



24017201920100100

ANNUAL STATEMENT

For the Year Ended December 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

The Beacon Mutual Insurance Company

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

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

Country of Domicile US

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

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

Main Administrative Office One Beacon Centre, Warwick, RI, US 02886-1378 401-825-2667

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

Primary Location of Books and Records One Beacon Centre, Warwick, RI, US 02886-1378 401-825-2667

Internet Web Site Address www.beaconmutual.com

Statutory Statement Contact Ann Lazzareschi 401-825-2621

alazzareschi@beaconmutual.com 401-825-2659

OFFICERS

Table with 2 columns: Name, Title. Rows include Brian Joseph Spero (President & CEO), Amy Clark Vitale (Vice President, General Counsel & Assistant Secretary), and Cynthia Lee Lawlor (Chief Financial Officer).

VICE-PRESIDENTS

Table with 4 columns: Name, Title, Name, Title. Rows include Pamela Lee Alarie, Michael Dennis Lynch, James Wallace Moody Jr, David Michael Blair #, Robert Glenn DeOrsey, Rajani Mahadevan, and Theresa Joanna Keegan.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Rows include Harry Robert Bacon, Melba Depena Affigne #, Steven Issa, Raymond Christopher Coia, Linda D'Amario Rossi, Brian Joseph Spero, Kate Coyne-McCoy, Timothy Ludger Byrne, and Bradford Alan Dean.

State of Rhode Island

County of Kent

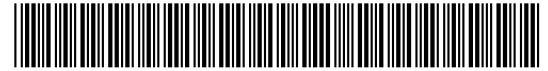
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

(Signature) Brian Joseph Spero (Printed Name) 1. President & CEO (Title)

(Signature) Amy Clark Vitale (Printed Name) 2. Vice President, General Counsel & Assistant Secretary (Title)

Subscribed and sworn to (or affirmed) before me this on this day of , 2020, by

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



24017201943022100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2019

NAIC Group Code **3490**

NAIC Company Code **24017**

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												15,368
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												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)												15,368
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

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

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

19 MA



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2019

NAIC Group Code **3490**

NAIC Company Code **24017**

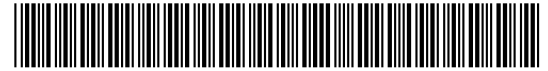
19 RI

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation	120,457,495	122,650,393	5,812,800	55,310,467	65,043,652	67,566,356	169,014,770	5,956,581	6,120,379	5,524,774	12,243,641	8,642,336
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												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	120,457,495	122,650,393	5,812,800	55,310,467	65,043,652	67,566,356	169,014,770	5,956,581	6,120,379	5,524,774	12,243,641	8,642,336
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 103,330

(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.



24017201943059100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2019

NAIC Group Code **3490**

NAIC Company Code **24017**

19 GT

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
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2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
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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	120,457,495	122,650,393	5,812,800	55,310,467	65,043,652	67,566,356	169,014,770	5,956,581	6,120,379	5,524,774	12,243,641	8,657,704
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												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	120,457,495	122,650,393	5,812,800	55,310,467	65,043,652	67,566,356	169,014,770	5,956,581	6,120,379	5,524,774	12,243,641	8,657,704
DETAILS OF WRITE-INS												
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3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 103,330

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

SCHEDULE F – PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
94-1390273 13-2673100	19801 22039	Argonaut Insurance Company General Reinsurance Corporation	IL DE	2,684	5	5,100 2,607	5,100 2,612		957	1,343		2,449	3,131	16,419
0999999	Total Other U.S. Unaffiliated Insurers *#			2,684	5	7,707	7,712		957	1,343		2,449	3,131	16,419
9999999	Totals			2,684	5	7,707	7,712		957	1,343		2,449	3,131	16,419

NONE Schedule F - Part 2 Premium Portfolio

SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
13-2673100	22039	General Reinsurance Corporation	DE		3,778	600	15	18,128	287	4,186	85	55		23,356		46		23,310	
06-1481194	10829	Markel Global Reinsurance Company	DE		184							3		3		5		(2)	
13-4924125	10227	Munich Reinsurance America, Inc.	DE		803							12		12		24		(12)	
13-1290712	20583	XL Reinsurance America, Inc.	NY		57							1		1		2		(1)	
06-1430254	10348	Arch Reinsurance Company	DE		118							2		2		3		(1)	
43-0727872	15105	Safety National Casualty Corporation	MO		83							1		1		2		(1)	
31-0542366	10677	IOA Re, Inc.	OH		29											1		(1)	
52-1952955	10357	Renaissance Reinsurance U.S. Inc.	MD		34							1		1		2		(1)	
48-0921045	39845	Westport Insurance Corp.	MO			30		418	5					453				453	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				5,086	630	15	18,546	292	4,186	85	75		23,829		85		23,744	
AA-1128987	0	BGS Services Limited	BMU		43							1		1		1			
AA-1129000	0	Markel at Lloyd's, Zurich / Syndicate 3000	GBR		42														
AA-1126609	0	Lloyd's of London Lloyd's Syndicate 609	AUW		29											1		(1)	
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		97							2		2		3		(1)	
AA-1129000	0	Lloyd's of London Lloyd's Syndicate 3000	MKL		48							1		1		3		(2)	
AA-1120102	0	Lloyd's of London Lloyd's Syndicate 1458	RNR		35							1		1		2		(1)	
1299999	Total Authorized - Other Non-U.S. Insurers#				308							5		5		10		(5)	
1499999	Total Authorized - Total Authorized Excluding Protected Cells				5,394	630	15	18,546	292	4,186	85	80		23,834		95		23,739	
CR-1460023	0	Tokio Millenium Re AG	BMU		70														
4099999	Total Certified - Other Non-U.S. Insurers#				70														
4199999	Total Certified - Protected Cells																		
4299999	Total Certified - Total Certified Excluding Protected Cells				70														
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells				5,464	630	15	18,546	292	4,186	85	80		23,834		95		23,739	
9999999	Totals				5,464	630	15	18,546	292	4,186	85	80		23,834		95		23,739	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-2673100	General Reinsurance Corporation			0		46	23,310		23,356	28,027	46	27,981		27,981	1		1,007
06-1481194	Markel Global Reinsurance Company			0		3			3	4	4				3		
13-4924125	Munich Reinsurance America, Inc.			0		12			12	14	14				2		
13-1290712	XL Reinsurance America, Inc.			0		1			1	1	1				2		
06-1430254	Arch Reinsurance Company			0		2			2	2	2				2		
43-0727872	Safety National Casualty Corporation			0		1			1	1	1				2		
31-0542366	IOA Re, Inc.			0		-			-	-	-				2		
52-1952955	Renaissance Reinsurance U.S. Inc.			0		1			1	1	1				2		
48-0921045	Westport Insurance Corp.			0		-	453		453	544		544		544	2		22
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		66	23,763		23,829	28,595	70	28,525		28,525	XXX		1,030
AA-1128987	BGS Services Limited			0		1			1	1	1	0		0	3		0
AA-1129000	Markel at Lloyd's, Zurich / Syndicate 3000			0		-			-	-	-				3		
AA-1126609	Lloyd's of London Lloyd's Syndicate 609			0		-			-	-	-				3		
AA-1120084	Lloyd's of London Lloyd's Syndicate 1955			0		-			-	-	-				3		
AA-1126004	Lloyd's of London Lloyd's Syndicate 4444			0		-			-	-	-				3		
AA-1128987	Lloyd's of London Lloyd's Syndicate 2987			0		2			2	2	2				3		
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000			0		1			1	1	1				3		
AA-1120102	Lloyd's of London Lloyd's Syndicate 1458			0		1			1	1	1				3		
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		5			5	6	6	0		0	XXX		0
1399999	Total Authorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		71	23,763		23,834	28,601	76	28,525		28,525	XXX		1,030
CR-1460023	Tokio Millenium Re AG			0		-			-	-	-				2		
4099999	Total Certified - Other Non-U.S. Insurers#			XXX											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											XXX		
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX		71	23,763		23,834	28,601	76	28,525		28,525	XXX		1,030

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
9999999	Totals			XXX		71	23,763		23,834	28,601	76	28,525		28,525	XXX		1,030

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
13-2673100 06-1481194 13-4924125 13-1290712 06-1430254 43-0727872 31-0542366 52-1952955 48-0921045	General Reinsurance Corporation Markel Global Reinsurance Company Munich Reinsurance America, Inc. XL Reinsurance America, Inc. Arch Reinsurance Company Safety National Casualty Corporation IOA Re, Inc. Renaissance Reinsurance U.S. Inc. Westport Insurance Corp.	615					615		615							YES YES YES YES YES YES YES YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	645					645		645							XXX	
AA-1128987 AA-1129000 AA-1126609 AA-1120084 AA-1126004 AA-1128987 AA-1129000 AA-1120102	BGS Services Limited Markel at Lloyd's, Zurich / Syndicate 3000 Lloyd's of London Lloyd's Syndicate 609 Lloyd's of London Lloyd's Syndicate 1955 Lloyd's of London Lloyd's Syndicate 4444 Lloyd's of London Lloyd's Syndicate 2987 Lloyd's of London Lloyd's Syndicate 3000 Lloyd's of London Lloyd's Syndicate 1458															YES YES YES YES YES YES YES	
1299999	Total Authorized - Other Non-U.S. Insurers#															XXX	
1399999	Total Authorized - Protected Cells															XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	645					645		645							XXX	
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	645					645		645							XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prio 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50
		37	Overdue				43										
		Current	38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38 + + 40 + 41										
999999	Totals	645					645		645							XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)	
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 66)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67		
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1481194	Markel Global Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XL Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-0727872	Safety National Casualty Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	IOA Re, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955	Renaissance Reinsurance U.S. Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
48-0921045	Westport Insurance Corp.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	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	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	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	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	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	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	XXX
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's of London Lloyd's Syndicate 1458	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1399999	Total Authorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-1460023	Tokio Millenium Re AG	3	7/7/2015	20.000														
4099999	Total Certified - Other Non-U.S. Insurers#							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)
4199999	Total Certified - Protected Cells							XXX	XXX								
4299999	Total Certified - Total Certified Excluding Protected Cells							XXX	XXX								
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells							XXX	XXX								
9999999	Totals							XXX	XXX								

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
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	
31-0542366	IOA Re, Inc.		XXX	XXX				XXX	XXX	
52-1952955	Renaissance Reinsurance U.S. Inc.		XXX	XXX				XXX	XXX	
48-0921045	Westport 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-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	
AA-1129000	Lloyd's of London Lloyd's Syndicate 3000		XXX	XXX				XXX	XXX	
AA-1120102	Lloyd's of London Lloyd's Syndicate 1458		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-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	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
4199999	Total Certified - Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4299999	Total Certified - Total Certified Excluding Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells									
9999999	Totals									

NONE Schedule F - Part 4 Issuing or Confirming Banks

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	23,356	3,778	Yes [] No [X]
7.	Westport Insurance Corporation	453		Yes [] No [X]
8.	Munich Reinsurance America, Inc.	12	803	Yes [] No [X]
9.	Markel Global Reinsurance Company	3	184	Yes [] No [X]
10.	Arch Reinsurance Company	2	118	Yes [] No [X]

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

SCHEDULE F – PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	388,012,313		388,012,313
2. Premiums and considerations (Line 15)	38,266,149		38,266,149
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	645,860	(645,860)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	10,875,711		10,875,711
6. Net amount recoverable from reinsurers		23,738,280	23,738,280
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	437,800,033	23,092,420	460,892,453
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	182,830,661	23,107,820	205,938,481
10. Taxes, expenses, and other obligations (Lines 4 through 8)	21,543,885		21,543,885
11. Unearned premiums (Line 9)	58,465,479	80,322	58,545,801
12. Advance premiums (Line 10)	3,020,245		3,020,245
13. Dividends declared and unpaid (Line 11.1 and 11.2)	6,000,000		6,000,000
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	95,722	(95,722)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	1,051,017		1,051,017
17. Provision for reinsurance (Line 16)			
18. Other liabilities	545,780		545,780
19. Total liabilities excluding protected cell business (Line 26)	273,552,789	23,092,420	296,645,209
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	164,247,244	X X X	164,247,244
22. Totals (Line 38)	437,800,033	23,092,420	460,892,453

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

If yes, give full explanation:

.....

.....

.....

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

SCHEDULE P – PART 1D – WORKERS' COMPENSATION**(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	X X X	X X X	X X X	4,168	1,263	171	27	130		1	3,179	X X X
2. 2010	91,451	8,028	83,423	69,917	9,475	3,615	120	13,741		1,218	77,678	8,132
3. 2011	92,459	7,451	85,008	71,833	2,094	4,768	76	13,605		1,714	88,036	8,208
4. 2012	102,597	8,432	94,165	73,744	1,794	5,165	29	13,737		966	90,823	8,360
5. 2013	111,600	8,778	102,822	73,813		5,376		14,053		1,239	93,242	8,387
6. 2014	126,456	7,849	118,607	71,074		5,777		14,636		1,247	91,487	8,556
7. 2015	135,250	8,033	127,217	70,993		6,480		14,977		1,240	92,450	8,390
8. 2016	139,815	7,408	132,407	61,817		5,713		14,755		906	82,285	7,978
9. 2017	132,505	6,169	126,336	52,765		5,731		14,524		529	73,020	7,332
10. 2018	128,222	5,552	122,670	38,104		4,003		12,172		252	54,279	6,930
11. 2019	126,600	5,465	121,135	17,395		1,439		9,234		41	28,068	6,197
12. Totals	X X X	X X X	X X X	605,623	14,626	48,238	252	135,564		9,353	774,547	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	26,016	10,718	431		618	244			2,278			18,381	95
2. 2010	8,665		107		99			1	829			9,701	15
3. 2011	1,520		610		85			2	198			2,415	15
4. 2012	9,257	5,590	460	1	117	21		2	936			5,160	21
5. 2013	2,651		409	1	248			7	234			3,548	33
6. 2014	3,405		862	140	203			8	383			4,721	50
7. 2015	5,359	548	2,211	485	290	5		11	674			7,507	66
8. 2016	8,966		2,967	606	472			37	1,091			12,927	104
9. 2017	12,944	940	6,413	599	747	4		38	1,739			20,338	181
10. 2018	22,223	749	11,855	777	1,330	17		145	3,062	24		37,048	423
11. 2019	24,393		29,799	1,577	2,123			394	6,009	60		61,081	1,660
12. Totals	125,399	18,545	56,124	4,186	6,332	291		645	17,433	84		182,827	2,663

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	15,729	2,652
2. 2010	96,974	9,595	87,379	106.039	119.519	104.742				8,772	929
3. 2011	92,621	2,170	90,451	100.175	29.124	106.403				2,130	285
4. 2012	103,418	7,435	95,983	100.800	88.176	101.931				4,126	1,034
5. 2013	96,791	1	96,790	86.730	0.011	94.134				3,059	489
6. 2014	96,348	140	96,208	76.191	1.784	81.115				4,127	594
7. 2015	100,995	1,038	99,957	74.673	12.922	78.572				6,537	970
8. 2016	95,818	606	95,212	68.532	8.180	71.909				11,327	1,600
9. 2017	94,901	1,543	93,358	71.621	25.012	73.897				17,818	2,520
10. 2018	92,894	1,567	91,327	72.448	28.224	74.449				32,552	4,496
11. 2019	90,786	1,637	89,149	71.711	29.954	73.595				52,615	8,466
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	158,792	24,035

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

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior	122,657	107,101	98,418	94,271	92,669	90,210	90,793	91,942	94,923	95,431	508	3,489
2. 2010	76,022	70,119	71,877	71,614	71,564	71,495	71,301	71,870	71,631	72,809	1,178	939
3. 2011	XXX	74,526	72,740	76,045	75,607	76,228	77,123	77,981	76,749	76,648	(101)	(1,333)
4. 2012	XXX	XXX	72,829	70,713	74,930	77,098	77,830	77,818	81,396	81,310	(86)	3,492
5. 2013	XXX	XXX	XXX	68,900	70,847	77,575	79,980	80,874	82,312	82,503	191	1,629
6. 2014	XXX	XXX	XXX	XXX	71,727	72,476	77,645	79,693	81,150	81,189	39	1,496
7. 2015	XXX	XXX	XXX	XXX	XXX	76,340	78,550	82,726	84,528	84,306	(222)	1,580
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	78,929	82,164	79,898	79,366	(532)	(2,798)
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79,608	77,785	77,095	(690)	(2,513)
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74,811	76,093	1,282	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73,906	XXX	XXX
12. Totals											1,567	5,981

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior												
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

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

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

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

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	000	30,180	47,646	58,341	66,121	71,884	72,718	73,760	76,279	79,328		21	
2. 2010	19,837	42,857	55,129	62,826	66,311	68,406	69,153	69,888	63,201	63,937		7,237	877
3. 2011	XXX	23,047	47,788	61,476	68,165	71,816	73,808	75,541	73,921	74,431		7,348	845
4. 2012	XXX	XXX	22,951	47,028	59,942	69,839	72,878	74,948	76,383	77,086		7,457	882
5. 2013	XXX	XXX	XXX	22,356	47,655	63,415	70,425	74,609	77,290	79,189		7,524	830
6. 2014	XXX	XXX	XXX	XXX	23,720	47,311	63,010	70,957	74,731	76,851		7,434	1,072
7. 2015	XXX	XXX	XXX	XXX	XXX	25,793	50,731	66,183	74,073	77,473		7,268	1,056
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	23,204	48,956	61,396	67,530		6,842	1,032
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,104	46,204	58,496		6,160	991
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,030	42,107		5,526	981
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,834		3,571	966

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019			
1. Prior	000												
2. 2010													
3. 2011	XXX												
4. 2012	XXX	XXX											
5. 2013	XXX	XXX	XXX										
6. 2014	XXX	XXX	XXX	XXX									
7. 2015	XXX	XXX	XXX	XXX	XXX								
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

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

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

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

SCHEDULE P – PART 4A – HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	33,644	18,109	7,600	3,022	1,772	719	485	1,063	476	431
2. 2010	19,521	3,960	2,281	872	601	188	70	187	99	108
3. 2011	XXX	22,862	5,413	3,086	998	352	180	874	639	612
4. 2012	XXX	XXX	24,958	7,272	2,172	1,025	663	190	709	461
5. 2013	XXX	XXX	XXX	22,212	4,772	2,360	1,983	888	579	415
6. 2014	XXX	XXX	XXX	XXX	26,713	7,691	3,557	1,766	833	730
7. 2015	XXX	XXX	XXX	XXX	XXX	26,583	10,853	3,781	1,908	1,737
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	29,415	14,155	5,351	2,398
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,668	12,543	5,852
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,055	11,199
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,556

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

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

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

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

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	2,369	667	257	153	103	182	45	21	21	21
2. 2010	4,978	6,800	7,055	7,152	7,181	7,197	7,219	7,225	7,230	7,237
3. 2011	XXX	5,018	6,883	7,149	7,248	7,291	7,313	7,333	7,338	7,348
4. 2012	XXX	XXX	5,253	7,010	7,217	7,358	7,393	7,428	7,447	7,457
5. 2013	XXX	XXX	XXX	5,149	7,012	7,320	7,420	7,484	7,500	7,524
6. 2014	XXX	XXX	XXX	XXX	5,122	6,924	7,231	7,368	7,412	7,434
7. 2015	XXX	XXX	XXX	XXX	XXX	4,939	6,766	7,079	7,202	7,268
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	4,587	6,467	6,742	6,842
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,997	5,881	6,160
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,880	5,526
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,571

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	1,265	670	447	317	241	184	143	129	113	95
2. 2010	1,910	424	191	93	68	52	31	27	22	15
3. 2011	XXX	1,980	426	199	110	69	48	29	24	15
4. 2012	XXX	XXX	1,867	435	255	119	83	49	32	21
5. 2013	XXX	XXX	XXX	1,960	505	229	133	71	56	33
6. 2014	XXX	XXX	XXX	XXX	2,085	531	244	112	72	50
7. 2015	XXX	XXX	XXX	XXX	XXX	2,110	527	241	129	66
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	2,102	443	197	104
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,039	429	181
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,854	423
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,660

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	411	42	30	43	2	222		4	5	
2. 2010	7,748	8,107	8,128	8,127	8,130	8,130	8,130	8,132	8,132	8,132
3. 2011	XXX	7,770	8,157	8,196	8,204	8,205	8,206	8,207	8,207	8,208
4. 2012	XXX	XXX	7,961	8,338	8,356	8,359	8,360	8,360	8,360	8,360
5. 2013	XXX	XXX	XXX	7,894	8,361	8,381	8,384	8,385	8,387	8,387
6. 2014	XXX	XXX	XXX	XXX	8,188	8,530	8,551	8,554	8,556	8,556
7. 2015	XXX	XXX	XXX	XXX	XXX	8,040	8,359	8,383	8,387	8,390
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	7,626	7,955	7,972	7,978
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,967	7,313	7,332
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,637	6,930
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,197

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

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P – PART 6D – WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior	8,979	122	(72)								
2. 2010	82,472	93,881	94,058	94,045	94,045	94,045	94,045	94,045	94,045	94,045	
3. 2011	XXX	80,928	95,075	95,451	95,450	95,450	95,448	95,448	95,448	95,448	
4. 2012	XXX	XXX	88,345	104,222	104,554	104,560	104,558	104,555	104,555	104,555	
5. 2013	XXX	XXX	XXX	95,360	114,641	115,255	115,253	115,242	115,242	115,242	
6. 2014	XXX	XXX	XXX	XXX	106,844	129,195	129,963	129,958	129,957	129,956	(1)
7. 2015	XXX	XXX	XXX	XXX	XXX	112,279	136,523	137,264	137,255	137,253	(2)
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	114,809	137,327	138,324	138,313	(11)
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109,265	130,829	131,311	482
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105,671	127,410	21,739
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104,393	104,393
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126,600
13. Earned Premiums (Sc P-Pt 1)	91,451	92,459	102,597	111,600	126,456	135,250	139,815	132,505	128,222	126,600	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Prior	678	(431)	(362)	(350)							
2. 2010	7,350	8,325	8,340	8,339	8,339	8,339	8,339	8,339	8,339	8,339	
3. 2011	XXX	6,907	8,126	8,157	8,157	8,157	8,157	8,157	8,157	8,157	
4. 2012	XXX	XXX	7,559	8,869	8,891	8,891	8,891	8,891	8,891	8,891	
5. 2013	XXX	XXX	XXX	7,788	9,041	9,078	9,078	9,077	9,077	9,077	
6. 2014	XXX	XXX	XXX	XXX	6,574	7,813	7,854	7,854	7,854	7,854	
7. 2015	XXX	XXX	XXX	XXX	XXX	6,757	8,048	8,082	8,082	8,082	
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	6,076	7,121	7,164	7,164	
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,091	6,024	6,045	21
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,576	5,515	939
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,505	4,505
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,465
13. Earned Premiums (Sc P-Pt 1)	8,028	7,451	8,431	8,778	7,849	8,033	7,408	6,169	5,552	5,465	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	2	3	4	5	6
	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners						
2. Private Passenger Auto Liability/Medical						
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation	182,825	885	0.484	117,676		
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	182,825	885	0.484	117,676		

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	2,034	2,907	928	1,630	1,698	1,619	1,197	1,096	749	785
2. 2010										
3. 2011	X X X									
4. 2012	X X X	X X X								
5. 2013	X X X	X X X	X X X							
6. 2014	X X X	X X X	X X X	X X X						
7. 2015	X X X	X X X	X X X	X X X	X X X					
8. 2016	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2017	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 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		
11. 2019	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior										
2. 2010										
3. 2011	X X X									
4. 2012	X X X	X X X								
5. 2013	X X X	X X X	X X X							
6. 2014	X X X	X X X	X X X	X X X	X X X					
7. 2015	X X X	X X X	X X X	X X X	X X X	X X X				
8. 2016	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2017	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 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		
11. 2019	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 []

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2010		
1.603 2011		
1.604 2012		
1.605 2013		
1.606 2014		
1.607 2015		
1.608 2016		
1.609 2017		
1.610 2018		
1.611 2019		
1.612 Totals		

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

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

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

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

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

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

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

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

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

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

7.2 An extended statement may be attached

.....

NONE Schedule T - Part 2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
3490	Beacon Mutual Insurance Group	24017	05-0458697				Beacon Mutual Insurance Company	RI						N	0
3490	Beacon Mutual Insurance Group	11837	20-0317088				Castle Hill Insurance Company	RI	DS	Beacon Mutual Insurance Company	Ownership	100.000	Beacon Mutual Insurance Company	N	0
		00000	06-1490630				BMIC Service Corp	RI	DS	Beacon Mutual Insurance Company	Ownership	100.000	Beacon Mutual Insurance Company	Y	0

Asterik	Explanation
	NONE

NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<u>Responses</u>
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	WAIVED
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
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:



24017201920100000



24017201924000000



24017201945500000



24017201938500000



24017201936500000



24017201950000000



24017201922400000



24017201922600000



24017201923000000



24017201921000000



24017201921700000



24017201921100000



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24017201955500000



24017201930600000



24017201921600000



24017201955000000

OVERFLOW PAGE FOR WRITE-INS

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