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ANNUAL STATEMENT

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

Texas FAIR Plan Association

NAIC Group Code 4766 (Current Period) 4766 (Prior Period) NAIC Company Code 11543 Employer's ID Number 43-1982873

Organized under the Laws of Texas State of Domicile or Port of Entry TX

Country of Domicile US

Incorporated/Organized December 31, 2002 Commenced Business December 31, 2002

Statutory Home Office 5700 S. Mopac, Bldg A, Austin, TX, US 78749
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5700 S. Mopac, Bldg A
(Street and Number)
Austin, TX, US 78749
(City or Town, State, Country and Zip Code)

Mail Address PO Box 99080, Austin, TX, US 78709-9080
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 5700 S. Mopac, Bldg A, Austin, TX, US 78749 512-899-4900
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address _____

Statutory Statement Contact Allen David Fulkerson 512-899-4988
(Name) (Area Code) (Telephone Number) (Extension)
afulkerson@twia.org 512-899-4952
(E-Mail Address) (Fax Number)

OFFICERS

John Miletti #

	Name	Title
1.	John William Polak	General Manager
2.	Mark Solomon #	Vice Chairman
3.	Wendy Mueller #	Secretary/Treasurer
4.	Jerome Tonra Fadden	Chief Financial Officer

Vice Presidents of TFPA

Name	Title	Name	Title
David Patrick Durden	VP Legal	David Scott Williams	VP Claims
Camron Malik	VP IT	Juanita Deloris Lester	VP HR and Administration
Jennifer Taylor Armstrong	VP Communications&Legislative Affairs	Denise Ingerson Larzalere	VP Underwriting

TFPA Governing Committee

Wendy Mueller	Debbie King	John Miletti	Georgia Rutherford Neblett
Timothy Lawrence McCarthy	Corise Morrison	Edward James Sherlock	Christina Ford
Frank Baumann, Jr	Mark Solomon	Marilyn Hamilton	

State of Texas

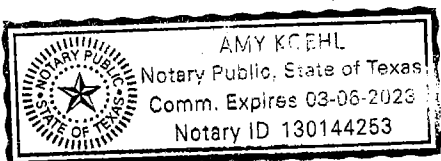
County of Travis ss

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.

(Signature)	(Signature)	(Signature)
John William Polak	Jerome Tonra Fadden	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
General Manager	Chief Financial Officer	
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me this on this 21st day of February, 2020, 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 _____



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 44,389,163, Schedule E - Part 1), cash equivalents (\$ 21,747,902, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	66,137,065		66,137,065	72,682,359
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	66,137,065		66,137,065	72,682,359
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	26,952		26,952	81,754
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,646,280	94,689	1,551,591	1,065,824
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	5,273,041		5,273,041	7,680,670
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,148,863		1,148,863	1,487,092
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	331,658	331,658		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	74,563,859	426,347	74,137,512	82,997,699
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	74,563,859	426,347	74,137,512	82,997,699

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Due from Agents	130,604	130,604		
2502. Surcharge Receivable	124,703	124,703		
2503. Prepaid Expenses	76,351	76,351		
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	331,658	331,658		

NONE

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Losses (Part 2A, Line 35, Column 8)	11,732,055	12,763,910
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	3,229,726	3,980,698
4. Commissions payable, contingent commissions and other similar charges	602,045	675,679
5. Other expenses (excluding taxes, licenses and fees)	1,378,124	1,803,437
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	162,116	71,000
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 14,602,349 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	27,345,273	30,848,311
10. Advance premium	1,161,321	1,420,839
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	14,276,123	14,324,350
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated	57,677	68,730
16. Provision for reinsurance (including \$ 33,000 certified) (Schedule F, Part 3 Column 78)	95,000	46,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,075,625	1,029,066
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ 0 and interest thereon \$ 0		
25. Aggregate write-ins for liabilities	889,376	877,241
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	62,004,461	67,909,261
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	62,004,461	67,909,261
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	12,133,051	15,088,438
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)		
36.2 0 shares preferred (value included in Line 31 \$ 0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	12,133,051	15,088,438
38. Totals (Page 2, Line 28, Col. 3)	74,137,512	82,997,699

DETAILS OF WRITE-IN LINES		
2501. Escheat Checks	699,113	816,140
2502. Due to policyholders	190,263	61,101
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	889,376	877,241
2901.		
2902.		
2903.	NONE	
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.	NONE	
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	59,625,102	69,239,192
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	30,099,285	18,124,169
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	8,141,988	8,608,805
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	25,309,881	29,564,298
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	63,551,154	56,297,272
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(3,926,052)	12,941,920
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	736,966	198,014
10. Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))		
11. Net investment gain (loss) (Lines 9 + 10)	736,966	198,014
OTHER INCOME		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 126,887)	(126,887)	(712,556)
13. Finance and service charges not included in premiums	397,055	270,783
14. Aggregate write-ins for miscellaneous income		55,340,806
15. Total other income (Lines 12 through 14)	270,168	54,899,033
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(2,918,918)	68,038,967
17. Dividends to policyholders		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(2,918,918)	68,038,967
19. Federal and foreign income taxes incurred		
20. Net income (Line 18 minus Line 19) (to Line 22)	(2,918,918)	68,038,967
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	15,088,438	(54,941,036)
22. Net income (from Line 20)	(2,918,918)	68,038,967
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	12,531	(215,493)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(49,000)	2,206,000
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 Transferred from surplus (Stock Dividend)		
32.3 Transferred to surplus		
33. Surplus adjustments:		
33.1 Paid in		
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	(2,955,387)	70,029,474
39. Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	12,133,051	15,088,438

DETAILS OF WRITE-IN LINES		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 05 from overflow page	NONE	
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401. Assessment Income		54,941,188
1402. Sales tax refund and other income		399,618
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		55,340,806
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	NONE	
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

CASH FLOW

	1	2
Cash from Operations	Current Year	Prior Year
1. Premiums collected net of reinsurance	57,667,975	62,568,555
2. Net investment income	791,768	172,510
3. Miscellaneous income	270,168	54,899,031
4. Total (Lines 1 through 3)	58,729,911	117,640,096
5. Benefit and loss related payments	30,792,910	7,602,772
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	34,502,242	42,238,612
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	65,295,152	49,841,384
11. Net cash from operations (Line 4 minus Line 10)	(6,565,241)	67,798,712
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		(40,123,200)
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	19,947	113,088
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	19,947	(40,010,112)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(6,545,294)	27,788,600
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	72,682,359	44,893,759
19.2 End of year (Line 18 plus Line 19.1)	66,137,065	72,682,359

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	3,023,360	1,922,795	1,429,642	3,516,513
2. Allied lines	18,096,109	9,192,687	8,739,327	18,549,469
3. Farmowners multiple peril				
4. Homeowners multiple peril	35,002,595	19,732,829	17,176,304	37,559,120
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
17.3 Excess workers' compensation				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability				
21. 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				
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability				
33. Reinsurance-nonproportional assumed financial lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	56,122,064	30,848,311	27,345,273	59,625,102

DETAILS OF WRITE-IN LINES				
3401.				
3402.				
3403.				
3498. Sum of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A – RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire	1,429,642				1,429,642
2. Allied lines	8,739,327				8,739,327
3. Farmowners multiple peril					
4. Homeowners multiple peril	17,176,304				17,176,304
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. 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					
31. Reinsurance-nonproportional assumed property					
32. Reinsurance-nonproportional assumed liability					
33. Reinsurance-nonproportional assumed financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS	27,345,273				27,345,273
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					27,345,273

DETAILS OF WRITE-IN LINES					
3401.					
3402.					
3403.					
3498. Sum of remaining write-ins for Line 34 from overflow page					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

NONE

(a) State here basis of computation used in each case Daily Prorata

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B – PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non- Affiliates	4 To Affiliates	5 To Non- Affiliates	
1. Fire	4,596,651				1,573,291	3,023,360
2. Allied lines	27,512,930				9,416,821	18,096,109
3. Farmowners multiple peril						
4. Homeowners multiple peril	53,217,181				18,214,586	35,002,595
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability--occurrence						
11.2 Medical professional liability--claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made						
17.3 Excess workers' compensation						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1,19.2 Private passenger auto liability						
19.3,19.4 Commercial auto liability						
21. 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						
31. Reinsurance-nonproportional assumed property	X X X					
32. Reinsurance-nonproportional assumed liability	X X X					
33. Reinsurance-nonproportional assumed financial lines	X X X					
34. Aggregate write-ins for other lines of business						
35. TOTALS	85,326,762				29,204,698	56,122,064

DETAILS OF WRITE-IN LINES						
3401.						
3402.						
3403.						
3498. Sum of remaining write-ins for Line 34 from overflow page						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)						

NONE

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$ 0

 2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ 0

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	3,686,389			3,686,389	1,247,258	1,150,769	3,782,878	107.575
2. Allied lines	9,540,484		940,242	8,600,242	2,449,716	3,104,537	7,945,421	42.834
3. Farmowners multiple peril								
4. Homeowners multiple peril	20,067,177		1,222,669	18,844,508	8,035,081	8,508,603	18,370,986	48.912
5. Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1,19.2 Private passenger auto liability								
19.3,19.4 Commercial auto liability								
21. 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								
31. Reinsurance-nonproportional assumed property	X X X							
32. Reinsurance-nonproportional assumed liability	X X X							
33. Reinsurance-nonproportional assumed financial lines	X X X							
34. Aggregate write-ins for other lines of business								
35. TOTALS	33,294,050		2,162,911	31,131,139	11,732,055	12,763,909	30,099,285	50.481

DETAILS OF WRITE-IN LINES								
3401.								
3402.								
3403.								
3498. Sum of remaining write-ins for Line 34 from overflow page								
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)								

NONE

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	411,367			411,367	835,891			1,247,258	550,168
2. Allied lines	1,107,602		908,675	198,927	3,393,492		1,142,703	2,449,716	719,459
3. Farmowners multiple peril									
4. Homeowners multiple peril	4,208,307		1,280,908	2,927,399	8,067,723		2,960,041	8,035,081	1,960,099
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability									
19.3,19.4 Commercial auto liability									
21. 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									
31. Reinsurance-nonproportional assumed property	X X X				X X X				
32. Reinsurance-nonproportional assumed liability	X X X				X X X				
33. Reinsurance-nonproportional assumed financial lines	X X X				X X X				
34. Aggregate write-ins for other lines of business									
35. TOTALS	5,727,276		2,189,583	3,537,693	12,297,106		4,102,744	11,732,055	3,229,726
DETAILS OF WRITE-IN LINES									
3401.									
3402.									
3403.									
3498. Sum of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									

NONE

(a) Including \$ 0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	4,860,038			4,860,038
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	409,081			409,081
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	4,450,957			4,450,957
2. Commission and brokerage:				
2.1 Direct, excluding contingent		8,842,617		8,842,617
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		710,235		710,235
2.4 Contingent—direct				
2.5 Contingent—reinsurance assumed				
2.6 Contingent—reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		8,132,382		8,132,382
3. Allowances to manager and agents				
4. Advertising		2,624		2,624
5. Boards, bureaus and associations		163,165		163,165
6. Surveys and underwriting reports		669,979		669,979
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	2,292,573	6,281,349		8,573,922
8.2 Payroll taxes	88,385	353,541		441,926
9. Employee relations and welfare	474,656	1,859,758		2,334,414
10. Insurance	34,917	81,473		116,390
11. Directors' fees				
12. Travel and travel items	9,097	54,891		63,988
13. Rent and rent items	107,529	430,893		538,422
14. Equipment	72,901	1,426,427		1,499,328
15. Cost or depreciation of EDP equipment and software				
16. Printing and stationery	49,496	83,760		133,256
17. Postage, telephone and telegraph, exchange and express	167,325	607,403		774,728
18. Legal and auditing	60,123	297,285		357,408
19. Totals (Lines 3 to 18)	3,357,002	12,312,548		15,669,550
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ 0		1,588,801		1,588,801
20.2 Insurance department licenses and fees		22,241		22,241
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		1,611,042		1,611,042
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses	334,029	3,253,909	121,667	3,709,605
25. Total expenses incurred	8,141,988	25,309,881	121,667	(a) 33,573,536
26. Less unpaid expenses—current year	3,229,726	2,142,285		5,372,011
27. Add unpaid expenses—prior year	3,980,698	2,550,116		6,530,814
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	8,892,960	25,717,712	121,667	34,732,339

DETAILS OF WRITE-IN LINES				
2401. IT systems Support & Product development		2,701,104		2,701,104
2402. Outside Professional Services	326,416	504,082		830,498
2403. Line of Credit Fees			121,667	121,667
2498. Sum of remaining write-ins for Line 24 from overflow page	7,613	48,723		56,336
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	334,029	3,253,909	121,667	3,709,605

(a) Includes management fees of \$ 14,133,008 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 913,436	858,633
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	913,436	858,633
11. Investment expenses		(g) 121,667
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		121,667
17. Net investment income (Line 10 minus Line 16)		736,966

DETAILS OF WRITE-IN LINES			
0901.	NONE		
0902.			
0903.			
0998. Summary of remaining write-ins for Line 09 from overflow page			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			
1501.	NONE		
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)			

- (a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					

DETAILS OF WRITE-IN LINES					
0901.	NONE				
0902.					
0903.					
0998. Summary of remaining write-ins for Line 09 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First lines			
3.2 Other than first lines			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	94,689	26,483	(68,206)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets	331,658	412,395	80,737
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	426,347	438,878	12,531
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	426,347	438,878	12,531

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Due from Agents	130,604	99,140	(31,464)
2502. Surcharge Receivable	124,703	175,033	50,330
2503. Prepaid Expenses	76,351	138,222	61,871
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	331,658	412,395	80,737

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Texas FAIR Plan Association (The “Association”) have been prepared on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance (“TDI”). TDI prescribed statutory accounting practices include state laws, regulations and general administrative rules applicable to all insurance companies domiciled in the State of Texas and the National Association of Insurance Commissioners’ Accounting Practices and Procedures Manual (“NAIC SAP”) subject to any deviations prescribed or permitted by TDI.

Reconciliations of net income and policyholders’ surplus between the amounts reported in the accompanying financial statement (TX basis) and NAIC SAP follow:

Net Income	SSAP #	F/S Page	F/S Line #	2019	2018
1. Company state basis (P 4, Line 20, Columns 1&2)	XXX	XXX	XXX	(\$ 2,918,918)	\$ 68,038,967
2. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
3. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
4. NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	(\$ 2,918,918)	\$ 68,038,967

Surplus	SSAP #	F/S Page	F/S Line #	2019	2018
5. Company state basis (Page 3, Line 37, Columns 11 & 2)	XXX	XXX	XXX	\$ 12,133,051	\$ 15,088,438
6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
7. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
8. NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 12,133,051	\$ 15,088,438

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from these estimates.

C. Accounting Policies

Direct and ceded premiums are earned over the terms of the related policies or reinsurance contracts, respectively. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for both direct and ceded business. The Association has a minimum policy premium of \$100.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

1. Short-term investments are stated at amortized cost, which approximates market value.
2. through 9. Investment and mortgage loan related, Not applicable
10. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports, and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
12. The Association has a written capitalization policy. The predefined capitalization policy thresholds have not changed from the prior year.
13. Not applicable as the Association does not write medical insurance with prescription drug coverage.

NOTES TO FINANCIAL STATEMENTS

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Association's ability to continue as a going concern.

Note 2 – Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principles

There were no material changes in accounting principles.

B. Correction of Errors

Not applicable

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits

None

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

1. The Association holds no restricted assets.
2. Detail of assets pledged as collateral not captured in other categories
None
3. Detail of other restricted assets
None
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
None

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. 5GI* Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

A. Accrued Investment Income

The Association does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

Not applicable

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

As of June 18, 2005, the Association is a tax exempt organization whose gross income is excludable under Internal Revenue Code Section 115 and is no longer required to file federal tax returns.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

On October 10, 2002, the Texas Commissioner of Insurance enacted Article 21.49A of the Texas Insurance Code creating the Texas FAIR Plan Association. The commissioner then instructed the Texas Windstorm Insurance Association ("TWIA") to manage the Association.

B. Detail of Transactions Greater than ½% of Admitted Assets

None

C. Change in Terms of Intercompany Arrangements

None

NOTES TO FINANCIAL STATEMENTS

- D. Amounts Due to or from Related Parties
- The Association entered into a service contract with TWIA in which the Association is to reimburse TWIA for all expenditures, professional fees, and consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by TWIA on behalf of the Association. During 2019 and 2018 the Association incurred expenses from TWIA under its contract in the amounts of \$14,133,008 and \$13,786,972 respectively. As of December 31, 2019 and 2018, the Association held an intercompany payable of \$1,075,625 and \$1,029,066, respectively with TWIA. This arrangement is subject to a written agreement which requires that balances be settled within 30 days.
- E. Guarantees or Undertakings for Related Parties
- Not applicable
- F. Management, Service Contracts, Cost Sharing Arrangements
- See Nature of Relationship above
- G. Nature of Relationships that Could Affect Operations
- None
- H. Amount Deducted for Investment in Upstream Company
- Not applicable
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets
- Not applicable
- J. Write-downs for Impairment of Investments in Affiliates
- Not applicable
- K. Foreign Insurance Subsidiary Valued Using CARVM
- Not applicable
- L. Downstream Holding Company Valued Using Look-Through Method
- Not applicable
- M. All SCA Investments
- Not applicable
- N. Investment in Insurance SCAs
- Not applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking
- Not applicable

Note 11 – Debt

- A. The Association has obtained a \$40,000,000 line of credit with one of its primary financial institutions. This line of credit terminates on August 29, 2020. The Association intends to renew the line of credit in an amount that depends on the Association's net retention under its reinsurance contract. On November 17, 2017 the Association drew \$40,000,000 against the line of credit which was used to provide liquidity and pay claims that resulted from Hurricane Harvey. As of April 24, 2018 all funds drawn on this line of credit have been repaid. Interest in the amount of \$0 and \$462,908 were paid for the years ending December 31, 2019 and December 31 2018, respectively. Interest expense was \$0 and \$339,708 for the years ending December 31, 2019 and December 31, 2018, respectively. The Association pays the lender a 0.3% commitment fee against the unused portion of the line of credit.
- B. FHLB (Federal Home Loan Bank) Agreements
- Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan
Not Applicable
- B. Description of Investment Policies
Not Applicable
- C. Fair Value Measurements of Plan Assets at Reporting Date
Not Applicable
- D. Rate of Return Assumptions
Not Applicable
- E. Defined Contribution Plan
Not Applicable
- F. Multiemployer Plans
Not applicable
- G. Consolidated/Holding Company Plans
Not applicable
- H. Postemployment Benefits and Compensated Absences
The Association has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned personal time off. The liability for earned but untaken personal time off has been accrued.
- I. Impact of Medicare Modernization Act on Postretirement Benefits
Not applicable

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

In August 2017, Hurricane Harvey struck the Texas Coast and impacted the Association. Gross and net of reinsurance, the ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$85,000,000 and \$41,198,680, respectively. The line of credit established by the Association allows for improved liquidity to pay claims (see note 11). Texas Insurance Code 2211 allows the Association to seek funding for expenses and liabilities incurred by the association by issuing public securities or by assessing member companies upon approval by the Texas Department of Insurance Commissioner (Commissioner). The member assessment approved by the Commissioner on March 16, 2018 for \$54,941,188 was invoiced on March 27, 2018 and collected in full as of May 10, 2018.

Note 14 – Liabilities, Contingencies and Assessments

- A. Capital Commitments
The Association has no commitments or contingent commitments to other entities.
- B. Assessments
1. Liability and Related Asset

The Association is subject to a fire assessment by the State of Texas. The assessment is based on premium and recorded at the time premiums are written. The Association is not subject to loss-based assessments. The Association has accrued a liability for the fire assessment of \$57,000 as of December 31, 2019 which represents management's best estimate based on assessment rate information received from the State of Texas. The assessment is recouped by imposing a surcharge on policies written. The assets included in the surcharge receivable have been fully non-admitted as of December 31, 2019 and December 31, 2018, respectively. Policy surcharges collected were \$127,793 and \$4,856 for the years ending December 31, 2019 and December 31, 2018, respectively.

NOTES TO FINANCIAL STATEMENTS

2. Rollforward of Related Asset

Description	Amount
a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 175,033
b. Decreases current year:	
Premium tax offsets applied	-
Premium tax offsets charged off	-
Policy surcharges collected	127,793
Policy surcharges charged off	-
c. Increases current year:	
Premium tax offsets accrued	-
Policy surcharges accrued	77,463
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$ 124,703

3. Long-term Care Insolvencies

None

C. Gain Contingencies

Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The Association paid no amounts separately identified in the current year to settle claims related to extra contractual obligations or bad faith claims resulting from lawsuits.

Description	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$ 0

Number of claims for which amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits.

(a) 00-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims
X				

Indicate whether claim count information is disclosed per claim or per claimant:

(f) Per Claim [X] (g) Per Claimant []

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

The Association is subject to various investigations, claims and legal proceedings covering a wide range of matters that arise in the ordinary course of business. Management believes that any liability that may ultimately result from the resolution of these matters in excess of the amounts provided will not have a material adverse effect on the financial position of the Association. These matters are subject to various uncertainties, and some of these matters may be resolved unfavorably to the Association.

Note 15 – Leases

A. Lessee Leasing Arrangements

Not applicable

B. Lessor Leasing Arrangements

Not applicable

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 17 – Sales, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

Note 18 – Gain or Loss from Uninsured Plans and Uninsured Portion of Partially Insured Plans

Not applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

Not applicable

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. Cash, cash equivalents and short-term investments are the only financial instruments held by the Association and the carrying value and fair value are the same.

<u>Type or Class of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Net Asset Value (NAV)</u>	<u>Not Practicable (Carrying Value)</u>
Cash, cash equivalents and short-term investments	\$ 44,389,163	\$ 44,389,163	\$ 44,389,163	\$ -	\$ -	\$ -	\$ -
Exempt Money Market Mutual Funds – as Identified by SVO	\$ 21,747,903	\$ 21,747,903	\$ -	\$ -	\$ -	\$ 21,747,903	\$ -
Total Cash, Cash Equivalents and Short-Term Investments	\$ 66,137,066	\$ 66,137,066	\$ 44,389,163	\$ -	\$ -	\$ 21,747,903	\$ -

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

Note 21 – Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

NOTES TO FINANCIAL STATEMENTS

G. Insurance Linked Securities

Not applicable

H. The Amount that Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable

Note 22 – Events Subsequent

The Association has evaluated subsequent events through the date of issuance of these financial statements. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

The Association does not write health insurance and is not subject to assessment under section 9910 of the Affordable Care Act.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

The Association has unsecured reinsurance recoverables which exceed 3% of the Association's surplus with the following reinsurers as of December 31, 2019.

NAIC Code	Federal ID #	Name of Reinsurer	Amount
	AA-3194122	DaVinci Reins thru Renaissance U/W	\$ 396,765
	AA-1120083	Lloyd's UW Syndicate 1910	779,520
	AA-3194130	Endurance Specialty Ins Ltd.	681,146
26921	22-2005057	Everest Reinsurance Company	1,009,649
	AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	429,172
	AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	855,595
	AA-3190686	Partner Reinsurance Company Ltd.	609,662
	AA-3190339	Renaissance Reinsurance Ltd.	597,480
19453	13-5616275	Transatlantic Reinsurance Company	495,135
	AA-3190870	Validus Reinsurance, Ltd.	686,694

B. Reinsurance Recoverables in Dispute

The Association does not have reinsurance recoverables in dispute for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus from an individual reinsurer or exceed 10% of policyholders' surplus in aggregate.

Name of Reinsurer	Total Amount in Dispute (Including IBNR)	Status of Dispute		
		Notification	Arbitration	Litigation
NONE				

C. Reinsurance Assumed and Ceded

1. The following table summarizes the assumed and ceded unearned premiums and related commissions equity at the end of the current year.

	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates						
b. All other			\$ 14,602,349	\$ 438,070	(\$ 14,602,349)	(\$ 438,070)
c. Totals			\$ 14,602,349	\$ 438,070	(\$ 14,602,349)	(\$ 438,070)
d. Direct Unearned Premium Reserve	\$41,947,622					

2. The amount of return commission that would have been due the reinsurers if they or the Association had cancelled the Association's excess of loss reinsurance agreement is \$1,460,235 as of December 31, 2019.

3. The Association does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

None

NOTES TO FINANCIAL STATEMENTS

- E. Commutation of Ceded Reinsurance
Not applicable
- F. Retroactive Reinsurance
Not applicable
- G. Reinsurance Accounted for as a Deposit
Not applicable
- H. Run-off Agreements
Not applicable
- I. Certified Reinsurer Downgrades or Status Subject to Revocation
Not applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses

- A. Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$38,241,271 are lower by \$5,554,880 due to favorable development of prior year estimates. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of December 31, 2019 make a reasonable provision for Texas FAIR Plan Association.

Rollforward of unpaid losses and loss adjustment expenses	FY 2019	FY 2018
Balance as of January 1,	\$ 34,208,449	\$ 49,628,579
Less: Reinsurance Recoverable	17,463,842	27,043,360
Net Balance at January 1,	16,744,607	22,585,220
Incurred, net of reinsurance, related to:		
Current year	43,796,151	33,094,281
Prior years	(5,554,880)	(6,361,308)
Net Incurred	38,241,271	26,732,973
Paid, net of reinsurance, related to:		
Current year	(33,788,722)	(22,994,501)
Prior years	(6,235,375)	(9,579,084)
Net Paid Losses	(40,024,097)	(32,573,585)
Net Balance at December 31,	14,961,781	16,744,607
Plus: Reinsurance Recoverable	12,462,029	17,463,842
Balance at December 31,	\$ 27,423,810	\$ 34,208,449

- B. Significant Changes in Reserving Methodology
Not applicable

Note 26 – Intercompany Pooling Arrangements

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

The Association evaluated the need to record a premium deficiency reserve as of the end of the current year. No premium deficiency reserve was required as of December 31, 2019.

Note 31 – High Deductibles

Not applicable

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 – Asbestos and Environmental Reserves

Not applicable

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State Regulating? Texas
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/12/2019
- 3.4 By what department or departments?
 Texas Department of Insurance

- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- If yes, complete and file the merger history data file with the NAIC.

GENERAL INTERROGATORIES

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control. _____ %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....
.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Calhoun Thomson & Matza LLP; 9500 Arboretum Blvd #120, Austin, TX 78759

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Xiuyu Li, 5700 S MoPac Expy, Austin, TX 78749, In-house Actuary

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company	
12.12 Number of parcels involved	
12.13 Total book/adjusted carrying value	\$

12.2 If yes, provide explanation:

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules, and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

Yes [X] No []

14.11 If the response to 14.1 is no, please explain:

GENERAL INTERROGATORIES

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$ _____
20.12 To stockholders not officers	\$ _____
20.13 Trustees, supreme or grand (Fraternal only)	\$ _____

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$ _____
20.22 To stockholders not officers	\$ _____
20.23 Trustees, supreme or grand (Fraternal only)	\$ _____

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$ _____
21.22 Borrowed from others	\$ _____
21.23 Leased from others	\$ _____
21.24 Other	\$ _____

GENERAL INTERROGATORIES

- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|--|--|----------|
| | 22.21 Amount paid as losses or risk adjustment | \$ _____ |
| | 22.22 Amount paid as expenses | \$ _____ |
| | 22.23 Other amounts paid | \$ _____ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto:
 TFPA does not hold any stocks, bonds, or other securities. TFPA holds only cash bank accounts, CD's and money market mutual funds.

- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 TFPA does not have a security lending program.

- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ _____
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- | | | |
|--|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$ _____ |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | | \$ _____ |
| 24.103 Total payable for securities lending reported on the liability page | | \$ _____ |
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No [X]

GENERAL INTERROGATORIES

25.2 If yes, state the amount thereof at December 31 of the current year:

	25.21 Subject to repurchase agreements	\$ _____
	25.22 Subject to reverse repurchase agreements	\$ _____
	25.23 Subject to dollar repurchase agreements	\$ _____
	25.24 Subject to reverse dollar repurchase agreements	\$ _____
	25.25 Placed under option agreements	\$ _____
	25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ _____
	25.27 FHLB Capital Stock	\$ _____
	25.28 On deposit with states	\$ _____
	25.29 On deposit with other regulatory bodies	\$ _____
	25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ _____
	25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ _____
	25.32 Other	\$ _____

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

	26.41 Special accounting provision of SSAP No. 108	Yes [] No [X]
	26.42 Permitted accounting practice	Yes [] No [X]
	26.43 Other accounting guidance	Yes [] No [X]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No [X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

GENERAL INTERROGATORIES

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
.....
.....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["... that have access to the investment accounts"; "...handle securities"]

1 Name Firm or Individual	2 Affiliation
John Polak	
Jerome Fadden	
.....
.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Name Firm or Individual	2 Central Registration Depository Number	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....

GENERAL INTERROGATORIES

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds
30.2 Preferred stocks
30.3 Totals

30.4 Describe the sources or methods utilized in determining the fair values:
TFPA does not have short-term bonds, long-term bonds or preferred stocks.

.....

.....

.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

.....

.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:

.....

.....

33 By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

GENERAL INTERROGATORIES

34 By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 138,168

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Office Inc	\$ 123,061
Texas Insurance Checking Office Inc	\$ 15,107
	\$

37.1 Amount of payments for legal expenses, if any? \$ 174,096

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Perkins Law Group PLLC	\$ 82,800
	\$
	\$

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ _____

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only. \$ _____
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
- 1.31 Reason for excluding
-
-
-

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ _____
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____

- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$ _____
- 1.62 Total incurred claims \$ _____
- 1.63 Number of covered lives _____
- All years prior to most current three years:
- 1.64 Total premium earned \$ _____
- 1.65 Total incurred claims \$ _____
- 1.66 Number of covered lives _____

- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$ _____
- 1.72 Total incurred claims \$ _____
- 1.73 Number of covered lives _____
- All years prior to most current three years:
- 1.74 Total premium earned \$ _____
- 1.75 Total incurred claims \$ _____
- 1.76 Number of covered lives _____

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ _____	\$ _____
2.2 Premium Denominator	\$ 59,625,101	\$ 69,239,192
2.3 Premium Ratio (2.1 / 2.2)	_____	_____
2.4 Reserve Numerator	\$ _____	\$ _____
2.5 Reserve Denominator	\$ 42,307,054	\$ 47,592,918
2.6 Reserve Ratio (2.4 / 2.5)	_____	_____

- 3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]
- 3.2 If yes, state the amount of calendar year premiums written on:
- 3.21 Participating policies \$ _____
- 3.22 Non-participating policies \$ _____

4. For Mutual reporting entities and Reciprocal Exchanges only:
- 4.1 Does the reporting entity issue assessable policies? Yes [] No [X]
- 4.2 Does the reporting entity issue non-assessable policies? Yes [] No [X]
- 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? _____ %
- 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ _____

5. For Reciprocal Exchanges Only:
- 5.1 Does the exchange appoint local agents? Yes [] No [X]
- 5.2 If yes, is the commission paid:
- 5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A [X]
- 5.22 As a direct expense of the exchange Yes [] No [] N/A [X]

- 5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?
-
-
-

- 5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No [X]

- 5.5 If yes, give full information
-
-
-

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit loss:
Texas Fair Plan does not write Workers Compensation Insurance
-
-
-

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
 TFPA estimates its probably maximum loss using the AIR Touchstone and RMS RiskLink software models, modeling the risk of Hurricane and other wind hazards. The PML is comprised of residential property exposure in and around the Houston, Texas greater metropolitan area.
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
 The XOL agreement provides the Assn. with two layers of coverage and one underlying layer totaling \$480M xs of \$10M. The \$30M xs \$10M underlying layer does not respond until the second event. The Assn. also has a RPP reinsurance coverage with a limit of \$26M to provide recoveries of reinstatement premium due the reinsurers incurred in conjunction with the first two layers of reinsurance coverage.
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No []
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss
- 6.6
- 6.7 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [] No [X]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [] No [X]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
 (c) Aggregate stop loss reinsurance coverage;
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes [] No [X]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [] No [X]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 37 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [] No [X]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
 (a) The entity does not utilize reinsurance; or, Yes [] No [X]
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [] No [X]
 (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [] No [] N/A [X]
- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [] No [X]
- 11.2 If yes, give full information

- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- | | |
|---|----------|
| 12.11 Unpaid losses | \$ _____ |
| 12.12 Unpaid underwriting expenses (including loss adjustment expenses) | \$ _____ |
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ _____
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A [X]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- | | |
|------------|---------|
| 12.41 From | _____ % |
| 12.42 To | _____ % |
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]
- 12.6 If yes, state the amount thereof at December 31 of current year:
- | | |
|----------------------------------|----------|
| 12.61 Letters of Credit | \$ _____ |
| 12.62 Collateral and other funds | \$ _____ |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 1,900,000
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. _____
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:

- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
- 15.2 If yes, give full information

- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]
 If yes, disclose the following information for each of the following types of warranty coverage:
- | | | 1
Direct Losses
Incurred | 2
Direct Losses
Unpaid | 3
Direct Written
Premium | 4
Direct Premium
Unearned | 5
Direct Premium
Earned |
|------------------|----|--------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 16.11 Home | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.12 Products | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.13 Automobile | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.14 Other* | \$ | _____ | \$ | _____ | \$ | _____ |

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance? Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance	\$ _____
17.12 Unfunded portion of Interrogatory 17.11	\$ _____
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ _____
17.14 Case reserves portion of Interrogatory 17.11	\$ _____
17.15 Incurred but not reported portion of Interrogatory 17.11	\$ _____
17.16 Unearned premium portion of Interrogatory 17.11	\$ _____
17.17 Contingent commission portion of Interrogatory 17.11	\$ _____

18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____

18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE – YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1	2	3	4	5
	2019	2018	2017	2016	2015
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	32,109,581	34,604,211	38,094,381	39,483,156	40,384,395
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	53,217,181	61,277,292	74,221,966	83,002,947	92,494,715
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	85,326,762	95,881,503	112,316,347	122,486,103	132,879,110
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	21,119,469	23,206,685	25,963,631	27,115,474	26,996,942
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	35,002,595	40,283,286	48,245,782	53,271,099	61,257,324
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	56,122,064	63,489,971	74,209,413	80,386,573	88,254,266
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(3,926,052)	12,941,920	(37,765,760)	(20,025,669)	(2,316,083)
14. Net investment gain (loss) (Line 11)	736,966	198,014	102,715	53,446	(36,776)
15. Total other income (Line 15)	270,168	54,899,033	(557,851)	(414,081)	498,621
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	(2,918,918)	68,038,967	(38,220,896)	(20,386,304)	(1,854,238)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	74,137,512	82,997,699	73,131,341	73,296,769	102,690,033
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	1,551,591	1,065,824	2,129,019	2,205,441	2,607,574
20.2 Deferred and not yet due (Line 15.2)	5,273,041	7,680,670	9,307,629	10,444,596	11,946,240
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	62,004,461	67,909,261	128,072,377	88,500,196	97,713,094
22. Losses (Page 3, Line 1)	11,732,055	12,763,910	17,513,381	18,035,329	20,409,877
23. Loss adjustment expenses (Page 3, Line 3)	3,229,726	3,980,698	5,071,838	5,595,388	6,863,046
24. Unearned premiums (Page 3, Line 9)	27,345,273	30,848,311	36,597,531	39,225,281	43,239,771
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	12,133,051	15,088,438	(54,941,036)	(15,203,132)	4,976,939
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(6,565,241)	67,798,712	(55,850,063)	(27,396,829)	519,295
Risk-Based Capital Analysis					
28. Total adjusted capital	12,133,052	15,088,438	(54,941,036)	(15,203,132)	4,976,939
29. Authorized control level risk-based capital	24,901,781	26,216,175	27,052,334	11,407,101	9,075,506
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	100.0	100.0	100.0	100.0	100.0
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

FIVE – YEAR HISTORICAL DATA (Continued)

	1	2	3	4	5
	2019	2018	2017	2016	2015
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	(2,955,387)	70,029,474	(39,737,904)	(20,180,071)	(1,001,132)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	13,226,873	9,202,819	23,620,531	25,460,895	17,726,018
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	20,067,177	17,977,262	38,655,609	38,631,523	31,596,126
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	33,294,050	27,180,081	62,276,140	64,092,418	49,322,144
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	12,286,631	7,317,699	19,902,439	25,460,895	17,726,018
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	18,844,508	15,555,943	33,790,635	38,631,523	31,596,126
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	31,131,139	22,873,642	53,693,074	64,092,418	49,322,144
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	50.5	26.2	69.2	73.1	55.9
68. Loss expenses incurred (Line 3)	13.7	12.4	41.2	19.3	19.5
69. Other underwriting expenses incurred (Line 4)	42.4	42.7	38.7	31.3	27.1
70. Net underwriting gain (loss) (Line 8)	(6.6)	18.7	(49.2)	(23.7)	(2.5)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	44.6	(39.9)	40.8	33.4	27.4
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	64.1	38.6	110.4	92.4	75.4
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	462.6	420.8	(135.1)	(528.8)	1773.3
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(5,443)	(7,361)	(3,172)	(1,092)	(3,457)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(36.1)	13.4	20.9	(21.9)	(57.8)
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	(9,570)	(5,908)	(2,855)	(5,598)	(8,883)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	17.4	38.9	(57.4)	(93.6)	66.2

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

.....



11543201943044100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2019

NAIC Group Code 4766

NAIC Company Code 11543

	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	4,596,651	5,136,165		2,193,070	3,686,389	3,782,878	1,247,258				476,362	86,789
2.1 Allied Lines	27,512,930	28,156,738		13,406,120	9,540,484	8,179,429	4,501,094				2,851,231	519,467
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	53,217,181	57,130,314		26,348,432	20,067,177	17,727,896	12,276,030				5,515,024	1,004,785
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
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)	85,326,762	90,423,217		41,947,622	33,294,050	29,690,203	18,024,382				8,842,617	1,611,041
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 \$ 397,055
 (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 TX



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2019

NAIC Group Code 4766

NAIC Company Code 11543

	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	4,596,651	5,136,165		2,193,070	3,686,389	3,782,878	1,247,258				476,362	86,789
2.1 Allied lines	27,512,930	28,156,738		13,406,120	9,540,484	8,179,429	4,501,094				2,851,231	519,467
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	53,217,181	57,130,314		26,348,432	20,067,177	17,727,896	12,276,030				5,515,024	1,004,785
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
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)	85,326,762	90,423,217		41,947,622	33,294,050	29,690,203	18,024,382				8,842,617	1,611,041

19 GT

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 \$ 397,055

(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.

NONE **Schedule F - Part 1 Assumed Reinsurance**

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		
22-2005057	26921	Everest Reinsurance Company (Blue Water)	DE		2,388	66		153	125	287	307	1,193		2,131		1,121		1,010	
13-2673100	22039	General Reinsurance Corporation through Trans	CT		195							98		98		96		2	
47-0698507	23680	Odyssey Reinsurance Company	CT		481	9		22	18	41	44	241		375		248		127	
31-0542366	10677	The Cincinnati Insurance Company	OH		514	19		44	36	82	88	257		526		277		249	
13-5616275	19453	Transatlantic Reinsurance Company	NY		916	38		88	71	164	175	458		994		499		495	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				4,494	132		307	250	574	614	2,247		4,124		2,241		1,883	
AA-3194168	0	Aspen Bermuda Ltd.	BMU		642	24		55	45	103	110	321		658		346		312	
AA-3194139	0	AXIS Specialty Limited	BMU		516							258		258		253		5	
AA-3194122	0	DaVinci Reins thru Renaissance U/W	BMU		774	30		70	57	131	140	387		815		419		396	
AA-3194130	0	Endurance Speciality Ins Ltd.	BMU		1,061	47		109	89	205	219	530		1,199		519		680	
AA-1340125	0	Hannover Rück SE (Pillar business)	DEU													(189)		189	
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033 HIS	GBR		411	33		77	63	144	153	205		675		245		430	
AA-1126623	0	Lloyd's Underwriter Syndicate No. 0623 AFB	GBR		72	3		6	5	11	12	36		73		39		34	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1084 CSL	GBR		145	6		14	12	27	28	72		159		79		80	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL	GBR		531	13		30	24	55	59	265		446		277		169	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		56							28		28		27		1	
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		801							401		401		392		9	
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458 RNR	GBR		584	19	4	44	36	82	88	292		565		286		279	
AA-1120156	0	Lloyd's Underwriter Syndicate No. 1686 AXS	GBR		170							85		85		83		2	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE	GBR		350	38	22	88	71	164	175	175		733		94		639	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE (Pre	GBR		1,088							544		544		404		140	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR	GBR		128	5		11	9	21	22	64		132		69		63	
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		1,554	50	25	120	98	225	239	778		1,535		687		848	
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010 MMX	GBR		274	8		19	15	35	37	137		251		145		106	
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2468 NEO	GBR		128	5		11	9	21	22	64		132		69		63	
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2623 AFB	GBR		330	12		27	22	50	54	165		330		177		153	
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		145							73		73		71		2	
AA-1129000	0	Lloyd's Underwriter Syndicate No. 3000 MKL	GBR		133							66		66		65		1	
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		289	9	16	22	18	41	44	145		295		64		231	
AA-3190829	0	Markel Bermuda Limited	BMU		659	19		44	36	82	88	330		599		348		251	
AA-1120152	0	Nautical Management Ltd o/b/o Lloyd's Syndicate	GBR		2,372							1,186		1,186		1,158		28	
AA-3190686	0	Partner Reinsurance Company Ltd.	BMU		259	47		109	89	205	219	129		798		190		608	
AA-3190339	0	Renaissance Reinsurance Ltd.	BMU		1,386	45		105	86	197	210	693		1,336		739		597	
AA-3190870	0	Validus Reinsurance, Ltd.	BMU		1,559	52		120	98	226	241	780		1,517		830		687	
1299999	Total Authorized - Other Non-U.S. Insurers#				16,417	465	67	1,081	882	2,025	2,160	8,209		14,889		7,886		7,003	

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			
1499999	Total Authorized - Total Authorized Excluding Protected Cells					20,911	597	67	1,388	1,132	2,599	2,774	10,456		19,013		10,127		8,886	
AA-3194158	0	Allianz Risk Transfer (Bermuda) Ltd. (Nephila bus	BMU			47		109	89	205	219			669		(32)		701		
AA-3190978	0	AlphaCat Reinsurance Ltd.	BMU													(126)		126		
AA-3190005	0	Ascot Underwriting (Bermuda) Ltd o/b/o American	BMU		334	19		44	36	82	88	167		436		189		247		
AA-3190770	0	Chubb Tempest Reinsurance Ltd.	BMU		1,551	70		163	133	306	327	775		1,774		795		979		
AA-3191289	0	Fidelis Insurance Bermuda Limited	BMU		1,069	24		55	45	103	110	535		872		555		317		
AA-1120175	0	Fidelis Underwriting Limited - Lirma F0012	GBR		385							193		193		189		4		
AA-3191190	0	Hamilton Re, Ltd.	BMU		257	9		22	18	41	44	128		262		138		124		
AA-3190875	0	Hiscox Insurance Company Ltd (Bermuda)	BMU			66		153	125	287	307			938				938		
AA-1460019	0	MS Amlin AG, Bermuda Branch, Hamilton	CHE		514	19		44	36	82	88	257		526		277		249		
AA-5340660	0	New India Assurance Company Limited - Lirma N	IND		68							34		34		33		1		
AA-5320039	0	Pioneer Underwriting Ltd. obo Peak Reinsurance	HKG			7	10	16	13	31	33			110		9		101		
AA-5324100	0	Pioneer Underwriting Ltd. obo Taiping Reinsuranc	HKG		56	4		10	8	18	20	28		88		33		55		
AA-1460100	0	SATEC Srl o/b/o Neue Ruckversicherungs-Gesell	CHE		34							17		17		16		1		
AA-1320158	0	SCOR S.E. - Lima S7300	FRA		1,156	54	130	126	103	236	252	578		1,479		639		840		
AA-3191295	0	Third Point Reinsurance (USA) Ltd.	BMU		128							64		64		63		1		
AA-1460023	0	Tokio Millennium Re AG, Bermuda Branch (Mark	CHE			7		16	13	31	33			100		9		91		
AA-3191315	0	XL Bermuda Ltd	BMU			19		44	36	82	88			269		25		244		
2699999	Total Unauthorized - Other non-U.S. Insurers#					5,552	345	140	802	655	1,504	1,609	2,776		7,831		2,812		5,019	
2799999	Total Unauthorized - Protected Cells																			
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells					5,552	345	140	802	655	1,504	1,609	2,776		7,831		2,812		5,019	
CR-3194126	0	Arch Reinsurance, Ltd.	BMU		291							145		145		142		3		
CR-1340125	0	Hannover Rück SE (Pillar business)	DEU		768							384		384		372		12		
CR-3190875	0	Hiscox Insurance Company Ltd (Bermuda)	BMU		1,144							572		572		559		13		
CR-3191315	0	XL Bermuda Ltd	BMU		539							269		269		264		5		
4099999	Total Certified - Other Non-U.S. Insurers#					2,742						1,370		1,370		1,337		33		
4199999	Total Certified - Protected Cells																			
4299999	Total Certified - Total Certified Excluding Protected Cells					2,742						1,370		1,370		1,337		33		
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells					29,205	942	207	2,190	1,787	4,103	4,383	14,602		28,214		14,276		13,938	
9999999	Totals					29,205	942	207	2,190	1,787	4,103	4,383	14,602		28,214		14,276		13,938	

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)
22-2005057	Everest Reinsurance Company (Blue Water)			0		1,121	1,010		2,131	2,557	1,121	1,436		1,436	2		59
13-2673100	General Reinsurance Corporation through TransRe			0		96	2		98	118	96	22		22	1		1
47-0698507	Odyssey Reinsurance Company			0		248	127		375	450	248	202		202	3		10
31-0542366	The Cincinnati Insurance Company			0		277	249		526	631	277	354		354	2		15
13-5616275	Transatlantic Reinsurance Company			0		499	495		994	1,193	499	694		694	2		28
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		2,241	1,883		4,124	4,949	2,241	2,708		2,708	XXX		112
AA-3194168	Aspen Bermuda Ltd.			0		346	312		658	790	346	444		444	3		21
AA-3194139	AXIS Specialty Limited			0		253	5		258	310	253	57		57	2		2
AA-3194122	DaVinci Reins thru Renaissance U/W			0		419	396		815	978	419	559		559	2		23
AA-3194130	Endurance Speciality Ins Ltd.			0		519	680		1,199	1,439	519	920		920	2		38
AA-1340125	Hannover Rück SE (Pillar business)			0		(189)	189				(189)	189		189	2		8
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS			0		245	430		675	810	245	565		565	3		27
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB			0		39	34		73	88	39	49		49	3		2
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL			0		79	80		159	191	79	112		112	3		5
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL			0		277	169		446	535	277	258		258	3		12
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL			0		27	1		28	34	27	7		7	3		0
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC			0		392	9		401	481	392	89		89	3		4
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR			0		286	279		565	678	286	392		392	3		19
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS			0		83	2		85	102	83	19		19	3		1
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE			0		94	639		733	880	94	786		786	3		38
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (Prev Ariel)			0		404	140		544	653	404	249		249	1		9
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR			0		69	63		132	158	69	89		89	3		4
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML			0		687	848		1,535	1,842	687	1,155		1,155	3		55
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX			0		145	106		251	301	145	156		156	3		7
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO			0		69	63		132	158	69	89		89	3		4
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB			0		177	153		330	396	177	219		219	3		11
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP			0		71	2		73	88	71	17		17	3		1
AA-1129000	Lloyd's Underwriter Syndicate No. 3000 MKL			0		65	1		66	79	65	14		14	3		1
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK			0		64	231		295	354	64	290		290	3		14
AA-3190829	Markel Bermuda Limited			0		348	251		599	719	348	371		371	3		18
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357			0		1,158	28		1,186	1,423	1,158	265		265	3		13

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)
AA-3190686	Partner Reinsurance Company Ltd.			0		190	608		798	958	190	768		768	2		31
AA-3190339	Renaissance Reinsurance Ltd.			0		739	597		1,336	1,603	739	864		864	2		35
AA-3190870	Validus Reinsurance, Ltd.			0		830	687		1,517	1,820	830	990		990	3		48
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		7,886	7,003		14,889	17,867	7,886	9,981		9,981	XXX		453
1399999	Total Authorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		10,127	8,886		19,013	22,816	10,127	12,689		12,689	XXX		565
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	1,385		1		669			669	803	(32)	835	835		2	34	
AA-3190978	AlphaCat Reinsurance Ltd.			0	126						(126)	126	126		3	6	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsurance	268		2		436			436	523	189	334	268	66	3	13	3
AA-3190770	Chubb Tempest Reinsurance Ltd.	1,442		3		1,774			1,774	2,129	795	1,334	1,334		1	48	
AA-3191289	Fidelis Insurance Bermuda Limited	335		4		872			872	1,046	555	491	335	156	4	17	8
AA-1120175	Fidelis Underwriting Limited - Lirma F0012			0		189	4	4	189	227	189	38		38	4		2
AA-3191190	Hamilton Re, Ltd.	134		5		262			262	314	138	176	134	42	4	7	2
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	1,606		6		938			938	1,126		1,126	1,126		3	54	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	268		10		526			526	631	277	354	268	86	3	13	4
AA-5340660	New India Assurance Company Limited - Lirma N2118			0		33	1	1	33	40	33	7		7	4		0
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	101		9		110			110	132	9	123	101	22	3	5	1
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd			0		33	55	55	33	40	33	7		7	3		0
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsuranc			0		16	1	1	16	19	16	3		3	2		0
AA-1320158	SCOR S.E. - Lirma S7300	1,090		8		1,479			1,479	1,775	639	1,136	1,090	46	4	55	2
AA-3191295	Third Point Reinsurance (USA) Ltd.			0		63	1	1	63	76	63	13		13	4		1
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo busines	101		11		100			100	120	9	111	101	10	3	5	0
AA-3191315	XL Bermuda Ltd	268		7		269			269	323	25	298	268	30	2	11	1
2699999	Total Unauthorized - Other non-U.S. Insurers#	6,998		XXX	126	7,769	62	62	7,769	9,323	2,812	6,511	5,985	526	XXX	267	27
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	6,998		XXX	126	7,769	62	62	7,769	9,323	2,812	6,511	5,985	526	XXX	267	27
CR-3194126	Arch Reinsurance, Ltd.			0		142	3	3	142	170	142	28		28	2		1
CR-1340125	Hannover Rück SE (Pillar business)			0		372	12	12	372	446	372	74		74	2		3

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)
CR-3190875 CR-3191315	Hiscox Insurance Company Ltd (Bermuda) XL Bermuda Ltd			0 0		559 264	13 5	13 5	559 264	671 317	559 264	112 53		112 53	3 2		5 2
4099999	Total Certified - Other Non-U.S. Insurers#			XXX		1,337	33	33	1,337	1,604	1,337	267		267	XXX		12
4199999	Total Certified - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4299999	Total Certified - Total Certified Excluding Protected Cells			XXX		1,337	33	33	1,337	1,604	1,337	267		267	XXX		12
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		6,998	XXX	126	19,233	8,981	95	28,119	33,743	14,276	19,467	5,985	13,482	XXX	267	603
9999999	Totals		6,998	XXX	126	19,233	8,981	95	28,119	33,743	14,276	19,467	5,985	13,482	XXX	267	603

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											
22-2005057	Everest Reinsurance Company (Blue Water)	66					66		66							YES	
13-2673100	General Reinsurance Corporation through TransRe															YES	
47-0698507	Odyssey Reinsurance Company	9					9		9							YES	
31-0542366	The Cincinnati Insurance Company	19					19		19							YES	
13-5616275	Transatlantic Reinsurance Company	38					38		38							YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	132					132		132							XXX	
AA-3194168	Aspen Bermuda Ltd.	24					24		24							YES	
AA-3194139	AXIS Specialty Limited															YES	
AA-3194122	DaVinci Reins thru Renaissance U/W	30					30		30							YES	
AA-3194130	Endurance Speciality Ins Ltd.	47					47		47							YES	
AA-1340125	Hannover Rück SE (Pillar business)															YES	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	33					33		33							YES	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	3					3		3							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	6					6		6							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	13					13		13							YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL															YES	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC															YES	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	23					23		23							YES	
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS															YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	60					60		60							YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (Prev Ariel)															YES	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	5					5		5							YES	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	77					77		77							YES	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	8					8		8							YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	5					5		5							YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	12					12		12							YES	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP															YES	
AA-1129000	Lloyd's Underwriter Syndicate No. 3000 MKL															YES	
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	25					25		25							YES	
AA-3190829	Markel Bermuda Limited	19					19		19							YES	
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357															YES	

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											
AA-3190686	Partner Reinsurance Company Ltd.	47					47		47							YES	
AA-3190339	Renaissance Reinsurance Ltd.	45					45		45							YES	
AA-3190870	Validus Reinsurance, Ltd.	52					52		52							YES	
1299999	Total Authorized - Other Non-U.S. Insurers#	534					534		534							XXX	
1399999	Total Authorized - Protected Cells															XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	666					666		666							XXX	
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	47					47		47							YES	
AA-3190978	AlphaCat Reinsurance Ltd.															YES	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Rein	19					19		19							YES	
AA-3190770	Chubb Tempest Reinsurance Ltd.	70					70		70							YES	
AA-3191289	Fidelis Insurance Bermuda Limited	24					24		24							YES	
AA-1120175	Fidelis Underwriting Limited - Lima F0012															YES	
AA-3191190	Hamilton Re, Ltd.	9					9		9							YES	
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	66					66		66							YES	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	19					19		19							YES	
AA-5340660	New India Assurance Company Limited - Lima N2118															YES	
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	17					17		17							YES	
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd	4					4		4							YES	
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei															YES	
AA-1320158	SCOR S.E. - Lima S7300	184					184		184							YES	
AA-3191295	Third Point Reinsurance (USA) Ltd.															YES	
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquil	7					7		7							YES	
AA-3191315	XL Bermuda Ltd	19					19		19							YES	
2699999	Total Unauthorized - Other non-U.S. Insurers#	485					485		485							XXX	
2799999	Total Unauthorized - Protected Cells															XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	485					485		485							XXX	
CR-3194126	Arch Reinsurance, Ltd.															YES	
CR-1340125	Hannover Rück SE (Pillar business)															YES	

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 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											
CR-3190875 CR-3191315	Hiscox Insurance Company Ltd (Bermuda) XL Bermuda Ltd															YES 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	1,151					1,151			1,151							XXX
9999999	Totals	1,151					1,151			1,151							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.6	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67	
22-2005057	Everest Reinsurance Company (Blue Water)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100	General Reinsurance Corporation through TransRe	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507	Odyssey Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275	Transatlantic Reinsurance Company	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-3194168	Aspen Bermuda Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194139	AXIS Specialty Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DaVinci Reins thru Renaissance U/W	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Speciality Ins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rück SE (Pillar business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (Prev Ariel)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 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.6	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67		
AA-1129000	Lloyd's Underwriter Syndicate No. 3000 MKL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686	Partner Reinsurance Company Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance, Ltd.	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
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190978	AlphaCat Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reins	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190770	Chubb Tempest Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191289	Fidelis Insurance Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120175	Fidelis Underwriting Limited - Lirma F0012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5340660	New India Assurance Company Limited - Lirma N2118	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1320158	SCOR S.E. - Lirma S7300	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191295	Third Point Reinsurance (USA) Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 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	
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-3194126	Arch Reinsurance, Ltd.	2	1/1/2019	10,000		3	0						3				
CR-1340125	Hannover Rück SE (Pillar business)	2	11/20/2018	10,000		12	1						12				
CR-3190875	Hiscox Insurance Company Ltd (Bermuda)	3	1/22/2019	20,000		13	3						13				
CR-3191315	XL Bermuda Ltd	2	1/1/2019	10,000		5	1						5				
4099999	Total Certified - Other Non-U.S. Insurers#					33	5	XXX	XXX				33				
4199999	Total Certified - Protected Cells							XXX	XXX								
4299999	Total Certified - Total Certified Excluding Protected Cells					33	5	XXX	XXX				33				
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells					33	5	XXX	XXX				33				
9999999	Totals					33	5	XXX	XXX				33				

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)
22-2005057	Everest Reinsurance Company (Blue Water)		XXX	XXX				XXX	XXX	
13-2673100	General Reinsurance Corporation through TransRe		XXX	XXX				XXX	XXX	
47-0698507	Odyssey Reinsurance Company		XXX	XXX				XXX	XXX	
31-0542366	The Cincinnati Insurance Company		XXX	XXX				XXX	XXX	
13-5616275	Transatlantic Reinsurance Company		XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-3194168	Aspen Bermuda Ltd.		XXX	XXX				XXX	XXX	
AA-3194139	AXIS Specialty Limited		XXX	XXX				XXX	XXX	
AA-3194122	DaVinci Reins thru Renaissance U/W		XXX	XXX				XXX	XXX	
AA-3194130	Endurance Speciality Ins Ltd.		XXX	XXX				XXX	XXX	
AA-1340125	Hannover Rück SE (Pillar business)		XXX	XXX				XXX	XXX	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS		XXX	XXX				XXX	XXX	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL		XXX	XXX				XXX	XXX	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL		XXX	XXX				XXX	XXX	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC		XXX	XXX				XXX	XXX	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR		XXX	XXX				XXX	XXX	
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (Prev Ariel)		XXX	XXX				XXX	XXX	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR		XXX	XXX				XXX	XXX	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML		XXX	XXX				XXX	XXX	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX		XXX	XXX				XXX	XXX	
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO		XXX	XXX				XXX	XXX	
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB		XXX	XXX				XXX	XXX	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		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)
AA-1129000	Lloyd's Underwriter Syndicate No. 3000 MKL		XXX	XXX				XXX	XXX	
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK		XXX	XXX				XXX	XXX	
AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357		XXX	XXX				XXX	XXX	
AA-3190686	Partner Reinsurance Company Ltd.		XXX	XXX				XXX	XXX	
AA-3190339	Renaissance Reinsurance Ltd.		XXX	XXX				XXX	XXX	
AA-3190870	Validus Reinsurance, Ltd.		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	
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)				XXX	XXX	XXX		XXX	
AA-3190978	AlphaCat Reinsurance Ltd.				XXX	XXX	XXX		XXX	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsura				XXX	XXX	XXX		XXX	
AA-3190770	Chubb Tempest Reinsurance Ltd.				XXX	XXX	XXX		XXX	
AA-3191289	Fidelis Insurance Bermuda Limited				XXX	XXX	XXX		XXX	
AA-1120175	Fidelis Underwriting Limited - Lirma F0012		4		XXX	XXX	XXX	4	XXX	4
AA-3191190	Hamilton Re, Ltd.				XXX	XXX	XXX		XXX	
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)				XXX	XXX	XXX		XXX	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton				XXX	XXX	XXX		XXX	
AA-5340660	New India Assurance Company Limited - Lirma N2118		1		XXX	XXX	XXX	1	XXX	1
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK				XXX	XXX	XXX		XXX	
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd		55		XXX	XXX	XXX	55	XXX	55
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsur		1		XXX	XXX	XXX	1	XXX	1
AA-1320158	SCOR S.E. - Lirma S7300				XXX	XXX	XXX		XXX	
AA-3191295	Third Point Reinsurance (USA) Ltd.		1		XXX	XXX	XXX	1	XXX	1
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo bus				XXX	XXX	XXX		XXX	
AA-3191315	XL Bermuda Ltd				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)
2699999	Total Unauthorized - Other non-U.S. Insurers#		62		XXX	XXX	XXX	62	XXX	62
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		62		XXX	XXX	XXX	62	XXX	62
CR-3194126	Arch Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
CR-1340125	Hannover Rück SE (Pillar business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12
CR-3190875	Hiscox Insurance Company Ltd (Bermuda)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	13
CR-3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
4099999	Total Certified - Other Non-U.S. Insurers#	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	33
4199999	Total Certified - Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999	Total Certified - Total Certified Excluding Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	33
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		62					62	33	95
9999999	Totals		62					62	33	95

SCHEDULE F – PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
0001	1	026007993	UBS AG	1,385
0002	1	026008808	Unicredit Bank AG	268
0003	1	021000089	Citibank, N.A.	1,442
0004	1	021000089	Citibank, N.A.	335
0005	2	026005092	Wells Fargo Bank, N.A.	134
0006	1	026008044	Commerzbank	1,606
0008	1	021000089	Citibank, N.A.	1,090
0009	1	026007728	National Australia Bank Limited	101
0007	1	026009632	The Bank of Tokyo- Mitsubishi UFJ LTD	268
0010	1	026002574	Barclays Bank PLC	59
0010	1	981390502	Lloyds Bank Corporate PLC	59
0010	1	026007728	National Australia Bank Limited	54
0010	1	026007689	BNP Paribas	48
0010	1	026008044	Commerzbank	48
0011	1	021000089	Citibank, N.A.	101
9999999 Total				6,998
9999999 Total				6,998

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.	Everest Reinsurance Company (Blue Water)	2,131	2,385	Yes [] No [X]
7.	Chubb Tempest Reinsurance Ltd.	1,774	1,551	Yes [] No [X]
8.	Lloyd's Underwriter Syndicate No. 2001 AML	1,535	1,554	Yes [] No [X]
9.	Validus Reinsurance, Ltd.	1,517	1,559	Yes [] No [X]
10.	SCOR S.E. - Lirma S7300	1,479	1,156	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)	66,137,065		66,137,065
2. Premiums and considerations (Line 15)	6,824,632		6,824,632
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,148,863	(1,148,863)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	26,952		26,952
6. Net amount recoverable from reinsurers		13,842,118	13,842,118
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	74,137,512	12,693,255	86,830,767
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	14,961,781	12,462,029	27,423,810
10. Taxes, expenses, and other obligations (Lines 4 through 8)	2,142,285		2,142,285
11. Unearned premiums (Line 9)	27,345,273	14,602,349	41,947,622
12. Advance premiums (Line 10)	1,161,321		1,161,321
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	14,276,123	(14,276,123)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)	95,000	(95,000)	
18. Other liabilities	2,022,678		2,022,678
19. Total liabilities excluding protected cell business (Line 26)	62,004,461	12,693,255	74,697,716
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	12,133,051	X X X	12,133,051
22. Totals (Line 38)	74,137,512	12,693,255	86,830,767

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**

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P – PART 1 – SUMMARY

(\$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								X X X	
2. 2010	67,214	26,309	40,905	16,500				2,666		46	19,166	X X X
3. 2011	78,866	31,803	47,063	23,756				4,351		60	28,107	X X X
4. 2012	92,027	35,147	56,880	30,780				9,729		65	40,509	X X X
5. 2013	112,737	37,394	75,343	29,262				10,371		78	39,633	X X X
6. 2014	129,302	39,896	89,406	34,586				12,059		147	46,645	X X X
7. 2015	133,859	42,907	90,952	52,579				16,756		513	69,335	X X X
8. 2016	127,762	43,361	84,401	59,607				17,100		322	76,707	X X X
9. 2017	116,941	40,103	76,838	64,761	15,051			47,508	16,287	219	80,931	X X X
10. 2018	104,488	35,249	69,239	20,262				6,881		182	27,143	X X X
11. 2019	90,423	30,798	59,625	27,285				6,506		103	33,791	X X X
12. Totals	X X X	X X X	X X X	359,378	15,051			133,927	16,287	1,735	461,967	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		Other Unpaid				
	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													X X X
2. 2010													X X X
3. 2011	28							6				34	X X X
4. 2012	13		3					61				77	X X X
5. 2013			9					42				51	X X X
6. 2014	21		11					73				105	X X X
7. 2015	1		113					59				173	X X X
8. 2016	178		216					251				645	X X X
9. 2017	2,602	2,190	4,583	4,103				6,690	6,170			1,412	X X X
10. 2018	1,020		970					462				2,452	X X X
11. 2019	1,864		6,393					1,756				10,013	X X X
12. Totals	5,727	2,190	12,298	4,103				9,400	6,170			14,962	X X X

	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		
2. 2010	19,166		19,166	28,515		46,855					
3. 2011	28,141		28,141	35,682		59,794				28	6
4. 2012	40,586		40,586	44,102		71,354				16	61
5. 2013	39,684		39,684	35,201		52,671				9	42
6. 2014	46,750		46,750	36,156		52,290				32	73
7. 2015	69,508		69,508	51,926		76,423				114	59
8. 2016	77,352		77,352	60,544		91,648				394	251
9. 2017	126,144	43,801	82,343	107,870	109,221	107,164				892	520
10. 2018	29,595		29,595	28,324		42,743				1,990	462
11. 2019	43,804		43,804	48,443		73,466				8,257	1,756
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	11,732	3,230

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P – PART 2 – SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year	
1. Prior	9,202	23,942	21,372	19,969	17,466	17,332	17,305	17,205	17,235	17,231	(4)	26	
2. 2010	20,724	17,050	16,552	16,461	16,654	16,561	16,539	16,529	16,500	16,500		(29)	
3. 2011	XXX	28,959	24,468	24,114	24,076	23,904	23,828	23,811	23,789	23,784	(5)	(27)	
4. 2012	XXX	XXX	36,188	30,079	31,538	31,702	31,040	30,917	30,815	30,796	(19)	(121)	
5. 2013	XXX	XXX	XXX	37,865	30,629	30,106	29,366	29,622	29,283	29,271	(12)	(351)	
6. 2014	XXX	XXX	XXX	XXX	38,975	36,276	35,662	35,280	34,777	34,618	(159)	(662)	
7. 2015	XXX	XXX	XXX	XXX	XXX	54,296	55,345	53,958	53,166	52,693	(473)	(1,265)	
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	62,811	61,402	60,423	60,001	(422)	(1,401)	
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56,342	51,717	50,602	(1,115)	(5,740)	
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,486	22,252	(3,234)	XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,542	XXX	XXX	
											12. Totals	(5,443)	(9,570)

SCHEDULE P – PART 3 – SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	000	11,628	16,403	17,199	17,209	17,204	17,198	17,198	17,231	17,231	XXX	XXX
2. 2010	12,459	15,886	16,027	16,087	16,477	16,493	16,493	16,500	16,500	16,500	XXX	XXX
3. 2011	XXX	18,769	22,731	23,103	23,655	23,731	23,749	23,749	23,753	23,756	XXX	XXX
4. 2012	XXX	XXX	22,287	27,464	28,870	29,427	30,659	30,720	30,781	30,780	XXX	XXX
5. 2013	XXX	XXX	XXX	22,801	27,577	28,274	28,793	29,255	29,255	29,262	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	26,657	32,770	33,952	34,341	34,564	34,586	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	41,868	51,330	52,195	52,540	52,579	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	51,685	58,075	59,281	59,607	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,519	49,288	49,710	XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,233	20,262	XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,285	XXX	XXX

SCHEDULE P – PART 4 – SUMMARY

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	1,529	6,174	3,141	2,408	248	119	103					
2. 2010	5,559	713	313	224	177	68	46	29				
3. 2011	XXX	7,466	923	432	341	167	79	62	5			
4. 2012	XXX	XXX	9,191	1,086	423	229	152	79	17	3		
5. 2013	XXX	XXX	XXX	12,592	1,231	556	375	365	26	9		
6. 2014	XXX	XXX	XXX	XXX	8,416	1,739	958	679	105	11		
7. 2015	XXX	XXX	XXX	XXX	XXX	7,741	2,593	1,352	518	113		
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	6,967	2,067	760	216		
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,309	1,698	480		
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,607	970		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,393		

SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS

(\$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								X X X	
2. 2010	48,358	19,083	29,275	13,578				2,117		17	15,695	2,300
3. 2011	56,042	22,943	33,099	19,096				3,306		26	22,402	2,936
4. 2012	64,771	24,792	39,979	19,633				5,920		63	25,553	3,815
5. 2013	79,685	26,176	53,509	19,941				6,988		21	26,929	4,121
6. 2014	90,161	27,927	62,234	23,759				8,020		114	31,779	3,848
7. 2015	93,338	30,035	63,303	33,745				8,517		403	42,262	6,006
8. 2016	87,877	30,484	57,393	35,565				10,198		52	45,763	6,375
9. 2017	78,293	27,854	50,439	39,360	8,508			30,587	10,487	107	50,952	13,549
10. 2018	67,830	23,453	44,377	13,233				4,911		114	18,144	3,091
11. 2019	57,130	19,571	37,559	16,294				4,012		81	20,306	3,253
12. Totals	X X X	X X X	X X X	234,204	8,508			84,576	10,487	998	299,785	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		21 Direct and Assumed	22 Direct and Assumed			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Direct and Assumed					
1. Prior													
2. 2010													
3. 2011	28								4			32	30
4. 2012	13		2						42			57	214
5. 2013			6						27			33	168
6. 2014	1		7						37			45	174
7. 2015	1		72						45			118	37
8. 2016	124		138						157			419	57
9. 2017	1,597	1,281	3,133	2,960					4,383	4,165		707	248
10. 2018	935		621						305			1,861	76
11. 2019	1,510		4,091						1,123			6,724	262
12. Totals	4,209	1,281	8,070	2,960					6,123	4,165		9,996	1,266

	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		
2. 2010	15,695		15,695	32,456		53,612					
3. 2011	22,434		22,434	40,031		67,778				28	4
4. 2012	25,610		25,610	39,539		64,059				15	42
5. 2013	26,962		26,962	33,836		50,388				6	27
6. 2014	31,824		31,824	35,297		51,136				8	37
7. 2015	42,380		42,380	45,405		66,948				73	45
8. 2016	46,182		46,182	52,553		80,466				262	157
9. 2017	79,060	27,401	51,659	100,980	98,374	102,419				489	218
10. 2018	20,005		20,005	29,493		45,080				1,556	305
11. 2019	27,030		27,030	47,313		71,967				5,601	1,123
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	8,038	1,958

- NONE** **Schedule P - Part 1B Private Passenger**
- NONE** **Schedule P - Part 1C Commercial Auto**
- NONE** **Schedule P - Part 1D Workers Compensation**
- 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**

SCHEDULE P – PART 11 – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)			
				4	5	6	7	8	9					
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior	X X X	X X X	X X X	1,061	940					1,623	1,052	7	692	X X X
2. 2018	36,658	11,796	24,862	7,029						1,970		68	8,999	X X X
3. 2019	33,293	11,227	22,066	10,991						2,494		22	13,485	X X X
4. Totals	X X X	X X X	X X X	19,081	940					6,087	1,052	97	23,176	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		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior	1,079	909	1,577	1,143					2,487	2,005		1,086	164
2. 2018	85		349						157			591	12
3. 2019	354		2,302						633			3,289	72
4. Totals	1,518	909	4,228	1,143					3,277	2,005		4,966	248

	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	604	482
2. 2018	9,590		9,590	26.161		38.573				434	157
3. 2019	16,774		16,774	50.383		76.017				2,656	633
4. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	3,694	1,272

- 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. Occurence**
- 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	(5,577)	5,284	3,166	2,194	91	(3)	(16)	(93)	(63)	(67)	(4)	26
2. 2010	16,849	13,908	13,598	13,499	13,691	13,616	13,602	13,597	13,578	13,578		(19)
3. 2011	XXX	23,097	19,749	19,453	19,327	19,197	19,142	19,129	19,127	19,124	(3)	(5)
4. 2012	XXX	XXX	24,869	19,541	19,920	20,003	19,763	19,710	19,662	19,648	(14)	(62)
5. 2013	XXX	XXX	XXX	26,457	20,519	20,279	19,816	20,176	19,958	19,947	(11)	(229)
6. 2014	XXX	XXX	XXX	XXX	26,525	24,813	24,406	24,192	23,893	23,767	(126)	(425)
7. 2015	XXX	XXX	XXX	XXX	XXX	35,126	35,450	34,579	34,147	33,818	(329)	(761)
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	37,804	36,788	36,131	35,827	(304)	(961)
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,094	32,136	31,341	(795)	(3,753)
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,726	14,789	(1,937)	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,895	XXX	XXX
12. Totals											(3,523)	(6,189)

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			XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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			XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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												
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			XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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			XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

SCHEDULE P – PART 2I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,572	2,814	2,191	(623)	(3,381)
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,760	7,463	(1,297)	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,647	XXX	XXX
4. Totals											(1,920)	(3,381)

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2018	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

SCHEDULE P – PART 2K – FIDELITY, SURETY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2018	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

SCHEDULE P – PART 2L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2018	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

SCHEDULE P – PART 2M – INTERNATIONAL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year	
1. Prior						NONE							
2. 2010						NONE							
3. 2011	XXX					NONE							
4. 2012	XXX	XXX				NONE							
5. 2013	XXX	XXX	XXX			NONE							
6. 2014	XXX	XXX	XXX	XXX		NONE							
7. 2015	XXX	XXX	XXX	XXX	XXX	NONE							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	NONE						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	NONE					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals													

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	(4,966)	(774)	(99)	(89)	(94)	(100)	(100)	(67)	(67)		
2. 2010	10,212	12,988	13,122	13,181	13,571	13,571	13,571	13,578	13,578	13,578	1,310	987
3. 2011	XXX	15,176	18,275	18,620	19,016	19,080	19,089	19,089	19,093	19,096	1,811	1,099
4. 2012	XXX	XXX	14,138	17,452	18,489	18,829	19,554	19,593	19,634	19,633	2,016	1,585
5. 2013	XXX	XXX	XXX	14,926	18,542	19,010	19,494	19,939	19,939	19,941	2,160	1,793
6. 2014	XXX	XXX	XXX	XXX	17,684	22,096	23,185	23,514	23,737	23,759	1,921	1,753
7. 2015	XXX	XXX	XXX	XXX	XXX	26,317	32,630	33,445	33,706	33,745	3,289	2,680
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	30,018	34,446	35,365	35,565	3,690	2,628
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,726	30,420	30,852	4,386	8,914
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,380	13,233	1,209	1,806
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,294	1,283	1,708

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	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	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											
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	XXX		

NONE

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	XXX		

NONE

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

SCHEDULE P – PART 3I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000	1,466	1,587	X X X	X X X
2. 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	5,853	7,029	X X X	X X X
3. 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	10,991	X X X	X X X

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000				
2. 2018	X X X	X X X	X X X	X X X	X X X	NONE		X X X				
3. 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			

SCHEDULE P – PART 3K – FIDELITY/SURETY

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000			X X X	X X X
2. 2018	X X X	X X X	X X X	X X X	X X X	NONE		X X X			X X X	X X X
3. 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		X X X	X X X

SCHEDULE P – PART 3L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000			X X X	X X X
2. 2018	X X X	X X X	X X X	X X X	X X X	NONE		X X X			X X X	X X X
3. 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		X X X	X X X

SCHEDULE P – PART 3M – INTERNATIONAL

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior	000										X X X	X X X
2. 2010											X X X	X X X
3. 2011	X X X										X X X	X X X
4. 2012	X X X	X X X									X X X	X X X
5. 2013	X X X	X X X	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	X X X
7. 2015	X X X	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					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				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			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		X X X	X X X

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	1,106	5,023	2,499	1,931	171	82	80			
2. 2010	4,396	536	264	168	120	45	31	19		
3. 2011	XXX	5,603	693	324	231	111	53	40	3	
4. 2012	XXX	XXX	6,896	815	287	152	102	51	11	2
5. 2013	XXX	XXX	XXX	9,449	835	369	252	235	17	6
6. 2014	XXX	XXX	XXX	XXX	5,709	1,153	644	438	68	7
7. 2015	XXX	XXX	XXX	XXX	XXX	5,133	1,744	872	335	72
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	4,687	1,333	492	138
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,713	1,099	173
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,276	621
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,091

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	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	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	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	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										
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		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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		
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**

SCHEDULE P – PART 4I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,241	1,104	434
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,331	349
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,302

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4K – FIDELITY/SURETY

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4M – INTERNATIONAL

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	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 4N, 4O, 4P**

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

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS

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	8,917	412	350	34	424	1	2			
2. 2010	886	1,232	1,300	1,304	1,306	1,309	1,309	1,310	1,310	1,310
3. 2011	XXX	1,144	1,756	1,786	1,799	1,807	1,810	1,810	1,810	1,811
4. 2012	XXX	XXX	1,506	1,901	1,959	1,977	1,998	2,000	2,003	2,016
5. 2013	XXX	XXX	XXX	1,665	2,081	2,120	2,151	2,156	2,158	2,160
6. 2014	XXX	XXX	XXX	XXX	1,492	1,841	1,892	1,905	1,912	1,921
7. 2015	XXX	XXX	XXX	XXX	XXX	2,683	3,227	3,264	3,277	3,289
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	3,045	3,563	3,670	3,690
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,724	4,284	4,386
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	978	1,209
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,283

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	1,215	833	479	440	9	8	4	4	2	
2. 2010	369	71	10	7	6	3	3	3	3	
3. 2011	XXX	578	53	38	32	29	27	26	27	30
4. 2012	XXX	XXX	539	284	265	248	229	229	228	214
5. 2013	XXX	XXX	XXX	467	225	207	178	172	170	168
6. 2014	XXX	XXX	XXX	XXX	349	240	204	189	183	174
7. 2015	XXX	XXX	XXX	XXX	XXX	391	87	62	48	37
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	448	154	69	57
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	638	273	248
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	76
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	262

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	18,940	58	22	5	1	1				
2. 2010	2,086	2,277	2,293	2,294	2,298	2,299	2,299	2,300	2,300	2,300
3. 2011	XXX	2,669	2,901	2,919	2,928	2,933	2,934	2,934	2,934	2,936
4. 2012	XXX	XXX	3,423	3,765	3,805	3,809	3,811	3,813	3,815	3,815
5. 2013	XXX	XXX	XXX	3,727	4,076	4,107	4,115	4,118	4,119	4,121
6. 2014	XXX	XXX	XXX	XXX	3,412	3,810	3,834	3,842	3,847	3,848
7. 2015	XXX	XXX	XXX	XXX	XXX	5,431	5,971	5,993	6,001	6,006
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	5,821	6,331	6,363	6,375
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,827	13,470	13,549
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,762	3,091
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,253

- NONE Schedule P - Part 5B - Section 1-3**
- NONE Schedule P - Part 5C - Section 1-3**
- NONE Schedule P - Part 5D - Section 1-3**
- 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**
- NONE Schedule P - Part 6C Sec. 1 and 2, 6D Sec. 1 and 2**
- 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**
- NONE Schedule P - Part 7A**
- 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 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 [] No [X]

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 Claim _____

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 [X] No []

7.2 An extended statement may be attached
 LAE is reported in adjusting and other only due to legacy system limitations.

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	L	85,326,762	90,423,217	33,294,050	29,690,203	18,024,382	397,055	
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate Other Alien	OT	X X X							
59. Totals	(a) 1		85,326,762	90,423,217	33,294,050	29,690,203	18,024,382	397,055	

DETAILS OF WRITE-INS									
58001.		X X X							
58002.		X X X							
58003.		X X X							
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X							
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X							

NONE

Explanation of basis of allocation of premiums by states, etc.

- (a) Active Status Counts
- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
 - E - Eligible - Reporting entities eligible or approved to write surplus lines in the state _____
 - D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile _____
 - R - Registered - Non-domiciled RRGs _____
 - Q - Qualified - Qualified or accredited reinsurer _____
 - N - None of the above - Not allowed to write business in the state (other than their state of domicile - See DSL) 56

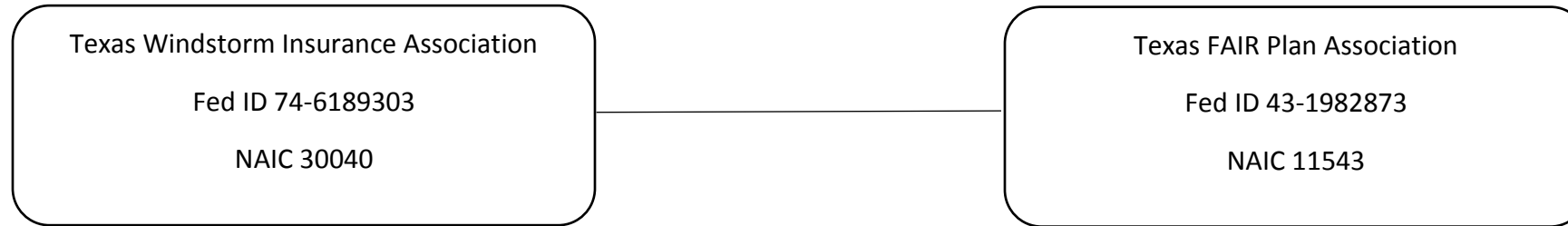
Explanation of basis of allocation of premiums by states, etc.

The Texas FAIR Plan Association only writes policies in Texas.

NONE Schedule T - Part 2

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
11543	43-1982873	Texas FAIR Plan Association					(14,133,008)				(14,133,008)	
30040	74-6189303	Texas Windstorm Insurance Association					14,133,008				14,133,008	
9999999	Control Totals								XXX			

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?	See Explanation
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?	See Explanation
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?	See Explanation
JUNE FILING	
9. Will an audited financial report be filed by June 1?	See Explanation
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	See Explanation
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your 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?	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 2: Texas FAIR Plan Association has no employees. TFPA reimburses costs of personnel employed by the Texas Windstorm Insurance Association that perform work for TFPA.

Explanation 4: Not required.

Explanation 8: The Texas FAIR Plan Association annual statement is not combined with any other entity.

Explanation 9: The Texas FAIR Plan Association is not required to file until June 30.

Explanation 10: The Texas FAIR Plan Association is not required to file until June 30.

Explanation 13: Not applicable.

Explanation 14: Not applicable.

Explanation 15: Not applicable.

Explanation 16: Not applicable.

Explanation 17: Not applicable.

Explanation 18: Not required.

Explanation 19: Not applicable.

Explanation 22: No exceptions.

Explanation 23: Not applicable.

Explanation 24: Not applicable.

Explanation 25: Not applicable.

Explanation 26: Not applicable.

Explanation 27: Not applicable.

Explanation 28: Not applicable.

Explanation 29: Not applicable.

Explanation 30: Not applicable.

Explanation 31: Not applicable.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- Explanation 32: Not applicable.
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.....
- Explanation 33: Not applicable.
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- Explanation 34: Not applicable.
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- Explanation 35: Not applicable.
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- Explanation 36: Not applicable.
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- Explanation 37: Not applicable.
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.....

Bar Code:



1154320194600000



1154320193900000



11543201920100000



11543201922000000



11543201922100000



11543201942000000



11543201924000000



11543201936000000



11543201945500000



11543201949000000



11543201938500000



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11543201955000000



11543201921100000

OVERFLOW PAGE FOR WRITE-INS

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

REMAINING WRITE-INS AGGREGATED AT LINE 24 FOR OTHER LINES OF BUSINESS	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Disaster Recovery Expense	7,613	48,512		56,125
2405. Miscellaneous Expense		211		211
2497. Totals (Lines 2404 through 2496) (Page 11, Line 24)	7,613	48,723		56,336

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Total long-term bonds						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total mortgage loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	44,389,163	67.12	44,389,163		44,389,163	67.12
6.02 Cash equivalents (Schedule E, Part 2)	21,747,902	32.88	21,747,902		21,747,902	32.88
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	66,137,065	100.00	66,137,065		66,137,065	100.00
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	66,137,065	100.00	66,137,065		66,137,065	100.00

- NONE Schedule A and B Verification**
- NONE Schedule BA and D Verification**
- NONE Schedule D - Summary**
- NONE Schedule D - Part 1A - Sect 1 (3 pgs)**
- NONE Schedule D - Part 1A - Sect 2 (2 pgs)**
- NONE Schedule DA Verification**
- NONE Schedule DB - Part A and B Verification**
- NONE Schedule DB - Part C - Section 1**
- NONE Schedule DB - Part C - Section 2**
- NONE Schedule DB - Verification**

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	21,300,924		21,300,924	
2. Cost of cash equivalents acquired	446,978		446,978	
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. Total gain (loss) on disposals				
6. Deduct consideration received on disposals				
7. Deduct amortization of premium				
8. Total foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other-than-temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,747,902		21,747,902	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Line 10 minus Line 11)	21,747,902		21,747,902	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

NONE Schedule A - Part 1

NONE Schedule A - Part 2

NONE Schedule A - Part 3

NONE Schedule B - Part 1

NONE Schedule B - Part 2

NONE Schedule B - Part 3

NONE Schedule BA - Part 1

NONE Schedule BA - Part 2

NONE Schedule BA - Part 3

NONE Schedule D - Part 1

NONE Schedule D - Part 2 - Section 1

NONE Schedule D - Part 2 - Section 2

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule D - Part 5

NONE Schedule D - Part 6 - Section 1 and 2

NONE Schedule DA - Part 1

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part A - Section 2

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part B - Section 2

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
OPEN DEPOSITORIES						
Bank of America, N.A.	Austin, TX				11,882,846	
Bank of America, N.A. - Certificate of Deposit	Due January 9, 2019	2.000	25,556			
Bank of America, N.A. - Certificate of Deposit	Due January 29, 2019	2.000	25,000			
Bank of America, N.A. - Certificate of Deposit	Due February 25, 2019	2.100	26,542			
Bank of America, N.A. - Certificate of Deposit	Due March 27, 2019	2.000	8,333			
Bank of America, N.A. - Certificate of Deposit	Due April 9, 2019	2.150	26,875			
Bank of America, N.A. - Certificate of Deposit	Due April 30, 2019	2.200	27,806			
Bank of America, N.A. - Certificate of Deposit	Due May 13, 2019	2.000	8,889			
Bank of America, N.A. - Certificate of Deposit	Due June 28, 2019	2.100	27,125			
Bank of America, N.A. - Certificate of Deposit	Due July 1, 2019	2.050	17,653			
Bank of America, N.A. - Certificate of Deposit	Due July 15, 2019	2.050	17,938			
Bank of America, N.A. - Certificate of Deposit	Due September 27, 2019	2.020	25,531			
Bank of America, N.A. - Certificate of Deposit	Due October 15, 2019	2.150	27,472			
Bank of America, N.A. - Certificate of Deposit	Due December 16, 2019	1.650	14,208			
Bank of America, N.A. - Certificate of Deposit	Due December 27, 2019	1.980	25,025			
Citibank, N.A.	Dallas, TX				8,860	
Citibank, N.A. - IMMA	Dallas, TX	1.400	162,506		11,378,649	
JP Morgan Chase Bank, N.A.	San Antonio, TX				21,118,808	
0199998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	X X X	X X X				X X X
0199999 Totals - Open Depositories	X X X	X X X	466,459		44,389,163	X X X
SUSPENDED DEPOSITORIES						
0299998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	X X X	X X X				X X X
0299999 Totals - Suspended Depositories	X X X	X X X				X X X
0399999 Total Cash on Deposit	X X X	X X X	466,459		44,389,163	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X		X X X
0599999 Total Cash	X X X	X X X	466,459		44,389,163	X X X

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	44,277,119	4. April	44,910,454	7. July	41,204,577	10. October	39,029,904
2. February	46,520,526	5. May	45,192,417	8. August	42,900,480	11. November	39,396,353
3. March	49,224,695	6. June	46,380,779	9. September	45,021,925	12. December	44,389,163

NONE Schedule E - Part 3

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