global Reinsurance Company                                      | 0                                 | 0                       | 0   | 2  |   |  | 2   | 2   | 2   |  |  |   | 3   |  |   |
| 13-4924125            | Munich Reinsurance America, Inc.                                       | 0                                 | 0                       | 0   | 10   |   |  | 10  | 12  | 12  |  |  |   | 2   |  |   |
| 13-1290712            | XL Reinsurance America, Inc.   | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 2   |  |   |
| 06-1430254            | Arch Reinsurance Company   | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 2   |  |   |
| 43-0727872            | Safety National Casualty Corporation                                   | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 2   |  |   |
| 36-6067575            | Old Republic General Insurance Corp                                    | 0                                 | 0                       | 0   | -  |   |  | 147                                       | 176   |   | 176  |  | 176   | 3   |  | 8   |
| 48-0921045            | Wesport Insurance Corp   | 0                                 | 0                       | 0   | -  |   |  | 459                                       | 551   |   | 551  |  | 551   | 2   |  | 23  |
| 0999999               | Total Authorized - Other U.S. Unaffiliated Insurers                    |                                   |                         | XXX   | 90   | 24,406  |  | 24,496                                    | 29,395  | 93  | 29,302   |  | 29,302  | XXX   |  | 1,060   |
| AA-1128987            | BGS Services Limited   | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 3   |  |   |
| AA-1129000            | Markel at Lloyd's, Zurich / Syndicate 3000                             | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 3   |  |   |
| AA-1126609            | Lloyd's of London Lloyd's Syndicate 609                                | 0                                 | 0                       | 0   | -  |   |  | -   | -   | -   |  |  |   | 7   |  |   |
| AA-1126780            | Lloyd's of London Lloyd's Syndicate 0780                               | 0                                 | 0                       | 0   | -  |   |  | -   | -   | -   |  |  |   | 7   |  |   |
| AA-1120084            | Lloyd's of London Lloyd's Syndicate 1955                               | 0                                 | 0                       | 0   | -  |   |  | -   | -   | -   |  |  |   | 7   |  |   |
| AA-1126004            | Lloyd's of London Lloyd's Syndicate 4444                               | 0                                 | 0                       | 0   | -  |   |  | -   | -   | -   |  |  |   | 7   |  |   |
| AA-1128987            | Lloyd's of London Lloyd's Syndicate 2987                               | 0                                 | 0                       | 0   | 1  |   |  | 1   | 1   | 1   |  |  |   | 3   |  |   |
| 1299999               | Total Authorized - Other Non-U.S. Insurers#                            |                                   |                         | XXX   | 3  |   |  | 3   | 4   | 4   |  |  |   | XXX   |  |   |
| 1399999               | Total Authorized - Protected Cells                                     |                                   |                         | XXX   |  |   |  | XXX                                       | XXX   | XXX   | XXX  | XXX  | XXX   | XXX   | XXX                                    | XXX   |
| 1499999               | Total Authorized - Total Authorized Excluding Protected Cells          |                                   |                         | XXX   | 93   | 24,406  |  | 24,499                                    | 29,399  | 97  | 29,302   |  | 29,302  | XXX   |  | 1,060   |
| CR-3194130            | Endurance Specialty Insurance, Ltd                                     | 0                                 | 0                       | 0   | -  |   |  | -   | -   | -   |  |  |   | 3   |  |   |
| CR-1460023            | Tokio Millenium Re AG  | 0                                 | 0                       | 0   | 2  |   |  | 2   | 2   | 2   |  |  |   | 3   |  |   |
| 4099999               | Total Certified - Other Non-U.S. Insurers#                             |                                   |                         | XXX   | 2  |   |  | 2   | 2   | 2   |  |  |   | XXX   |  |   |
| 4199999               | Total Certified - Protected Cells                                      |                                   |                         | XXX   |  |   |  | XXX                                       | XXX   | XXX   | XXX  | XXX  | XXX   | XXX   | XXX                                    | XXX   |
| 4299999               | Total Certified - Total Certified Excluding Protected Cells            |                                   |                         | XXX   | 2  |   |  | 2   | 2   | 2   |  |  |   | XXX   |  |   |
| 4399999               | Total Authorized, Unauthorized and Certified Excluding Protected Cells |                                   |                         | XXX   | 95   | 24,406  |  | 24,501                                    | 29,401  | 99  | 29,302   |  | 29,302  | XXX   |  | 1,060   |



### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Collateral                        |                         |   |  | 25<br>Total Funds Held, Payables & Collateral | 26<br>Net Recoverable Net of Funds Held & Collateral | 27<br>Applicable Sch. F Penalty (Col. 78) | Ceded Reinsurance Credit Risk   |   |  |  |   |   |  |   |   |
|-----------------------|-------------------------------|-----------------------------------|-------------------------|---|--|---|--|---|---|---|--|--|---|---|--|---|---|
|                       |                               | 21<br>Multiple Beneficiary Trusts | 22<br>Letters of Credit | 23<br>Issuing or Confirming Bank Reference Number | 24<br>Single Beneficiary Trusts & Other Allowable Collateral |   |  |   | 28<br>Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27) | 29<br>Stressed Recoverable (Col. 28 * 120%) | 30<br>Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29) | 31<br>Stressed Net Recoverable (Cols. 29 - 30) | 32<br>Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31) | 33<br>Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32) | 34<br>Reinsurer Designation Equivalent | 35<br>Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) | 36<br>Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) |
| 9999999               | Totals                        |                                   |                         | XXX   |  | 95  | 24,406   |   | 24,501  | 29,401                                      | 99   | 29,302   |   | 29,302  | XXX                                    |   | 1,060   |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3                                      | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses |                  |                    |                     |                     |   | 44<br>Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43 | 45<br>Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41 | 46<br>Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44) | 47<br>Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45) | 48<br>Amounts Received Prior 90 Days | 49<br>Percentage Overdue C 42/Col. 43 | 50<br>Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48) | 51<br>Percentage More Than 120 Days Overdue (Col. 41/Col. 43) | 52<br>Is the Amount in Col. 50 Less Than 20%? (Yes or No) | 53<br>Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50 |
|-----------------------|--|--|------------------|--------------------|---------------------|---------------------|---|---|--|---|--|--------------------------------------|---------------------------------------|--|---|---|---|
|                       |  | 37<br>Current  | Overdue          |                    |                     |                     | 43<br>Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8) |   |  |   |  |                                      |                                       |  |   |   |   |
|                       |  |  | 38<br>1- 29 Days | 39<br>30 - 90 Days | 40<br>91 - 120 Days | 41<br>Over 120 Days |   |   |  |   |  |                                      |                                       |  |   |   |   |
| 13-2673100            | General Reinsurance Corporation                                    | 244  |                  |                    |                     |                     | 244   |   | 244  |   |  |                                      |                                       |  |   | YES   |   |
| 06-1481194            | Markel Global Reinsurance Company                                  |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 13-4924125            | Munich Reinsurance America, Inc.                                   |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 13-1290712            | XL Reinsurance America, Inc.                                       |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 06-1430254            | Arch Reinsurance Company   |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 43-0727872            | Safety National Casualty Corporation                               |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 36-6067575            | Old Republic General Insurance Corp                                | 5  |                  |                    |                     |                     | 5   |   | 5  |   |  |                                      |                                       |  |   | YES   |   |
| 48-0921045            | Wesport Insurance Corp   | 29   |                  |                    |                     |                     | 29  |   | 29   |   |  |                                      |                                       |  |   | YES   |   |
| 0999999               | Total Authorized - Other U.S. Unaffiliated Insurers                | 278  |                  |                    |                     |                     | 278   |   | 278  |   |  |                                      |                                       |  |   | XXX   |   |
| AA-1128987            | BGS Services Limited   |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1129000            | Markel at Lloyd's, Zurich / Syndicate 3000                         |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1126609            | Lloyd's of London Lloyd's Syndicate 609                            |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1126780            | Lloyd's of London Lloyd's Syndicate 0780                           |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1120084            | Lloyd's of London Lloyd's Syndicate 1955                           |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1126004            | Lloyd's of London Lloyd's Syndicate 4444                           |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| AA-1128987            | Lloyd's of London Lloyd's Syndicate 2987                           |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 1299999               | Total Authorized - Other Non-U.S. Insurers#                        |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | XXX   |   |
| 1399999               | Total Authorized - Protected Cells                                 |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | XXX   |   |
| 1499999               | Total Authorized - Total Authorized Excluding Protected Cells      | 278  |                  |                    |                     |                     | 278   |   | 278  |   |  |                                      |                                       |  |   | XXX   |   |
| CR-3194130            | Endurance Specialty Insurance, Ltd                                 |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| CR-1460023            | Tokio Millenium Re AG  |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | YES   |   |
| 4099999               | Total Certified - Other Non-U.S. Insurers#                         |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | XXX   |   |
| 4199999               | Total Certified - Protected Cells                                  |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | XXX   |   |
| 4299999               | Total Certified - Total Certified Excluding Protected Cells        |  |                  |                    |                     |                     |   |   |  |   |  |                                      |                                       |  |   | XXX   |   |
| 4399999               | Total Authorized, Unauthorized and Certified Excluding Protected C | 278  |                  |                    |                     |                     | 278   |   | 278  |   |  |                                      |                                       |  |   | XXX   |   |

### SCHEDULE F – PART 3 (Continued)

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

| ID<br>Number<br>From<br>Col. 1 | Name of<br>Reinsurer<br>From Col. 3 | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses |                     |                       |                        |                        |   | 44<br><br>Total<br>Recoverable<br>on Paid Losses<br>& LAE<br>Amounts in<br>Dispute<br>Included in<br>Col. 43 | 45<br><br>Recoverable<br>on Paid Losse<br>& LAE Over<br>90 Days Past<br>Due Amounts<br>in Dispute<br>Included in<br>Cols. 40 & 41 | 46<br><br>Total<br>Recoverable on<br>Paid Losses &<br>LAE Amounts<br>Not in Dispute<br>(Cols. 43 - 44) | 47<br><br>Recoverable<br>on Paid Losse<br>& LAE Over<br>90 Days Past<br>Due Amounts<br>Not in Dispute<br>(Cols. 40 +<br>41 - 45) | 48<br><br>Amounts<br>Received Prio<br>90 Days | 49<br><br>Percentage<br>Overdue C<br>42/Col. 43 | 50<br><br>Percentage of<br>Amounts More<br>Than 90 Days<br>Overdue Not<br>in Dispute<br>(Col. 47/Cols.<br>46 + 48) | 51<br><br>Percentage Mor<br>Than 120 Days<br>Overdue<br>(Col. 41/Col. 43) | 52<br><br>Is the Amount<br>in Col. 50 Less<br>Than 20%?<br>(Yes or No) | 53<br><br>Amounts in Col. 4<br>for Reinsurers wit<br>Values Less Tha<br>20% in Col. 50 |
|--------------------------------|-------------------------------------|--|---------------------|-----------------------|------------------------|------------------------|---|--|---|--|--|---|---|--|---|--|--|
|                                |                                     | 37   | Overdue             |                       |                        |                        | 43  |  |   |  |  |   |   |  |   |  |  |
|                                |                                     | Current  | 38<br>1- 29<br>Days | 39<br>30 - 90<br>Days | 40<br>91 - 120<br>Days | 41<br>Over 120<br>Days | 42<br>Total<br>Overdue<br>Cols. 38 +<br>+ 40 + 41 |  |   |  |  |   |   |  |   |  |  |
| 9999999                        | Totals                              | 278  |                     |                       |                        |                        | 278   |  | 278   |  |  |   |   |  |   | XXX  |  |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3                                 | 54                                       | 55   | 56  | 57   | 58  | 59   | 60   | 61  | 62   | 63   | 64   | 65  | Complete if Col. 52 = "No"; Otherwise Enter 0   |  |                          | 69   |
|-----------------------|---|--|--|---|--|---|--|--|---|--|--|--|---|---|--|--------------------------|--|
|                       |   | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% through 100%) | Catastrophic Recoverables Qualifying for Collateral Deferral | Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 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, not to exceed 100%) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%) | Amounts of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61]) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 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. 6) | Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 6) | 20% of Amount in Col. 67 | Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63) |
| 13-2673100            | General Reinsurance Corporation                               | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 06-1481194            | Markel Global Reinsurance Company                             | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 13-4924125            | Munich Reinsurance America, Inc.                              | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 13-1290712            | XL Reinsurance America, Inc.                                  | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 06-1430254            | Arch Reinsurance Company                                      | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 43-0727872            | Safety National Casualty Corporation                          | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 36-6067575            | Old Republic General Insurance Corp                           | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 48-0921045            | Wesport Insurance Corp  | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 0999999               | Total Authorized - Other U.S. Unaffiliated Insurers           |  |  |   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1128987            | BGS Services Limited  | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1129000            | Markel at Lloyd's, Zurich / Syndicate 3000                    | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1126609            | Lloyd's of London Lloyd's Syndicate 609                       | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1126780            | Lloyd's of London Lloyd's Syndicate 0780                      | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1120084            | Lloyd's of London Lloyd's Syndicate 1955                      | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1126004            | Lloyd's of London Lloyd's Syndicate 4444                      | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| AA-1128987            | Lloyd's of London Lloyd's Syndicate 2987                      | XXX                                      | XXX  | XXX   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 1299999               | Total Authorized - Other Non-U.S. Insurers#                   |  |  |   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 1399999               | Total Authorized - Protected Cells                            |  |  |   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| 1499999               | Total Authorized - Total Authorized Excluding Protected Cells |  |  |   | XXX  | XXX   | XXX  | XXX  | XXX   | XXX  | XXX  | XXX  | XXX   | XXX   | XXX  | XXX                      | XXX  |
| CR-3194130            | Endurance Specialty Insurance, Ltd                            | 3  | 12/29/2015                                   | 20.000  |  | (1)   | (0)  |  |   |  |  |  |   |   |  |                          |  |
| CR-1460023            | Tokio Millenium Re AG   | 3  | 7/7/2015                                     | 20.000  |  | (3)   | (1)  |  |   |  |  |  |   |   |  |                          |  |
| 4099999               | Total Certified - Other Non-U.S. Insurers#                    |  |  |   |  | (4)   | (1)  | XXX  | XXX   |  |  |  |   |   |  |                          |  |
| 4199999               | Total Certified - Protected Cells                             |  |  |   |  |   |  | XXX  | XXX   |  |  |  |   |   |  |                          |  |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3  | 54                                       | 55  | 56  | 57  | 58  | 59   | 60   | 61  | 62   | 63   | 64   | 65  | Complete if Col. 52 = "No"; Otherwise Enter 0 |    |    | 69   |
|-----------------------|--|--|---|---|---|---|--|--|---|--|--|--|---|---|----|----|--|
|                       |  | Certified Reinsurer Rating (1 through 6) | Effective D of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% through 100%) | Catrophic Recoverables Qualifying for Collateral Deferral | Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 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, not to exceed 100%) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%) | Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61 ]) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20) | 66  | 67 | 68 | Provision for Overdue Reinsurance Ceded to Certified Reinsurers ( Greater of [ Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63 |
| 4299999               | Total Certified - Total Certified Excluding Protected Cells            |  |   |   |   | (4)   | (1)  | XXX  | XXX   |  |  |  |   |   |    |    |  |
| 4399999               | Total Authorized, Unauthorized and Certified Excluding Protected Cells |  |   |   |   | (4)   | (1)  | XXX  | XXX   |  |  |  |   |   |    |    |  |
| 9999999               | Totals   |  |   |   |   | (4)   | (1)  | XXX  | XXX   |  |  |  |   |   |    |    |  |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3                                 | 70<br>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<br>Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26) | 72<br>Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16) | 73<br>Complete if Col. 52 = "Yes"; Otherwise Enter 0<br><br>20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%]) | 74<br>Complete if Col. 52 = "No"; Otherwise Enter 0<br><br>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<br>Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74) | 76<br>Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15) | 77<br>Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69) | 78<br>Total Provision for Reinsurance (Cols. 75 + 76 +77) |
| 13-2673100            | General Reinsurance Corporation                               |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 06-1481194            | Markel Global Reinsurance Company                             |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 13-4924125            | Munich Reinsurance America, Inc.                              |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 13-1290712            | XL Reinsurance America, Inc.                                  |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 06-1430254            | Arch Reinsurance Company                                      |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 43-0727872            | Safety National Casualty Corporation                          |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 36-6067575            | Old Republic General Insurance Corp                           |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 48-0921045            | Wesport Insurance Corp  |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 0999999               | Total Authorized - Other U.S. Unaffiliated Insurers           |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1128987            | BGS Services Limited  |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1129000            | Markel at Lloyd's, Zurich / Syndicate 3000                    |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1126609            | Lloyd's of London Lloyd's Syndicate 609                       |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1126780            | Lloyd's of London Lloyd's Syndicate 0780                      |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1120084            | Lloyd's of London Lloyd's Syndicate 1955                      |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1126004            | Lloyd's of London Lloyd's Syndicate 4444                      |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| AA-1128987            | Lloyd's of London Lloyd's Syndicate 2987                      |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 1299999               | Total Authorized - Other Non-U.S. Insurers#                   |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 1399999               | Total Authorized - Protected Cells                            |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| 1499999               | Total Authorized - Total Authorized Excluding Protected Cells |  | XXX   | XXX  |  |  |  | XXX   | XXX   |   |
| CR-3194130            | Endurance Specialty Insurance, Ltd                            | XXX  | XXX   | XXX  | XXX  | XXX  | XXX  | XXX   | XXX   |   |
| CR-1460023            | Tokio Millenium Re AG   | XXX  | XXX   | XXX  | XXX  | XXX  | XXX  | XXX   | XXX   |   |
| 4099999               | Total Certified - Other Non-U.S. Insurers#                    | XXX  | XXX   | XXX  | XXX  | XXX  | XXX  | XXX   | XXX   |   |
| 4199999               | Total Certified - Protected Cells                             | XXX  | XXX   | XXX  | XXX  | XXX  | XXX  | XXX   | XXX   |   |

### SCHEDULE F – PART 3 (Continued)

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

| ID Number From Col. 1 | Name of Reinsurer From Col. 3  | 70<br>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<br>Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26) | 72<br>Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16) | 73<br>Complete if Col. 52 = "Yes"; Otherwise Enter 0<br><br>20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%]) | 74<br>Complete if Col. 52 = "No"; Otherwise Enter 0<br><br>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<br>Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74) | 76<br>Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15) | 77<br>Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69) | 78<br>Total Provision for Reinsurance (Cols. 75 + 76 +77) |
| 4299999               | Total Certified - Total Certified Excluding Protected Cells            | XXX  | XXX   | XXX  | XXX  | XXX  | XXX  | XXX   |   |   |
| 4399999               | Total Authorized, Unauthorized and Certified Excluding Protected Cells |  |   |  |  |  |  |   |   |   |
| 9999999               | Totals   |  |   |  |  |  |  |   |   |   |

### SCHEDULE F – PART 4

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

| 1<br>Issuing or<br>Confirming<br>Bank<br>Reference<br>Number Used<br>in Col. 23 of<br>Sch F Part 3 | 2<br><br>Letters of<br>Credit Code | 3<br><br>American Bankers<br>Association<br>(ABA) Routing<br>Number | 4<br><br>Issuing or Confirming Bank Name | 5<br><br>Letters of Credit Amount |
|--|------------------------------------|---|--|-----------------------------------|
| 0  | 0                                  | 0   |  |                                   |
| 9999999 Total  |                                    |   |  |                                   |
|  |                                    |   |  |                                   |
| 9999999 Total  |                                    |   |  |                                   |



## SCHEDULE F – PART 5

### Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

|     | 1  | 2                  | 3             | 4                |
|-----|--|--------------------|---------------|------------------|
|     | Name of Reinsurer                                | Total Recoverables | Ceded Premium | Affiliated       |
| 6.  | General Reinsurance Corporation .....            | 23,875             | 3,938         | Yes [ ] No [ X ] |
| 7.  | Westport Insurance Corporation .....             | 459                | .....         | Yes [ ] No [ X ] |
| 8.  | Old Republic General Insurance Corporation ..... | 147                | .....         | Yes [ ] No [ X ] |
| 9.  | Munich Reinsurance America, Inc. ....            | 10                 | 768           | Yes [ ] No [ X ] |
| 10. | Markel Global Reinsurance Company .....          | 2                  | 176           | Yes [ ] No [ X ] |

N Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

**SCHEDULE F – PART 6**

## Restatement of Balance Sheet to Identify Net Credit for Reinsurance

|   | 1                             | 2                          | 3                            |
|---|-------------------------------|----------------------------|------------------------------|
|   | As Reported<br>(Net of Ceded) | Restatement<br>Adjustments | Restated<br>(Gross of Ceded) |
| <b>ASSETS (Page 2, Col. 3)</b>  |                               |                            |                              |
| 1. Cash and invested assets (Line 12)   | 374,153,861                   |                            | 374,153,861                  |
| 2. Premiums and considerations (Line 15)  | 40,525,414                    |                            | 40,525,414                   |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) | 278,153                       | (278,153)                  |                              |
| 4. Funds held by or deposited with reinsured companies (Line 16.2)                  |                               |                            |                              |
| 5. Other assets   | 5,517,486                     |                            | 5,517,486                    |
| 6. Net amount recoverable from reinsurers   |                               | 24,365,126                 | 24,365,126                   |
| 7. Protected cell assets (Line 27)  |                               |                            |                              |
| 8. Totals (Line 28)   | 420,474,914                   | 24,086,973                 | 444,561,887                  |
| <b>LIABILITIES (Page 3)</b>   |                               |                            |                              |
| 9. Losses and loss adjustment expenses (Lines 1 through 3)                          | 180,028,243                   | 24,154,549                 | 204,182,792                  |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8)                      | 21,016,617                    |                            | 21,016,617                   |
| 11. Unearned premiums (Line 9)  | 61,924,620                    | 68,331                     | 61,992,951                   |
| 12. Advance premiums (Line 10)  | 2,878,036                     |                            | 2,878,036                    |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2)                              | 3,182                         |                            | 3,182                        |
| 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)        | 135,908                       | (135,908)                  |                              |
| 15. Funds held by company under reinsurance treaties (Line 13)                      |                               |                            |                              |
| 16. Amounts withheld or retained by company for account of others (Line 14)         | 234,874                       |                            | 234,874                      |
| 17. Provision for reinsurance (Line 16)   |                               |                            |                              |
| 18. Other liabilities   | 616,188                       |                            | 616,188                      |
| 19. Total liabilities excluding protected cell business (Line 26)                   | 266,837,668                   | 24,086,972                 | 290,924,640                  |
| 20. Protected cell liabilities (Line 27)  |                               |                            |                              |
| 21. Surplus as regards policyholders (Line 37)                                      | 153,637,248                   | X X X                      | 153,637,248                  |
| 22. Totals (Line 38)  | 420,474,916                   | 24,086,972                 | 444,561,888                  |

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<br>Number of Claims Reported Direct and Assumed |  |
|--|-------------------------|------------|----------------------|--------------------------------|--------|---------------------------------------|-------|------------------------------|-------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1-2) | Loss Payments                  |        | Defense and Cost Containment Payments |       | Adjusting and Other Payments |       | 10<br>Salvage and Subrogation Received |  | 11<br>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                | 2,314                          | 824    | 129                                   | 18    | 129                          |       | 407                                    | 1,730  | X X X  |
| 2. 2009  | 101,670                 | 7,173      | 94,497               | 70,682                         | 2,893  | 3,955                                 | 27    | 13,245                       |       | 1,538                                  | 84,962   | 8,609  |
| 3. 2010  | 91,451                  | 8,028      | 83,423               | 69,219                         | 9,475  | 3,577                                 | 120   | 13,717                       |       | 1,218                                  | 76,918   | 8,132  |
| 4. 2011  | 92,459                  | 7,451      | 85,008               | 71,342                         | 2,072  | 4,727                                 | 76    | 13,576                       |       | 1,712                                  | 87,497   | 8,207  |
| 5. 2012  | 102,597                 | 8,432      | 94,165               | 72,866                         | 1,538  | 5,075                                 | 20    | 13,700                       |       | 871                                    | 90,083   | 8,360  |
| 6. 2013  | 111,600                 | 8,778      | 102,822              | 72,011                         |        | 5,279                                 |       | 13,991                       |       | 1,097                                  | 91,281   | 8,387  |
| 7. 2014  | 126,456                 | 7,849      | 118,607              | 69,134                         |        | 5,597                                 |       | 14,557                       |       | 1,063                                  | 89,288   | 8,556  |
| 8. 2015  | 135,250                 | 8,033      | 127,217              | 67,879                         |        | 6,194                                 |       | 14,831                       |       | 906                                    | 88,904   | 8,387  |
| 9. 2016  | 139,815                 | 7,408      | 132,407              | 56,174                         |        | 5,222                                 |       | 14,521                       |       | 628                                    | 75,917   | 7,972  |
| 10. 2017   | 132,505                 | 6,169      | 126,336              | 41,529                         |        | 4,675                                 |       | 13,995                       |       | 310                                    | 60,199   | 7,313  |
| 11. 2018   | 128,222                 | 5,552      | 122,670              | 17,625                         |        | 1,405                                 |       | 9,529                        |       | 18                                     | 28,559   | 6,637  |
| 12. Totals   | X X X                   | X X X      | X X X                | 610,775                        | 16,802 | 45,835                                | 261   | 135,791                      |       | 9,768                                  | 775,338  | X X X  |

|            | Losses Unpaid      |        |                    |       | Defense and Cost Containment Unpaid |       |                    |       | Adjusting and Other Unpaid |       | 23<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|------------|--------------------|--------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|---|--|---|
|            | Case Basis         |        | Bulk + IBNR        |       | Case Basis                          |       | Bulk + IBNR        |       | Other Unpaid               |       |   |  |   |
|            | 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   | 24,048             | 11,584 | 372                |       | 662                                 | 264   |                    |       | 2,098                      |       |   | 15,332                                     | 99  |
| 2. 2009    | 5,245              |        | 103                |       | 61                                  |       |                    | 1     | 520                        |       |   | 5,930                                      | 14  |
| 3. 2010    | 8,222              |        | 97                 |       | 109                                 |       |                    | 2     | 785                        |       |   | 9,215                                      | 22  |
| 4. 2011    | 2,060              |        | 636                |       | 129                                 |       |                    | 3     | 252                        |       |   | 3,080                                      | 24  |
| 5. 2012    | 9,865              | 5,696  | 705                |       | 161                                 | 26    |                    | 4     | 1,034                      |       |   | 6,047                                      | 32  |
| 6. 2013    | 4,121              |        | 575                | 5     | 322                                 |       |                    | 9     | 402                        |       |   | 5,424                                      | 56  |
| 7. 2014    | 5,248              |        | 1,182              | 370   | 338                                 |       |                    | 21    | 576                        |       |   | 6,995                                      | 72  |
| 8. 2015    | 8,819              | 731    | 2,648              | 761   | 466                                 | 7     |                    | 22    | 1,029                      |       |   | 11,484                                     | 129   |
| 9. 2016    | 12,403             |        | 5,658              | 358   | 748                                 |       |                    | 57    | 1,613                      |       |   | 20,115                                     | 197   |
| 10. 2017   | 18,874             | 1,085  | 13,316             | 860   | 1,254                               | 5     |                    | 90    | 2,901                      |       |   | 34,482                                     | 429   |
| 11. 2018   | 25,955             | 397    | 29,629             | 1,920 | 2,168                               |       |                    | 421   | 6,138                      |       |   | 61,919                                     | 1,854   |
| 12. Totals | 124,860            | 19,493 | 54,921             | 4,274 | 6,418                               | 302   |                    | 630   | 17,348                     |       |   | 180,023                                    | 2,928   |

|            | Total Losses and Loss Expenses Incurred |       |         | Loss and Loss Expense Percentage (Incurred/Premiums Earned) |         |         | Nontabular Discount |              | 34<br>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  | 12,836                                    | 2,496                |
| 2. 2009    | 93,812                                  | 2,920 | 90,892  | 92.271  | 40.708  | 96.185  |                     |              |  | 5,348                                     | 582                  |
| 3. 2010    | 95,728                                  | 9,595 | 86,133  | 104.677   | 119.519 | 103.249 |                     |              |  | 8,319                                     | 896                  |
| 4. 2011    | 92,725                                  | 2,148 | 90,577  | 100.288   | 28.828  | 106.551 |                     |              |  | 2,696                                     | 384                  |
| 5. 2012    | 103,410                                 | 7,280 | 96,130  | 100.792   | 86.338  | 102.087 |                     |              |  | 4,874                                     | 1,173                |
| 6. 2013    | 96,710                                  | 5     | 96,705  | 86.658  | 0.057   | 94.051  |                     |              |  | 4,691                                     | 733                  |
| 7. 2014    | 96,653                                  | 370   | 96,283  | 76.432  | 4.714   | 81.178  |                     |              |  | 6,060                                     | 935                  |
| 8. 2015    | 101,888                                 | 1,500 | 100,388 | 75.333  | 18.673  | 78.911  |                     |              |  | 9,975                                     | 1,509                |
| 9. 2016    | 96,396                                  | 364   | 96,032  | 68.945  | 4.914   | 72.528  |                     |              |  | 17,703                                    | 2,412                |
| 10. 2017   | 96,634                                  | 1,953 | 94,681  | 72.929  | 31.658  | 74.944  |                     |              |  | 30,245                                    | 4,237                |
| 11. 2018   | 92,870                                  | 2,392 | 90,478  | 72.429  | 43.084  | 73.757  |                     |              |  | 53,267                                    | 8,652                |
| 12. Totals | X X X                                   | X X X | X X X   | X X X   | X X X   | X X X   |                     |              | X X X  | 156,014                                   | 24,009               |

- NONE Schedule P - Part 1E Commercial Multiple Peril
- NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurrence
- NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made
- NONE Schedule P - Part 1G Special Liability
- NONE Schedule P - Part 1H - Section 1 Other Liab. Occurrence
- NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made
- NONE Schedule P - Part 1I Special Property
- NONE Schedule P - Part 1J Auto Physical Damage
- NONE Schedule P - Part 1K Fidelity/Surety
- NONE Schedule P - Part 1L Other
- NONE Schedule P - Part 1M International
- NONE Schedule P - Part 1N Nonproportional Assumed Prop.
- NONE Schedule P - Part 1O Nonproportional Assumed Liab.
- NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines
- NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurrence
- NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made
- NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty
- NONE Schedule P - Part 1T - Warranty
- NONE Schedule P - Part 2A, 2B, 2C, 2D, 2E
- 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
- NONE Schedule P - Part 3A, 3B, 3C, 3D, 3E
- 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
- NONE Schedule P - Part 4A, 4B, 4C, 4D, 4E
- 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    |
|  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | 2018  |
| 1. Prior   | 2,754   | 520   | 319   | 155   | 102   | 86    | 164   | 32    | 17    | 17    |
| 2. 2009  | 5,017   | 6,866 | 7,214 | 7,316 | 7,367 | 7,384 | 7,402 | 7,415 | 7,419 | 7,423 |
| 3. 2010  | XXX   | 4,978 | 6,800 | 7,055 | 7,152 | 7,181 | 7,197 | 7,219 | 7,225 | 7,230 |
| 4. 2011  | XXX   | XXX   | 5,018 | 6,883 | 7,149 | 7,248 | 7,291 | 7,313 | 7,333 | 7,338 |
| 5. 2012  | XXX   | XXX   | XXX   | 5,253 | 7,010 | 7,217 | 7,358 | 7,393 | 7,428 | 7,447 |
| 6. 2013  | XXX   | XXX   | XXX   | XXX   | 5,149 | 7,012 | 7,320 | 7,420 | 7,484 | 7,500 |
| 7. 2014  | XXX   | XXX   | XXX   | XXX   | XXX   | 5,122 | 6,924 | 7,231 | 7,368 | 7,412 |
| 8. 2015  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 4,939 | 6,766 | 7,079 | 7,202 |
| 9. 2016  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 4,587 | 6,467 | 6,742 |
| 10. 2017   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 3,997 | 5,881 |
| 11. 2018   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 3,880 |

**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    |
|  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | 2018  |
| 1. Prior   | 1,168   | 750   | 464   | 330   | 255   | 194   | 150   | 121   | 111   | 99    |
| 2. 2009  | 1,978   | 515   | 206   | 117   | 62    | 47    | 34    | 22    | 18    | 14    |
| 3. 2010  | XXX   | 1,910 | 424   | 191   | 93    | 68    | 52    | 31    | 27    | 22    |
| 4. 2011  | XXX   | XXX   | 1,980 | 426   | 199   | 110   | 69    | 48    | 29    | 24    |
| 5. 2012  | XXX   | XXX   | XXX   | 1,867 | 435   | 255   | 119   | 83    | 49    | 32    |
| 6. 2013  | XXX   | XXX   | XXX   | XXX   | 1,960 | 505   | 229   | 133   | 71    | 56    |
| 7. 2014  | XXX   | XXX   | XXX   | XXX   | XXX   | 2,085 | 531   | 244   | 112   | 72    |
| 8. 2015  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 2,110 | 527   | 241   | 129   |
| 9. 2016  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 2,102 | 443   | 197   |
| 10. 2017   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 2,039 | 429   |
| 11. 2018   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 1,854 |

**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    |
|  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | 2018  |
| 1. Prior   | 528   | 56    | 15    | 18    | 42    |       | 219   |       | 4     | 5     |
| 2. 2009  | 8,209   | 8,564 | 8,591 | 8,603 | 8,604 | 8,606 | 8,609 | 8,609 | 8,609 | 8,609 |
| 3. 2010  | XXX   | 7,748 | 8,107 | 8,128 | 8,127 | 8,130 | 8,130 | 8,130 | 8,132 | 8,132 |
| 4. 2011  | XXX   | XXX   | 7,770 | 8,157 | 8,196 | 8,204 | 8,205 | 8,206 | 8,207 | 8,207 |
| 5. 2012  | XXX   | XXX   | XXX   | 7,961 | 8,338 | 8,356 | 8,359 | 8,360 | 8,360 | 8,360 |
| 6. 2013  | XXX   | XXX   | XXX   | XXX   | 7,894 | 8,361 | 8,381 | 8,384 | 8,385 | 8,387 |
| 7. 2014  | XXX   | XXX   | XXX   | XXX   | XXX   | 8,188 | 8,530 | 8,551 | 8,554 | 8,556 |
| 8. 2015  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 8,040 | 8,359 | 8,383 | 8,387 |
| 9. 2016  | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 7,626 | 7,955 | 7,972 |
| 10. 2017   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 6,967 | 7,313 |
| 11. 2018   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | XXX   | 6,637 |

- 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<br>Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
|  | 1<br>2009   | 2<br>2010 | 3<br>2011 | 4<br>2012 | 5<br>2013 | 6<br>2014 | 7<br>2015 | 8<br>2016 | 9<br>2017 | 10<br>2018 |                                    |
| 1. Prior   |   |           |           |           |           |           |           |           |           |            |                                    |
| 2. 2009  |   |           |           |           |           |           |           |           |           |            |                                    |
| 3. 2010  | XXX   |           |           |           |           |           |           |           |           |            |                                    |
| 4. 2011  | XXX   | XXX       |           |           |           |           |           |           |           |            |                                    |
| 5. 2012  | XXX   | XXX       | XXX       |           |           |           |           |           |           |            |                                    |
| 6. 2013  | XXX   | XXX       | XXX       | XXX       |           |           |           |           |           |            |                                    |
| 7. 2014  | XXX   | XXX       | XXX       | XXX       | XXX       |           |           |           |           |            |                                    |
| 8. 2015  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       |           |           |           |            |                                    |
| 9. 2016  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       |           |           |            |                                    |
| 10. 2017   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       |           |            |                                    |
| 11. 2018   | 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<br>Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
|  | 1<br>2009  | 2<br>2010 | 3<br>2011 | 4<br>2012 | 5<br>2013 | 6<br>2014 | 7<br>2015 | 8<br>2016 | 9<br>2017 | 10<br>2018 |                                    |
| 1. Prior   |  |           |           |           |           |           |           |           |           |            |                                    |
| 2. 2009  |  |           |           |           |           |           |           |           |           |            |                                    |
| 3. 2010  | XXX  |           |           |           |           |           |           |           |           |            |                                    |
| 4. 2011  | XXX  | XXX       |           |           |           |           |           |           |           |            |                                    |
| 5. 2012  | XXX  | XXX       | XXX       |           |           |           |           |           |           |            |                                    |
| 6. 2013  | XXX  | XXX       | XXX       | XXX       |           |           |           |           |           |            |                                    |
| 7. 2014  | XXX  | XXX       | XXX       | XXX       | XXX       |           |           |           |           |            |                                    |
| 8. 2015  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       |           |           |           |            |                                    |
| 9. 2016  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       |           |           |            |                                    |
| 10. 2017   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       |           |            |                                    |
| 11. 2018   | 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<br>Current Year Premiums Earned |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
|  | 1<br>2009   | 2<br>2010 | 3<br>2011 | 4<br>2012 | 5<br>2013 | 6<br>2014 | 7<br>2015 | 8<br>2016 | 9<br>2017 | 10<br>2018 |                                    |
| 1. Prior   | 11,254  | 1,161     | (55)      | (43)      |           |           |           |           |           |            |                                    |
| 2. 2009  | 90,416  | 98,234    | 98,411    | 98,382    | 98,382    | 98,382    | 98,382    | 98,382    | 98,382    | 98,382     |                                    |
| 3. 2010  | XXX   | 82,472    | 93,881    | 94,058    | 94,045    | 94,045    | 94,045    | 94,045    | 94,045    | 94,045     |                                    |
| 4. 2011  | XXX   | XXX       | 80,928    | 95,075    | 95,451    | 95,450    | 95,450    | 95,448    | 95,448    | 95,448     |                                    |
| 5. 2012  | XXX   | XXX       | XXX       | 88,345    | 104,222   | 104,554   | 104,560   | 104,558   | 104,555   | 104,555    |                                    |
| 6. 2013  | XXX   | XXX       | XXX       | XXX       | 95,360    | 114,641   | 115,255   | 115,253   | 115,242   | 115,242    |                                    |
| 7. 2014  | XXX   | XXX       | XXX       | XXX       | XXX       | 106,844   | 129,195   | 129,963   | 129,958   | 129,957    | (1)                                |
| 8. 2015  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | 112,279   | 136,523   | 137,264   | 137,255    | (9)                                |
| 9. 2016  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 114,809   | 137,327   | 138,324    | 997                                |
| 10. 2017   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 109,265   | 130,829    | 21,564                             |
| 11. 2018   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 105,671    | 105,671                            |
| 12. Total  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX        | 128,222                            |
| 13. Earned Premiums (Sc P-Pt 1)                              | 101,670   | 91,451    | 92,459    | 102,597   | 111,600   | 126,456   | 135,250   | 139,815   | 132,505   | 128,222    | XXX                                |

**SECTION 2**

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED) |           |           |           |           |           |           |           |           |            | 11<br>Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
|  | 1<br>2009  | 2<br>2010 | 3<br>2011 | 4<br>2012 | 5<br>2013 | 6<br>2014 | 7<br>2015 | 8<br>2016 | 9<br>2017 | 10<br>2018 |                                    |
| 1. Prior   | (1,115)  | (10)      | (446)     | (360)     | (350)     |           |           |           |           |            |                                    |
| 2. 2009  | 8,288  | 8,976     | 8,991     | 8,989     | 8,989     | 8,989     | 8,989     | 8,989     | 8,989     | 8,989      |                                    |
| 3. 2010  | XXX  | 7,350     | 8,325     | 8,340     | 8,339     | 8,339     | 8,339     | 8,339     | 8,339     | 8,339      |                                    |
| 4. 2011  | XXX  | XXX       | 6,907     | 8,126     | 8,157     | 8,157     | 8,157     | 8,157     | 8,157     | 8,157      |                                    |
| 5. 2012  | XXX  | XXX       | XXX       | 7,559     | 8,869     | 8,891     | 8,891     | 8,891     | 8,891     | 8,891      |                                    |
| 6. 2013  | XXX  | XXX       | XXX       | XXX       | 7,788     | 9,041     | 9,078     | 9,078     | 9,077     | 9,077      |                                    |
| 7. 2014  | XXX  | XXX       | XXX       | XXX       | XXX       | 6,574     | 7,813     | 7,854     | 7,854     | 7,854      |                                    |
| 8. 2015  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | 6,757     | 8,048     | 8,082     | 8,082      |                                    |
| 9. 2016  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 6,076     | 7,121     | 7,164      | 43                                 |
| 10. 2017   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 5,091     | 6,024      | 933                                |
| 11. 2018   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 4,576      | 4,576                              |
| 12. Total  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX        | 5,552                              |
| 13. Earned Premiums (Sc P-Pt 1)                              | 7,173  | 8,028     | 7,451     | 8,431     | 8,778     | 7,849     | 8,033     | 7,408     | 6,169     | 5,552      | 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<br>Total Net Losses and Expenses Unpaid | 2<br>Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3<br>Loss Sensitive as Percentage of Total | 4<br>Total Net Premiums Written | 5<br>Net Premiums Written on Loss Sensitive Contracts | 6<br>Loss Sensitive as Percentage of Total |
|---|---|---|--|---------------------------------|---|--|
| 1. Homeowners/Farmowners                                |   |   |  |                                 |   |  |
| 2. Private Passenger Auto Liability/Medical             |   |   |  |                                 |   |  |
| 3. Commercial Auto/Truck Liability/Medical              |   |   |  |                                 |   |  |
| 4. Workers' Compensation                                | 170,019                                   | 1,347   | 0.792                                      | 122,669                         |   |  |
| 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  | 170,019                                   | 1,347   | 0.792                                      | 122,669                         |   |  |

### 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    |
|                                     | 2009   | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | 2018  |
| 1. Prior                            | 2,006  | 2,463 | 3,406 | 1,562 | 1,501 | 2,224 | 2,202 | 2,123 | 1,746 | 1,644 |
| 2. 2009                             |  |       |       |       |       |       |       |       |       |       |
| 3. 2010                             | X X X  |       |       |       |       |       |       |       |       |       |
| 4. 2011                             | X X X  | X X X |       |       |       |       |       |       |       |       |
| 5. 2012                             | X X X  | X X X | X X X |       |       |       |       |       |       |       |
| 6. 2013                             | X X X  | X X X | X X X | X X X |       |       |       |       |       |       |
| 7. 2014                             | X X X  | X X X | X X X | X X X | X X X |       |       |       |       |       |
| 8. 2015                             | X X X  | X X X | X X X | X X X | X X X | X X X |       |       |       |       |
| 9. 2016                             | X X X  | X X X | X X X | X X X | X X X | X X X | X X X |       |       |       |
| 10. 2017                            | 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. 2018                            | 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   |
|                                     | 2009   | 2010  | 2011  | 2012  | 2013  | 2014  | 2015  | 2016  | 2017  | 2018 |
| 1. Prior                            |  |       |       |       |       |       |       |       |       |      |
| 2. 2009                             |  |       |       |       |       |       |       |       |       |      |
| 3. 2010                             | X X X  |       |       |       |       |       |       |       |       |      |
| 4. 2011                             | X X X  | X X X |       |       |       |       |       |       |       |      |
| 5. 2012                             | X X X  | X X X | X X X |       |       |       |       |       |       |      |
| 6. 2013                             | X X X  | X X X | X X X | X X X | X X X |       |       |       |       |      |
| 7. 2014                             | X X X  | X X X | X X X | X X X | X X X | X X X |       |       |       |      |
| 8. 2015                             | X X X  | X X X | X X X | X X X | X X X | X X X |       |       |       |      |
| 9. 2016                             | X X X  | X X X | X X X | X X X | X X X | X X X | X X X |       |       |      |
| 10. 2017                            | 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. 2018                            | X X X  | X X X | X X X | X X X | X X X | X X X | X X X | X X X | X X X |      |

NONE

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

**NONE**    **Schedule P - Part 7B**

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

## SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

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

| Years in Which Premiums Were Earned and Losses Were Incurred | DDR Reserve Included in<br>Schedule P, Part 1F, Medical Professional Liability<br>Column 24: Total Net Losses and Expenses Unpaid |                             |
|--|---|-----------------------------|
|  | 1<br>Section 1: Occurrence  | 2<br>Section 2: Claims-Made |
| 1.601 Prior  |   |                             |
| 1.602 2009   |   |                             |
| 1.603 2010   |   |                             |
| 1.604 2011   |   |                             |
| 1.605 2012   |   |                             |
| 1.606 2013   |   |                             |
| 1.607 2014   |   |                             |
| 1.608 2015   |   |                             |
| 1.609 2016   |   |                             |
| 1.610 2017   |   |                             |
| 1.611 2018   |   |                             |
| 1.612 Totals   |   |                             |

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<br>3490 | Beacon Mutual Insurance Group<br>Beacon Mutual Insurance Group | 24017<br>11837<br>00000 | 05-0458697<br>20-0317088<br>06-1490630 |              |     |  | Beacon Mutual Insurance Company<br>Castle Hill Insurance Company<br>BMIC Service Corp | RI<br>RI<br>RI       | DS<br>DS                         | Beacon Mutual Insurance Company<br>Beacon Mutual Insurance Company | Ownership<br>Ownership   | 100.0<br>100.0                             | Beacon Mutual Insurance Company<br>Beacon Mutual Insurance Company | N<br>N<br>Y                      |    |

97

| 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> |
|---|------------------|
| <b>MARCH FILING</b>   |                  |
| 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              |
| <b>APRIL FILING</b>   |                  |
| 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              |
| <b>MAY FILING</b>   |                  |
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?   | WAIVED           |
| <b>JUNE FILING</b>  |                  |
| 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              |
| <b>AUGUST FILING</b>  |                  |
| 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 if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

|   |     |
|---|-----|
| <b>MARCH FILING</b>   |     |
| 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  |
| <b>APRIL FILING</b>   |     |
| 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  |
| 35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                | NO  |
| 36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if require be filed with the state of domicile and the NAIC by April 1? | NO  |

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

### AUGUST FILING

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

NO

Explanation 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 35: N/A

Explanation 36: N/A

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 37: N/A

Bar Code:



24017201820100000



24017201824000000



24017201845000000



24017201838500000



24017201836500000



24017201850000000



24017201822400000



24017201822600000



24017201823000000



24017201821000000



24017201821700000



24017201821100000



24017201842000000



24017201836000000



24017201849000000



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24017201850000000



24017201822500000



24017201855000000



24017201830600000



24017201821600000



24017201855000000

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