ANNUAL STATEMENT

OF THE

Texas FAIR Plan Association				
of	Austin			
in the state of	Texas			

TO THE

Insurance Department

OF THE

Texas

FOR THE YEAR ENDED

December 31, 2014



ANNUAL STATEMENT

For the Year Ended December 31, 2014 OF THE CONDITION AND AFFAIRS OF THE

			Texas FAIR Plan A	Association			
NAIC Group Code	4766	4766	NAIC Company Code _	11543	Employer's ID Nur	mber 43-	1982873
	(Current Period)	(Prior Period)	State	of Domicile or Port o	f Entry Texas		
Organized under the Laws			, State	of Domicile of Port o	I Citty Texas		
Country of Domicile	US	December 31,	2002	Commence	ed Business	December 31, 20	002
Incorporated/Organized	E700 C Monac Pl		2002		Austin, TX, US 78749		
Statutory Home Office	5700 S. Mopac, Bl	(Street and	Number)	·	(City or Town,	, State, Country and Zip C	Code)
Main Administrative Office	5700 S. Mo	opac, Bidg A		/Otrest and Number			<u>-</u>
				(Street and Numbe	512-899-4900		
	Austin, TX	US 78749 (City or Town, State,	Country and Zip Code)	(Are	ea Code) (Telephone N	lumber)	
Mail Address PO F	3ox 99080				Austin, TX, US 78709-9	9080	20-4-1
-		(Street and Number or	· ·	A	• •	i, State, Country and Zip 0 512-899	
Primary Location of Books	and Records _	5700 S. Mopac, Bldg A	et and Number)	(City or Tow	, TX, US 78749 vn, State, Country and Zip Co		
Internet Web Site Address	http://www.tex	,					
Statutory Statement Conta		d Fulkerson			512-899-4988		
otatato. y otatomom com			Name)	(Are	ea Code) (Telephone N		
	afulkerson		ail Address)			512-899-4952 (Fax Number)	
		(C-141)	·	DC		,	
			OFFICE	NO .			
			John Mile	etti	Tilla		
	B. 144	Name		Vice Chairman	Title		
1. 2.		erford Neblett		Secretary/Treas	urer		
3.				General Manage	Э Г		•
			Vice Presidents	of TEDA			
		7	itle		Name	•	Title
Name		VP Underwriting	iue	David Patrick Durden		VP Legal	<u> </u>
Lou Frank Cusano James Colin Murphy		VP Actuary		David Scott Williams		VP Claims	
Objited Contribution							
							
							
		•					
			TEDA Coverning	Committee			
		Ronald Wayne Lawson	TFPA Governing	John Miletti		Alphonso Delaney	
Wendy Mueller # Georgia Rutherford Neblett		Timothy Lawrence McC	arthy	Alicia Corise Morrison	1	Cecil O. Joiner	
Phillip Dendy		Edward James Sherlock		Christina Ford #			
						<u></u>	
State of Texas							
County of Travis	,	SS					
The officers of this reporting			t they are the described office	ers of said reporting en	itity, and that on the reporting	ng period stated above, a	II of the herein described
assets were the absolute or	operty of the said rep	orting entity, free and clear	from any liens or claims ther	eon, except as herein s	stated, and that this stateme	ent, together with related	i exhibits, schedules and
evolunations therein contains	ed, annexed or referre	d to, is a full and true stateme	ent of all the assets and liabili	ties and of the conditior	n and affairs of the said repo	orting entity as of the repor	rting period stated above,
and of its income and deduct	ions therefrom for the	period ended, and have bee	n completed in accordance w	ith the NAIC Annual St	atement Instructions and Acc	counting Practices and Pr	rocedures manual except
to the extent that: (1) state liknowledge and belief, respec	aw may differ; or, (2)	that state rules or regulation	ns require differences in repo	orting not related to acc	counting practices and proce	eaures, according to the with the NAIC when requi	red, that is an exact copy
knowledge and belief, respect (except for formatting different	ctively. Furthermore, tr	ne scope of this attestation of	y trie described officers also t nent. The electronic filing may	be requested by variou	us regulators in lieu of or in a	addition to the enclosed s	tatement.
(except for formatting ownerer	ices ade to electronic	ming) of the endoded states.		- 00	J		
			1 ati	N.J.	<u> </u>		
/ W/ X 15	(gnature)		(Signa	ture)		(Signature)	
1 1011	William Bolak		Peter Hard	,			
	nted Name)		(Printed			(Printed Nam	ie)
	1.		2.			3.	
Gene	eral Manager		Chief Financ			(Title)	
	(Title)		(Titl	5)	3	(1140)	
Subscribed and sworn to (or	affirmed) before me th	is on this					
18 day of Feb.		, 2015, by					
	110				a. Is this an origina	ıl filing?	[X]Yes []No

WESLEY KOEHL
Notary Public, State of Texas
My Commission Expires
October 24, 2017

b. If no: 1. State the amendment number

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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):				
ı	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 (\$ 87,933,198, Schedule E - Part 1), cash equivalents (\$ 0,				
	Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	87,933,198		87,933,198	65,101,014
6.	Contract loans (including \$ 0 premium notes)				
	Derivatives (Schedule DB)				
	Other invested assets (Schedule BA)				
9.	Receivables for securities				
	Securities lending reinvested collateral assets (Schedule DL)				
	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	87,933,198		87,933,198	65,101,014
	Title plants less \$ 0 charged off (for Title insurers only)				
	Investment income due and accrued	11,181		11,181	11,520
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	2,420,662	61,953	2,358,709	60,017
	15.2 Deferred premiums, agents' balances and installments booked but deferred	10 = 11 10=		40 =44 40=	4===40=0
	and not yet due (including \$ 0 earned but unbilled premiums)	12,711,495		12,711,495	15,771,970
40	15.3 Accrued retrospective premiums				
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				
	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20. 21	Electronic data processing equipment and software Furniture and equipment, including health care delivery assets (\$ 0)				
21.					
22. 23.	Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates				
	Health core (\$ 0) and other amounts receively				
24. 25	Aggregate write-ins for other-than-invested assets	438,195	438,195		
25. 26	Total assets excluding Separate Accounts, Segregated Accounts and	430,195	430,195		
20.	Protected Cell Accounts (Lines 12 to 25)	103,514,731	500,148	102 014 502	80,944,521
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	1 i i i i i i i i i i i i i i i i	,	103,014,583	00,344,321
28.	Total (Lines 26 and 27)	103,514,731	500,148	103,014,583	80,944,521
20.	TOWN LATITUDE TO WITH ZT)	100,014,701	500,140	100,014,000	00,044,021

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.	N 		
1198. Summary of remaining write-ins for Line 11 from overflow page	N L		
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Surcharge Receivable	276,945	276,945	
2502. Due from agents	121,611	121,611	
2503. Prepaid Expenses	39,639	39,639	
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	438.195	438.195	

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	18,892,674	21,833,930
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)	6,584,660	4,045,359
4.	Commissions payable, contingent commissions and other similar charges	959,950	987,113
5.	Other expenses (excluding taxes, licenses and fees)	718,029	573,798
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	661,061	954,712
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 \$ 20,593,850 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0		
		AE 027 042	43,332,325
10	for medical loss ratio rebate per the Public Health Service Act) Advance premium	45,937,843 1,524,770	1,390,049
	Advance premium Dividends declared and unpaid:	1,524,770	1,590,043
	11.1 Chalibaldara		
	44.9. Delignipolders		
12.			18,241,258
13.	Ceded reinsurance premiums payable (net of ceding commissions) Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	10,132,103	10,241,200
14.	Amounts withheld or retained by company for account of others		
15.	Descritances and items and allocated	205 005	449,988
16.	Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 8)		696.363
17.			
18.	District Interestina		
19.	Payable to parent, subsidiaries and affiliates		729,047
20.	Dark retires		
21.	Describes for accounting		
22.	Parallel former 20 a landing		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ 0 and interest thereon \$ 0		
25.	A managed a suite time for the tital or	1,106,320	1,132,318
26.	Aggregate write-ins for ilabilities Total liabilities excluding protected cell liabilities (Lines 1 through 25)		94,366,260
27.	Destroyed and Calcillation		
	Total liabilities (Lines 26 and 27)	97,036,512	94,366,260
29.	Aggregate write-ins for special surplus funds	01,000,012	01,000,200
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)	5.978.071	(13,421,739
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.		5,978,071	(13,421,739
38.	Totals (Page 2, Line 28, Col. 3)	103,014,583	80,944,521
	The state of the s		- 11
	DETAILS OF WRITE-IN LINES		
		000 070	740.40
2501.		680,072	740,437
2502.	Due to policy holders	426,248	391,881
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	4 400 200	4 420 246
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,106,320	1,132,318
2901.			
2902.			
2903.	Summary of remaining write-ins for Line 29 from overflow page		
2998.			
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
3203.	Summary of remaining write-ins for Line 32 from overflow page		
3298.			
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME	Ourient real	1 Hor Tear
1.	Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	89,405,197	75,342,971
2.	Losses incurred (Part 2, Line 35, Column 7)	30,849,671	29,907,923
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	14,220,504	9,529,908
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		22,610,180
5. 6.	Aggregate write-ins for underwriting deductions Total underwriting deductions (Lines 2 through 5)	69,128,416	62.048.011
7.	Total underwriting deductions (Lines 2 through 5) Net income of protected cells		02,040,011
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	20,276,781	13,294,960
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(74,392)	(149,789)
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)	(74,392)	(149,789)
	OTHER INCOME		
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
	\$ 0 amount charged off \$ 985,630)	(985,630)	(1,056,371)
13.	Finance and service charges not included in premiums	408,532	403,850
14. 15	Aggregate write-ins for miscellaneous income Total other income (Lines 12 through 14)		737,393 84,872
	Net income before dividends to policyholders, after capital gains tax and before all other	(114,455)	04,072
	federal and foreign income taxes (Lines 8 + 11 + 15)	20,087,934	13,230,043
	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before	00 007 004	42 020 042
10	all other federal and foreign income taxes (Line 16 minus Line 17) Federal and foreign income taxes incurred		13,230,043
	Federal and foreign income taxes incurred Net income (Line 18 minus Line 19) (to Line 22)	00 007 004	13,230,043
	CAPITAL AND SURPLUS ACCOUNT	.,,	2, 22,22
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	(13,421,741)	(25,722,095)
22.	Net income (from Line 20)	20,087,934	13,230,043
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25. 26.	Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax		
	Change in net deferred income tax Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	400 000	(411,370)
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(821,205)	(518,319)
29.	Change in surplus notes		
30. 31.	Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles		
	Cumulative effect of changes in accounting principles 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		
	33.1 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 Change in traceum, steely (Page 3, Lines 36.1 and 36.2. Calumn 3 minus Calumn 1)		
36. 37.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) Aggregate write-ins for gains and losses in surplus		
υı.		10 200 912	10 200 254
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	19,399,812	12,300,354

	DETAILS OF WRITE-IN LINES		
0501.			
0502.	MANE		
0503.	N()NH		
0598.	Summary of remaining write-ins for Line 05 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.	Sales tax refund and other income	462,643	737,393
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	462,643	737,393
3701.			
3702.	MANE		
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page		
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	92,827,377	84,396,20
2.	Net investment income	(75,030)	(149,78
3.	Miscellaneous income	(48,655)	34,78
4.	Total (Lines 1 through 3)	92,703,692	84,281,20
5.	Benefit and loss related payments	22 700 027	29,206,13
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		31,738,52
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)	69,718,847	60,944,66
	Net cash from operations (Line 4 minus Line 10)	22,984,845	23,336,54
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,-
40	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.			
	Cash from Financing and Miscellaneous Sources		
16	Cash provided (applied):		
10.	16.1 Curplus notes conital notes		
	40.0 Control and anid in according less transfer to the		
	16.2 Degraved finds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	40 F Divides de te steel-helders		
	40.0	(450 664)	75 65
17	· · · · · · · · · · · · · · · · · · ·	(152,661)	75,65
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5	(450 004)	75.00
	plus Line 16.6)	(152,661)	75,65
	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)	22,832,184	23,412,19
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	65,101,014	41,688,8
	19.2 End of year (Line 18 plus Line 19.1)	87,933,198	65,101,01

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)
I	Fire	3,727,526	2,076,516	1,852,620	3,951,422
	Allied lines	24,186,830	10,930,831	11,897,328	23,220,333
I	Farmowners multiple peril				
l	Homeowners multiple peril	64,096,359	30,324,978	32,187,895	62,233,442
	Commercial multiple peril				
l	Mortgage guaranty				
i	Ocean marine				
i	Inland marine				
1	Financial guaranty				
	Medical professional liability—occurrence				
I	Medical professional liability—claims-made				
I	Earthquake				
1	Group accident and health				
14.	Credit accident and health				
	(group and individual)				
l	Other accident and health				
I	Workers' compensation				
I	Other liability—occurrence				
I	Other liability—claims-made				
I	Excess workers' compensation				
18.1	Products liability—occurrence				
I	Products liability—claims-made				
l .	Private passenger auto liability				
	Commercial auto liability				
	Auto physical damage				
	Aircraft (all perils)				
ı	Fidelity				
24.	Surety				
26.	Burglary and theft				
ı	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	00 040 = 1=	40.000.00=	45.007.040	00 405 405
35.	TOTALS	92,010,715	43,332,325	45,937,843	89,405,197

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1A – RECAPITULATION OF ALL PREMIUMS

	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy)	2 Amount Unearned (Running More Than One Year from Date of Policy)	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
.	Lifie of Busifiess	(a)	(a)	Premium	on Expenence	COIS. 1 + 2 + 3 + 4
1.	Fire	1,852,620				1,852,620
2.	Allied lines	11,897,328				11,897,328
	Farmowners multiple peril					
	Homeowners multiple peril	32,187,895				32,187,895
	Commercial multiple peril					
	Mortgage guaranty					
8.	Ocean marine					
	Inland marine					
	• • • • • • • • • • • • • • • • • • • •					
11.1	Medical professional liability—occurrence					
	Medical professional liablity—claims-made					
	Earthquake					
	Group accident and health					
14.	Credit accident and health					
	(group and individual)					
	Other accident and health					
	Workers' compensation					
17.1	Other liability—occurrence					
	Other liability—claims-made					
	Excess workers' compensation					
	Products liability—claims-made					
	Private passenger auto liability					
	Commercial auto liability					
	Auto physical damage					
	Aircraft (all perils)					
	Fidelity					
	Surety					
	Burglary and theft					
	Boiler and machinery					
	Credit					
	International					
	*					
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					
	TOTALS	45,937,843				45,937,843
	Accrued retrospective premiums based on exp	perience				
38.	Balance (Sum of Lines 35 through 37)					45,937,84

	DETAILS OF WRITE-IN LINES			
3401.				
3402.				
3403.		$\mathbf{N}()\mathbf{N}$		
3498.	Sum of remaining write-ins for	11011		
	Sum of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403			
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

	1	Reinsurand	e Assumed	Reinsura	nce Ceded	6
		2	3	4	5	Net Premiums
	Direct		From		То	Written
	Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire	5,787,268				2,059,742	3,727,526
2. Allied lines	34,485,539				10,298,709	24,186,830
Farmowners multiple peril						
4. Homeowners multiple peril	92,932,744				28,836,385	64,096,359
Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liabilityoccurrence						
11.2 Medical professional liabilityclaims-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	XXX					
32. Reinsurance-nonproportional						
assumed liability	XXX					
33. Reinsurance-nonproportional						
assumed financial lines	XXX					
34. Aggregate write-ins for other lines						
of business						
35. TOTALS	133,205,551				41,194,836	92,010,715

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

(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

			Losses Paid	Less Salvage		5	6	7	8
	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire		6,062,137			6,062,137	1,492,240	1,260,920	6,293,457	159.27
Allied lines		4,596,287			4,596,287	4,540,416	3,509,516	5,627,187	24.234
Farmowners mu									
Homeowners m		23,132,502			23,132,502	12,860,018	17,063,493	18,929,027	30.416
Commercial mu					.				
Mortgage guara	nty			l	.				
Ocean marine				l	.				
Inland marine					. [
10. Financial guara	nty								
11.1 Medical profess	onal liability—occurrence				1				
11.2 Medical profess	onal liability—claims-made								
12. Earthquake									
13. Group accident	and health								
	and health (group and individual)				.				
15. Other accident					.				
16. Workers' compe	nsation				.				
17.1 Other liability—									
17.2 Other liability—									
17.3 Excess workers									
18.1 Products liability									
18.2 Products liability					.				
19.1,19.2 Private passeng					.				
19.3,19.4 Commercial aut	eliability								
21. Auto physical d	amage								
22. Aircraft (all peril	5)								
23. Fidelity					.				
24. Surety	.,								
26. Burglary and the					.				
27. Boiler and mach	inery				.				
28. Credit					.				
29. International					.				
30. Warranty	, ,				.				
	nproportional assumed property	XXX			. [
	nproportional assumed liability	XXX			. [
33. Reinsurance-no	nproportional assumed financial lines	XXX			.]	[
	ins for other lines of business								
35. TOTALS		33,790,926			33,790,926	18,892,674	21,833,929	30,849,671	34.505

DETAILS OF WRITE-IN LINES					
3401.					
3402.					
3403.	 	N(.)N	 	 	1
3498. Sum of remaining write-ins for Line 34 from overflow page		11011			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

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

1. Fire			Report	ed Losses			Incurred But Not Reporte	d	8	9
Line of Business Dreat Reinsurance Reinsurance Recoverable Recoverable Recoverable Not Reported (Cots. 1 - 2 - 3) Direct Resourance Reinsurance Recoverable (Cots. 1 - 2 - 3) Direct Recoverable (Co		1	2	3	4	5	6	7		
2. Alled lines	Line of Business	Direct		Reinsurance	Losses Excl. Incurred But Not Reported	Direct				Net Unpaid Loss Adjustment Expenses
3. Farmowners multiple peril 4. Homeowners multiple peril 5. 506.358 5. Commercial multiple peril 6. Microgage guaranty 8. Ocean marine 9. Inland marine 10. Financial gusarenty 11. Medical professional liability—ocurrence 11. Medical professional liability—oclaims-made 12. Earthquake 13. Group accident and health (group and individual) 14. Credit accident and health (group and individual) 15. Other accident and health (group and individual) 16. Worker's compensation 17.1 Other ability—courrence 17.2 Cher ability—courrence 17.3 Excass worker's compensation 17.1 Other liability—courrence 18.2 Products liability—courrence 18.2 Products liability—courrence 18.3 Products liability—courrence 18.4 Products liability—courrence 18.5 Products liability—courrence 18.6 Products liability—courrence 18.7 Auto physical damage 28. Commercial auto liability 29. Avail physical damage 29. Fusion (graph) 20. Commercial auto liability 20. Auto physical damage 20. Fusion (graph) 21. Auto physical damage 22. Fusion (graph) 23. Group and machinery 24. Surely 25. Bulgary and theft 26. Bulgary and theft 27. Bulgar and machinery 28. Credit 39. Microarrence proproprotorol assumed property 29. KNX 20. Reinsurance-nonproproprotorol assumed bibility 20. XNX 30. Reinsurance-nonproproprotorol assumed bibility 31. Reinsurance-nonproprotorol assumed bibility 32. XNX 33. Reinsurance-nonproprotorol assumed bibility 33. XNX 34. XNX 35. Reinsurance-nonproprotorol assumed bibility 35. XNX 36. Reinsurance-nonproprotorol assumed bibility 35. XNX 37. XNX 38. Reinsurance-nonproprotorol assumed bibility 37. XNX 38. Reinsurance-nonproprotorol assumed bibility 38. XNX 39. Reinsurance-nonproprotorol assumed bibility 38. XNX	1. Fire	487,869			487,869	1,004,371			1,492,240	369,26
4. Homeowners multiple peral 5.506,358 5.506,358 7,353,660 12,860.0 5. Commercial multiple peral 6. Mortgage guaranty 8. Coean marine 9. Inland marine 9. Inland marine 10. Financial guaranty 11.1 Medical professional liability—cocurrence 11.2 Medical professional liability—colimis—made 12. Earthquake 12. Earthquake 13. Grup accident and health (group and individual) 15. Other accident and health (group and individual) 16. Workers' compensation 17.1 Other liability—cocurrence 17.2 Other liability—colimis—made 17.1 Stores workers' compensation 18.1 Products liability—cocurrence 18.2 Products liability—3.1 Auto physical damage 2.2 Aircraft (all perals) 2.3 Fidelity 2.1 Auto physical damage 2.2 Aircraft (all perals) 2.3 Fidelity 2.1 Sugray and theft 2.5 Roller and machinery 2.6 Roller and machinery 2.8 Credit 2.7 Roller and machinery 2.8 Credit 3.0 Reinsurance-nonproportional assumed property 3.7 Reinsurance-nonproportional assumed property 3.7 Reinsurance-nonproportional assumed property 3.7 Reinsurance-nonproportional assumed liability 3.7 Reinsurance-nonproportional assumed liability 3.7 Reinsurance-nonproportional assumed liability 3.7 Reinsurance-nonproportional assumed liability 3.8 Reinsurance-nonproportional assumed liability 3.7 XXX		2,062,440		.]	2,062,440	2,477,976			4,540,416	2,031,11
5. Commercial multiple perel 6. Mortgage guaranty 8. Ocean marine 9. Island marine 10. Financial guaranty 11. Medical professional liabilty—calmis-made 12. Earthquake 13. Group accident and health (group and individual) 14. Credit accident and health (group and individual) 15. Other accident and health (group and individual) 16. Workers' compensation 17.1 Other liability—coursence 17.2 Other liability—coursence 17.3 Excess workers' compensation 17.1 Other liability—colamis-made 18. Products liability—calmis-made 19. 18. Products liability—calmis-made 19. 19. Protucts liability—calmis-made 19	B. Farmowners multiple peril									
6. Mortgage guaranty 8. Osan marine 9. Inland marine 10. Financial guaranty 11.1 Medical professional liability—cocurrence 11.2 Medical professional liability—colains-made 12. Earthquake 13. Grup accident and health 14. Credit accident and health (group and individual) 15. Other accident and health (group and individual) 16. Worker's compensation 17.1 Other liability—cocurrence 17.2 Other liability—cocurrence 17.3 Excess worker's compensation 18.1 Products liability—cocurrence 19.1 Products liability—cocurrence 20.2 Products liability—cocurrence 21.2 Products liability—cocurrence 22.2 Products liability—cocurrence 23.1 Ficelity 24. Surger auto liability 25. Auto physical damage 26. European auto liability 27. Soler and machinery 28. Credit 29. Roller and machinery 29. Roller and machinery 29. International 30. Warranty 31. Reinsurance-nonproprotrional assumed property 32. Reinsurance-nonproprotronal assumed liability 33. Reinsurance-nonproprotronal assumed liability 34. XXX 35. Reinsurance-nonproprotronal assumed liability 38. Reinsurance-nonproprotronal assumed liability 39. Reinsurance-nonproprotronal assumed liability 30. Reinsurance-nonprotronal assumed liability 31. Reinsurance-nonprotronal assumed liability 32. Reinsurance-nonprotronal assumed liability 33. Reinsurance-nonprotronal assumed liability 34. XXX		5,506,358			5,506,358	7,353,660			12,860,018	4,184,27
8. Ocean marine 9. Inland marine 10. Financial guaranty 11. Medical professional liability—courrence 11. Medical professional liability—claims-made 12. Earthquake 13. Group accident and health (group and individual) 15. Other accident and health (group and individual) 16. Other accident and health (group and individual) 17. Other liability—claims-made 17. Other liability—claims-made 17. Other liability—courrence 18. Products liability—courrence 18. Products liability—courrence 18. Products liability—courrence 19. 19. Provider gaseing auto liability 21. Auto physical damage 22. Aircraft (all penis) 23. Fidelity 44. Surely 55. Burglary and theft 56. Burglary and theft 57. Boiler and machinery 58. Credit 59. International 50. Warranty 50. Reinsurance-nonproprotronal assumed property 50. Reinsurance-nonproproproproproproproproproproproproprop										
9. Inland marine 10. Financial guaranty 11.1 Medical professional liability—claims-made 12. Earthquake 13. Group accident and health (group and individual) 14. Credit accident and health (group and individual) 16. Worker's compensation 17.1 Other liability—cocurrence 17.2 Other accident and health 18. Excess worker's compensation 17.1 Other liability—cocurrence 17.2 Other liability—cocurrence 18.2 Products liability—claims-made 17.3 Excess worker's compensation 18.1 Products liability—claims-made 18.1 Products liability—claims-made 18.2 Products liability—claims-made 19.1 Products liability 18.1 Produ	B. Occan marino									
10. Financial guaranty	2. Inland marine			.						
11.1 Medical professional liability—caurence 12. Medical professional liability—claims-made 12. Earthquake				.						
11.2 Medical professional liability—claims-made 2. Earthquake 3. Group accident and health (group and individual) (a)										
12 Earthquake	2 Medical professional liablity—claims-made									
14. Credit accident and health (group and individual) 15. Other accident and health (a) 16. Workers' compensation 17.1 Other liability—cocurrence 17.2 Other liability—cocurrence 17.3 Excess workers' compensation 18.1 Products liability—claims-made 18.2 Products liability—claims-made 18.2 Products liability—claims-made 18.1 Products liability—claims-made 18.2 Products liability—claims-made 18.1 Products liability—claims-made 18.2 Products liability 19.1 Auto physical damage 19.1 19.2 Private passenger auto liability 10.1 Auto physical damage 10.2 Aircraft (all perils) 10.3 Fidelity 10.4 Surety 10.5 Burglary and theft 10.7 Boiler and machinery 10.8 Credit 10.9 International 10.9 Warranty 10.9 Warranty 11.1 Reinsurance-nonproportional assumed property 12.4 XXX 13.2 Reinsurance-nonproportional assumed financial lines 12.4 XXX 13.3 Reinsurance-nonproportional assumed financial lines 12.4 XXX 13.3 Reinsurance-nonproportional assumed financial lines 12.4 XXX	2. Earthquake									
15. Other accident and health (a)								.]	(a)	
16. Workers' compensation 17.1 Other liability—occurrence 17.2 Other liability—occurrence 17.3 Excess workers' compensation 18.1 Products liability—occurrence 18.2 Products liability—occurrence 18.3 Itality 19.4 Commercial auto liability 20.4 Surely 21. Auto physical damage 22. Aircraft (all perils) 23. Fidelity 24. Surely 25. Burglary and theft 26. Burglary and theft 27. Boiler and machinery 28. Credit 29. International 30. Warranty 31. Reinsurance-nonproportional assumed property 32. XXX 33. Reinsurance-nonproportional assumed liability 33. XXX 34. XXX 35. Reinsurance-nonproportional assumed financial lines 35. XXX 37. XXX 38. Reinsurance-nonproportional assumed financial lines 37. XXX				.						
17.1 Other liability—occurrence									(a)	
17.2 Other liability—claims-made										
17.3 Excess workers' compensation										
18.1 Products liability—claims-made	2 Other liability—claims-made									
18.2 Products liability—claims-made 1,19.2 Private passenger auto liability 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 31. Reinsurance-nonproportional assumed property 32. Reinsurance-nonproportional assumed liability 33. Reinsurance-nonproportional assumed financial lines 34. XXX										
1,19.2 Private passenger auto liability 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. XXX 35. Reinsurance-nonproportional assumed financial lines 36. XXX 37. Reinsurance-nonproportional assumed liability 37. XXX 38. Reinsurance-nonproportional assumed financial lines 38. XXX 39. Reinsurance-nonproportional assumed financial lines 39. XXX										
3,19.4 Commercial auto liability 21. Auto physical damage 22. Aircraft (all perils) 23. Fidelity 24. Surety 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 X 32. Reinsurance-nonproportional assumed liability 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										
21. Auto physical damage é 22. Aircraft (all perils) 23. Fidelity 24. Surety 25. 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										
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. XXX 35. Reinsurance-nonproportional assumed financial lines 36. XXX 37. XXX 38. Reinsurance-nonproportional assumed financial lines 38. XXX 39. Reinsurance-nonproportional assumed financial lines 39. XXX 30. XXX 31. XXX 32. XXX	Auto physical damage			.						
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. XXX 35. Reinsurance-nonproportional assumed financial lines 36. XXX 37. XXX	2. Aircraft (all perils)									
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. XXX 35. Reinsurance-nonproportional assumed financial lines 36. XXX	3. Fidelity									
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. XXX 35. Reinsurance-nonproportional assumed financial lines 36. XXX 37. XXX				.]						
28. Credit 29. International 30. Warranty 31. Reinsurance-nonproportional assumed property XXX 32. Reinsurance-nonproportional assumed liability XXX 33. Reinsurance-nonproportional assumed financial lines XXX				.						
29. International 30. Warranty 31. Reinsurance-nonproportional assumed property XXX 32. Reinsurance-nonproportional assumed liability XXX 33. Reinsurance-nonproportional assumed financial lines XXX 34. XXX 35. Reinsurance-nonproportional assumed financial lines XXX										
30. Warranty 31. Reinsurance-nonproportional assumed property XXX 32. Reinsurance-nonproportional assumed liability XXX 33. Reinsurance-nonproportional assumed financial lines XXX 34. XXX				.				.		
31. Reinsurance-nonproportional assumed property XXX 32. Reinsurance-nonproportional assumed liability XXX 33. Reinsurance-nonproportional assumed financial lines XXX XXX XXX				.						
32. Reinsurance-nonproportional assumed liability XXX 33. Reinsurance-nonproportional assumed financial lines XXX XXX				.						
33. Reinsurance-nonproportional assumed financial lines XXX XX	Reinsurance-nonproportional assumed liability	· · · · · · · · · · · · · · · · · · ·		.		· · · · · · · · · · · · · · · · · · ·				
34 Aggregate write-ins for other lines of business	Reinsurance-nonproportional assumed financial lines	XXX		.		·····XXX				
	Aggregate write-ins for other lines of business			.						
35. TOTALS 8,056,667 8,056,667 10,836,007 18,892,6	5. TŎŤAĽS	8,056,667			8,056,667	10,836,007			18,892,674	6,584,65

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)		OIIL		 	
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1. C	Claim adjustment services:				
	1.1 Direct	10,812,538			10,812,538
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	10,812,538			10,812,538
2. C	Commission and brokerage:				
:	2.1 Direct, excluding contingent		14,288,193		14,288,193
:	2.2 Reinsurance assumed, excluding contingent				
:	2.3 Reinsurance ceded, excluding contingent		1,309,742		1,309,742
:	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)		12,978,451		12,978,451
3. A	Illowances to manager and agents				
4. A	dvertising				
5. B	loards, bureaus and associations		251,136		251,136
	Surveys and underwriting reports		1,262,298		1,262,298
	udit of assureds' records				
8. S	alary and related items:				
	8.1 Salaries	1,391,969	2,936,280		4,328,249
	8.2 Payroll taxes	92,297	215,360		307,657
9. E	mployee relations and welfare	407,922	957,566		1,365,488
	nsurance	5,483	12,794		18,277
11. D	Directors' fees		18,776		18,776
12. T	ravel and travel items	19,676	12,983		32,659
	lent and rent items	459,106	468,895		928,001
	quipment	16,243	212,282		228,525
	cost or depreciation of EDP equipment and software				
	rinting and stationery	46,070	131,456		177,526
	ostage, telephone and telegraph, exchange and express	319,377	474,714		794,091
	egal and auditing	220,452	395,798		616,250
	otals (Lines 3 to 18)	2,978,595	7,350,338		10,328,933
	axes, licenses and fees:				
	0.1 State and local insurance taxes deducting guaranty				
	association credits of \$ 0		2,591,696		2,591,696
2	0.0 Insurance described and force				
	0.3 Gross guaranty association assessments				
	0.4 All other (excluding federal and foreign income and real estate)		7,061		7,061
	0.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		2,598,757		2,598,757
	Real estate expenses				
	Real estate taxes				
	Reimbursements by uninsured plans				
	ggregate write-ins for miscellaneous expenses	429,372	1,130,695	202,222	1,762,289
25.	Total expenses incurred	14,220,505	24,058,241	202,222	
		6,584,660	2,339,040		8,923,700
	dd unpaid expenses—prior year	4,045,359	2,515,623		6,560,982
	mounts receivable relating to uninsured plans, prior year		2,010,020		
	mounts receivable relating to uninsured plans, current year				
	OTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	11,681,204	24,234,824	202,222	36,118,250
I	(-moo to to to to to to	11,001,204	21,207,027	202,222	1 30,110,200

DETAILS OF WRITE-IN LINES				
2401. IT systems Support & Product development	429,348	1,008,047		1,437,395
2402. Line Of Credit Fees			202,222	202,222
2403. Disaster Recovery		122,232		122,232
2498. Sum of remaining write-ins for Line 24 from overflow page	24	416		440
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	429.372	1.130.695	202.222	1.762.289

⁽a) Includes management fees of \$ 0 to affiliates and \$ 7,493,364 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

•		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	Daning roas
1.1	Panda avamat from U.C. toy		
1.2	Other hands (unaffiliated)	(a) (a)	
1.3	Ronds of affiliates	(a)	
2.1	Professed stocks (unoffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	(0)	
2.21	Common stocks of affiliates		
3.	Mortgage leans	(c)	
4.	Real estate	(d)	
5.	Contract loans	1 .(*/	
6.	Cash, cash equivalents and short-term investments	(e) 128,169	127,830
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	128,169	127,830
11.	Investment expenses		(g) 202,222
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)		202,222
17.	Net investment income (Line 10 minus Line 16)		(74,392)
	DETAILS OF WRITE-IN LINES		

	DETAILS OF WRITE-IN LINES	
0901.	NAME	
0902.	NIC) NI E	
0903.	INOINL	
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	
1501.		
1502.	NIONE	
1503.	NUNE	
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 I	buildings; and excludes \$ 0 interes	t 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, exc	luding federal income taxes,
	attributable to segi	regated 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 asse	ets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other hands (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11						
2.2	Common stocks (unaffiliated)					
2.21	Common stocks (unaffiliated) Common stocks of affiliates		NE			
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. 0902.	NO	 	
0903.	INUI		
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

				3
		1 Current Year	2	3
		Total	Prior Year	Change in Total
		Nonadmitted	Total	Nonadmitted Assets
		Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
		710000	Trondamiliou 7 locoto	(001. 2 001. 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 liens			
	3.2 Other than first liens			
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)			
	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
	Title plants (for Title insurers only)			
	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	61,953	91,896	29,943
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
	15.3 Accrued retrospective premiums			
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			
	Current federal and foreign income tax recoverable and interest thereon			
	Net deferred tax asset			
	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
	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			
	Health sare and other amounts receiveble			
	Associated the forest forest transfer and a second	438,195	541,335	103,140
	Aggregate write-ins for other-than-invested assets Total assets excluding Separate Accounts, Segregated Accounts and	400,100	0+1,000	100,140
20.	Protected Cell Accounts (Lines 12 to 25)	500,148	633,231	133,083
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	1		100,000
	Total (Lines 26 and 27)	500,148	633,231	133,083
	TOWN LENGO ZO WING ZI)	. 300,140	000,201	133,003

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. N () N			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Surcharge Receivable	276,945	322,033	45,088
2502. Due from Agents	121,611	113,862	(7,749)
2503. Prepaid Assets	39,639	105,440	65,801
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	438,195	541,335	103,140

1. Summary of Significant Accounting Policies

A. Accounting Practices

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.

The state of Texas requires insurance companies domiciled in the state of Texas to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioner's ("NAIC") *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Texas Insurance Department.

Reconciliations of net income and policyholder's surplus between the amounts reported in the accompanying financial statements (Texas basis) and NAIC statutory accounting practices follow:

Net Income	2014	2013
Net Income as reported	\$ 20,087,934	\$ 13,230,043
Effect of Texas prescribed practices	-	-
Effect of Texas permitted practices		
NAIC statutory accounting practices basis	\$ 20,087,934	\$ 13,230,043
,		
Policyholder's surplus	December 31, 2014	December 31, 2013
Policyholder's surplus as reported	\$5,978,071	(\$13,421,741)
Effect of Texas prescribed practices	-	-
Effect of Texas permitted practices	-	-
NAIC statutory accounting practices basis	\$5,978,071	(\$13,421,741)

B. Uses of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. Significant estimates included in the accompanying financial statements are the reserve for losses, loss adjustment expenses, and premiums ceded.

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 such acquisition costs 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 historical cost, which approximates market value.
- 2) 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.
- 2. Accounting Changes and Corrections of Errors
 - A. Material Changes in Accounting Principals

 There were no changes in accounting principles.
 - B. Correction of Errors- There were no corrections due to errors.
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable
- 5. Investments

Short–term investments are stated at historical cost, which approximates market value.

6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

- 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 Non admitted None
- 8. Derivative Instruments Not Applicable
- 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.

- A. Components of Net Deferred Tax Assets Not Applicable
- B. Unrecognized Deferred Tax Liabilities Not Applicable
- C. Current Tax and Change in Deferred Tax– Not Applicable
- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Not Applicable
- E. Operating Loss and Tax Credit Carry-forward and Protective Tax Deposits Not Applicable
- F. Consolidated Federal Income Tax Return Not Applicable
- G. Federal or Foreign Federal Income Tax Loss Contingencies- Not Applicable
- 10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties
 - A. Nature of Relationship

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

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 2014 and 2013 the Association incurred expenses from TWIA under its contract in the amounts of \$7,493,364 and \$8,060,220 respectively. As of December 31, 2014 and 2013, the Association had outstanding expenses for which it has reimbursed TWIA in the amount of \$715,489 and \$729,048, respectively. The amounts are recognized in the statutory statements of liabilities, surplus and other funds as a payable to Texas Windstorm Insurance Association.

- B. Detail of Transactions Greater than ½% of Admitted Assets Not Applicable
- C. Changes in Terms of Intercompany Arrangements Not Applicable
- D. Amounts Due from Related Parties- Not Applicable
- E. Guarantees or Contingencies 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 Not Applicable
- 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-down for Impairments of Investments in Affiliates Not Applicable
- $K. \quad For eign\ Insurance\ Subsidiary\ Valued\ Using\ CARVM-Not\ Applicable$
- L. Downstream Holding Company Valued Using Look-through Method- Not Applicable
- 11. Debt Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations Not Applicable
- 14. Contingencies
 - A. Contingent Commitments Not Applicable
 - B. Guaranty Fund and Other Assessments
 - (1) Liability and Related Asset

The Association is subject to a fire assessment by the State of Texas in which the Association writes business. The assessment is premium-based and recorded at the time the premiums are written. The Association is not subject to loss-based assessments. The Association has accrued a liability for fire assessment of \$97,000 and \$175,000 in 2014 and 2013 respectively. The amounts recorded represent management's best estimates based on assessment rate information received from the State of Texas.

- (2) Rollforward of Related Assets
 - The assets in included in surcharge receivable have been fully non-admitted as of both 2014 and 2013. Policy surcharges collected were \$65,752 and \$0 in 2014 and 2013, respectively.
- C. Gain Contingencies Not Applicable
- $D. \quad Extra\ Contractual\ Obligation\ and\ Bad\ Faith\ Losses-None$
- E. Product Warranties- Not Applicable
- F. Joint and Several Liabilities
- G. Other Contingencies None

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 activities. 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.

- 15. Leases– Not Applicable
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing Federal Agents/Third Party Administrators Not Applicable

20. Fair Value Measurement

The Association has no assets or liabilities that are measured and reported at fair value in the statutory financial statements. Short-term investments are recorded at cost which approximates market value.

21. Other Items

- A. Extraordinary Items Not Applicable
 B. Troubled Debt Restriction Troubled Debt Restructuring for Debtors – Not Applicable
- C. Other Disclosures Not Applicable
- D. Business Interruption Insurance Recoveries Not Applicable
- State Transferable Tax Credits Not Applicable E.
- Subprime Mortgage Related Exposure Not Applicable

22. Subsequent Events

The Association has evaluated subsequent events occurring after December 31, 2014, the date of the most recent balance sheet date, through February 23, 2015, the date the annual statement was issued. The Association does not believe any subsequent events have occurred that would require further disclosure or adjustment to the statutory financial statements

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, 2014, in 000's.

Federal ID #	NAIC Code	Name of Reinsurer	<u>2014</u>
AA-3190770		ACE TEMPEST REINS CO LTD	\$185

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 policyholder's surplus from an individual reinsurer or exceed 10% of policy holder's surplus in aggregate.

C. Reinsurance Assumed and Ceded and Protected Cells

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

											Α	ssumed
	Ass	umed	Assumed		Ceded Ceded		Net		Le	ss Ceded		
	Une	arned C		Commission		Unearned		Commission		Unearned		mmission
	Pren	niums	Eq	uity	Pre	miums	Equity		Premiums			Equity
Affiliates All	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Others		-		-	\$20,	593,850	\$617	7,816	(\$2	0,593,850)	(\$6	17,816)
Total	\$	-	\$	-	\$20,	593,850	\$617	7,816	(\$20),593,850)	(\$6	17,816)

Direct unearned premium reserves at the end of the current year \$66,531,693.

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 would have been approximately \$2,059,385 for the fiscal year ended December 31, 2014.

D. Uncollectible Reinsurance – Not Applicable

- 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 Reinsurance Downgraded or Status Subject to Revocation Not Applicable
- 24. Retrospectively Rated Contracts and Contacts Subject to Redetermination Not Applicable
- 25. Changes in Incurred Losses and Loss Adjustment Expenses

The estimated cost of loss and loss adjustment expense (LAE) attributable to insured events of prior years decreased by approximately \$5 million during 2014 and decreased by approximately \$7 million during 2013. Increases and decreases of this nature occur as the result of claim settlements during the current year, and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims.

	2014	2013
Beginning Balance	\$25,879,288	\$25,293,361
Less: reinsurance recoverables	-	-
Net beginning balance	\$25,879,288	\$25,293,361
Net incurred related to:		
Current loss year	\$50,038,433	\$46,836,085
Prior loss years	(4,968,258)	(7,398,254)
Net losses and loss adjustment expense incurred	45,070,175	39,437,831
Net paid related to:	45,070,175	37,437,031
Current loss year	(34,325,540)	(29,551,591)
Prior loss years	(11,146,589)	(9,300,312)
Net paid losses and loss adjustment expense	(45,472,129)	(38,851,904)
Net ending balance	\$25,477,334	\$25,879,288
Plus: reinsurance recoverables	-	-
Ending balance	\$25,477,334	\$25,879,288

The Company attempts to consider all significant facts and circumstances known at the time loss reserves are established. 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. Therefore, actual paid damages in the future may yield a material different favorable or unfavorable amount than currently reserved. While the Company believes that the estimated for loss and loss adjustment expense reserves are adequate as of December 31, 2014, there can be no assurance that the estimates and the extended period of time that it can take to settle claims may change the results of operations.

The Company does not issue and retrospective rated policies, as such, the net incurred increase or decrease related to prior years did not result in any direct accrual of additional premiums.

- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves

The Association evaluated the need to record a premium deficiency reserve as of the end of the current year. No such reserve was required. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.

- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos / Environmental Reserves Not Applicable
- 34. Subscriber Savings Account Not Applicable
- 35. Multiple Peril Crop Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

PART 1 – COMMON INTERROGATORIES

		GENE	RAL		
	s the reporting entity a member of an Insurance Holding Company Spersons, one or more of which is an insurer?	System consisting	g of two or more affiliated	Yes[] No	o[X]
	f yes, complete Schedule Y, Parts 1, 1A and 2.				
	f yes, did the reporting entity register and file with its domiciliary Star Superintendent or with such regulatory official of the state of domicile System, a registration statement providing disclosure substantially signs association of Insurance Commissioners (NAIC) in its Model Insurance and model regulations pertaining thereto, or is the reporting entity substantially similar to those required by such Act and regulations?	e of the principal imilar to the stand nce Holding Comp	insurer in the Holding Company dards adopted by the National pany System Regulatory Act	Yes[] No	o[] N/A [X]
1.3	State Regulating?				
	las any change been made during the year of this statement in the settlement of the reporting entity?	charter, by-laws,	articles of incorporation, or deed of	Yes[] No	p[X]
2.2	f yes, date of change:				
3.1	State as of what date the latest financial examination of the reporting	g entity was made	e or is being made.	1	12/31/2012
	State the as of date that the latest financial examination report becar he reporting entity. This date should be the date of the examined be completed or released.				12/31/2012
	State as of what date the latest financial examination report became the state of domicile or the reporting entity. This is the release date not the date of the examination (balance sheet date).				10/24/2014
	By what department or departments? Fexas Department of Insurance				
	Have all financial statement adjustments within the latest financial exsubsequent financial statement filed with departments?	xamination report	t been accounted for in a	Yes [X] N	o[] N/A []
3.6	lave all of the recommendations within the latest financial examinat	ion report been c	complied with?	Yes[X] N	o[] N/A[]
	During the period covered by this statement, did any agent, broker, stales/service organization or any combination thereof under common eporting entity) receive credit or commissions for or control a substate of business measured on direct premiums) of:	n control (other th	han salaried employees of the than 20 percent of any major line	Yes [] No	N(Y)
		.12 renewals?	business:	Yes [] No	
	During the period covered by this statement, did any sales/service or eporting entity or an affiliate, receive credit or commissions for or commissions are made and the premiums of the commissions of the commission of the commission of the commission of the commission of the com	-			
		.21 sales of new .22 renewals?	business?	Yes [] No Yes [] No	
5.1	las the reporting entity been a party to a merger or consolidation du	uring the period or	overed by this statement?	Yes[] No	o[X]
	f yes, provide the name of the entity, NAIC Company Code, and sta any entity that has ceased to exist as a result of the merger or consc		se two letter state abbreviation) for		
	1		2	3	
	Name of Entity		NAIC Company Code	State of Domicile	
	Name of Entity			State of Domicile	

2 if yes, give full information: 10 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? 11 2.1 State the peacentage of foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the instinctially of its manager or althorney-in-late and lentity the type of entity(s) (e.g., individual cooperation, povernment, manager or althorney-in-late); 12 Nationality Type of Entity 13 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 14 2 Nationality Type of Entity 15 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 16 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 17 Yes [] No [X] 18 Is the company affiliated with one or more banks, thrifts or securities firms? 19 If response to 8.1 is yes, please provide the names and coctons (city and state of the main office) of any affiliates regulated by a federal firmation inquisitory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Company (COC), the Federal Deposit Insurance Corporation (FDC) and the Securities Enchange Commission (SEC)] and dentity the affiliates agency local regulator. 18 If the name and address of the independent certified public accountant or accounting firm refaired to conduct the structure and offices of the independent certified public accountant or accounting firm refaired to conduct or service security and structure of the Annual Firancial Reporting Model Regulation (Model Audit Rule), and structure or regulation? 19 In the time are and address of the independent certified public accountant or accounting firm refaired to conduct or requirements as allowed in Section 174 of the Model Regulation, or substantially smaller state less or regulation? 19 In the time reported only accountant requirements as allowed in Section 174 of the Model Regulation, or substantially smaller state less or regulation.	2 If ves. give		I entity during the re	eporting period?		Y	es[]No[X	[]
2 If yes. 7.21 State the percentage of foreign control. 7.22 State the percentage of foreign person(s) or entity(s); or if the entity is a mutual or reproduct, the nationality(s) of the foreign person(s) to entity(s); or entity(s); or entity(s) or entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact and identity the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 1 Type of Entity 1 1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 2 If response to 8.1 is yes, please identify the name of the bank holding company. 3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 4 If response to 8.2 is yes, please provide the names and locations (oby and state of the main office) of any affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 4 If response to 8.3 is yes, please provide the names and locations (oby and state of the main office) of any affiliated variety of the Comptoint of the Common of Corporation (FRB), the Office of the Comptoint of the Correcty (OCC), the Federal Deposit Insurance Corporation (FRB), the Office of the Comptoint of the Correcty (OCC), the Federal Deposit Insurance Corporation (FRB), and the Securities Eschange Commission (SEC)) and identify the affiliate's primary federal regulator. 1 2 3 3 4 5 6 Affiliate Affiliate and identify the affiliate's primary federal regulator. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audi? Calibroun, Thomson & Matza, LLP, 9600 Arborehum Bird, Austin, TX 78799 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 71 of the Annual Financial Reporting Model Regulation (Model Regulation or substantially similar state law or regulation? Yes [] No [X] 2 If response to 10.		e full information:						
2. If yes, 7.21 State the percentage of foreign combrot. 7.22 State the percentage of foreign person(s) or entity(s); or if the entity is a mutual or reproposal, the analosality(s) of the foreign person(s) or entity(s); or entity(s); or entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact and isontity the type of entity(s) (e.g., individual, corporation, government, manager or ettorney-in-fact). 1 2 1 Type of Entity 1 1 2 Nationality 1 Type of Entity 1 1 1 2 Nationality 1 Type of Entity 1 1 2 Nationality 2 If response to 8.1 is yes, please identify the name of the bank holding company. 2 If response to 8.1 is yes, please provide the names and locations (oit) and state of the main office) of any affiliates regulated by a federal financial regulatory services apendic; (in the Federal Reserve Board (FRB), the Office of the Comption of the Common of the Comption of the Common of								
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T21 State the pationality (s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the indicinality of its interager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, menager or attorney-in-fact). 1 2 Nationality Type of Entity	Does any f	foreign (non-United States) person or entity dir	ectly or indirectly co	ntrol 10% or more of the reporting en	tity?	Y	es[]No[X	[.]
T.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 altomey-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or altomey-in-fact). 1 2 Nationality Type of Entity It response to 8.1 is yes, please identify the name of the bank holding company. It responses to 8.1 is yes, please identify the name of the bank holding company. It responses to 8.3 is yes, please provide the name of the bank holding company. It responses to 8.3 is yes, please provide the name and locations (city and state of the main office) of any affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliated by a floorer infrancial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comproy (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 Affiliate Location Name (City, State) FRB OCC FDIC SEC What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual aud/? Calhoun, Thomson & Matza, LLP, 9600 Arboretum Blvd, Austin, TX 78759 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 71 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X] Has the insurer been granted any exemptions related to this exemption:		7 21 State the percentage of foreign con	ntrol					
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If response to 8.1 is yes, please identify the name of the bank holding company. Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 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 (SECI) and identify the affiliate's primary federal regulator. 1		Nationality						
Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 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 2 3 4 5 6 Affiliate Location Name (City, State) FRB OCC FDIC SEC 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, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to this exemption:	Is the com	npany a subsidiary of a bank holding company r	regulated by the Fed	deral Reserve Board?		Y	es[]No[X	.]
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 Comptoller 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 2 3 4 5 6 Affiliate Location (City, State) FRB OCC FDIC SEC Name (City, State) FRB OCC FDIC SEC SEC SEC SEC SEC SEC SEC SEC SEC SE	If response	e to 8.1 is yes, please identify the name of the	bank holding compa	any.				
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 Comptoller 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 2 3 4 5 6 Affiliate Location (City, State) FRB OCC FDIC SEC Name (City, State) FRB OCC FDIC SEC SEC SEC SEC SEC SEC SEC SEC SEC SE								
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 Comptoller 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 2 3 4 5 6 Affiliate Location (City, State) FRB OCC FDIC SEC Name (City, State) FRB OCC FDIC SEC SEC SEC SEC SEC SEC SEC SEC SEC SE								
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 Comproller 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 2 3 4 5 6 Affiliate Location (City, State) FRB OCC FDIC SEC Name (City, State) FRB OCC FDIC SEC SEC SEC SEC SEC SEC SEC SEC SEC SE			···					•
Affiliate Name (City, State) FRB OCC FDIC SEC 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, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation? Yes [] No [X]							_	
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, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]		4		•				
conduct the annual audit? Calhoun, Thomson & Matza, LLP, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]		•			3	4	5	6
conduct the annual audit? Calhoun, Thomson & Matza, LLP, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]		Affiliate		Location		OCC		
conduct the annual audit? Calhoun, Thomson & Matza, LLP, 9600 Arboretum Blvd, Austin, TX 78759 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] Has the insurer been granted any exemptions related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]		Affiliate		Location		OCC		
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] If response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]		Affiliate		Location		OCC		
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] If response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	conduct th	Affiliate Name e name and address of the independent certificate annual audit?		Location (City, State)		OCC		
Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	conduct th	Affiliate Name e name and address of the independent certificate annual audit?		Location (City, State)		OCC		
Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	conduct th Calhoun, 1	Affiliate Name e name and address of the independent certificate annual audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the profountant requirements as allowed in Section 7H	Austin, TX 78759 hibited non-audit ser of the Annual Finar	Location (City, State) t or accounting firm retained to	FRB		FDIC	SEC
Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	conduct th Calhoun, 1	Affiliate Name e name and address of the independent certification and audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the probountant requirements as allowed in Section 7H b), or substantially similar state law or regulation	Austin, TX 78759 nibited non-audit ser of the Annual Finar	Location (City, State) t or accounting firm retained to	FRB		FDIC	SEC
If response to 10.3 is yes, provide information related to this exemption:	conduct th Calhoun, 1	Affiliate Name e name and address of the independent certification and audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the probountant requirements as allowed in Section 7H b), or substantially similar state law or regulation	Austin, TX 78759 nibited non-audit ser of the Annual Finar	Location (City, State) t or accounting firm retained to	FRB		FDIC	SEC
	Has the inspublic according Rule If response	Affiliate Name e name and address of the independent certificate annual audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the profountant requirements as allowed in Section 7H on or substantially similar state law or regulation e to 10.1 is yes, provide information related to the surer been granted any exemptions and the surer been granted any exemption and the surer been granted any exemptio	Austin, TX 78759 hibited non-audit ser of the Annual Finar n? this exemption:	Location (City, State) t or accounting firm retained to vices provided by the certified independental Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC
	Has the inspublic accordant Rule If response Has the inspublic Audit Rule	Affiliate Name e name and address of the independent certific annual audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the prohountant requirements as allowed in Section 7H etc.), or substantially similar state law or regulation etc. 10.1 is yes, provide information related to the surer been granted any exemptions related to the gulation as allowed for in Section 17A of the Mogulation as allowed for in Section 17A of the	Austin, TX 78759 hibited non-audit ser of the Annual Finar n? this exemption:	Location (City, State) t or accounting firm retained to vices provided by the certified independental Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC
	Has the inspublic accordant Rule If response Has the inspublic accordant Rule Has the inspublic accordant Rule	Affiliate Name e name and address of the independent certific annual audit? Thomson & Matza, LLP, 9600 Arboretum Blvd, surer been granted any exemptions to the prohountant requirements as allowed in Section 7H etc.), or substantially similar state law or regulation etc. 10.1 is yes, provide information related to the surer been granted any exemptions related to the gulation as allowed for in Section 17A of the Mogulation as allowed for in Section 17A of the	Austin, TX 78759 hibited non-audit ser of the Annual Finar n? this exemption:	Location (City, State) t or accounting firm retained to vices provided by the certified independental Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC

10.5	Has the reporting entity established an Audit Committee in compliance with the domiliciary 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?	
	James Colin Murphy, FCAS, MAA, 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	
10.2	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 []
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?	
	 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 []
4.11	If the response to 14.1 is no, please explain:	
14.2	Has the code of ethics for senior managers been amended?	Yes[]No[X]
4.21	If the response to 14.2 is yes, provide information related to amendment(s).	

1.3	Have any provisions of the code of ethics b	een waived for any of the spe	ecified officers?	Yes[]No[X]	
1	If the response to 14.3 is yes, provide the n	nature of any waiver(s).			
I	Is the reporting entity the beneficiary of a Lo	etter of Credit that is unrelated	d to reinsurance where the issuing or		
	confirming bank is not on the SVO Bank Lis	st?		Yes[]No[X]	
	-				
2	If the response to 15.1 is yes, indicate the A	American Bankers Association	n (ABA) Routing Number and the name of the		
	issuing or confirming bank of the Letter of C	Credit and describe the circum	nstances in which the Letter of Credit		
	is triggered.				
	1	2	3	4	
	American				
	Bankers				
	Association	Issuing or Confirming			
	(ABA) Routing Number	Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount	
	, ,				
_					
		BUVE	RD OF DIRECTORS		
		DUAR	ND OF DIRECTORS		
	In the construction of all the entire states	COLOR OF THE COLOR	and the state of the board of the state of		
١.	Is the purchase or sale of all investments or	t the reporting entity passed u	ipon eitner by the board of directors or		
	a subordinate committee thereof?			Yes [X] No []	
٠.	Does the reporting entity keep a complete p	permanent record of the proce	eedings of its board of directors and all		
	subordinate committees thereof?			Yes [X] No []	
8.	Has the reporting entity an established production		·		
	· ·	nterest 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		
,	Has this statement been prepared using a l	hasis of accounting other than	Statutory Accounting Principles (e.g.		
,.	Generally Accepted Accounting Principles)	-	Totalulory Accounting Filliopies (e.g.,	Yes[]No[X]	
	Generally Accepted Accounting Finiciples)	·		Tes[]NO[X]	
1	Total amount looped during the year (include	nive of Concrete Associate av	aluaina of policy loops).		
l	Total amount loaned during the year (inclus			•	
			To directors or other officers	\$ \$	
			To stockholders not officers	\$	
		20.13	Trustees, supreme or grand (Fraternal only)	\$	
_					
2	Total amount of loans outstanding at the er				
		20.21	To directors or other officers	\$	
		20.22	To stockholders not officers	\$ \$	
		20.23	Trustees, supreme or grand (Fraternal only)	\$	
1	Were any assets reported in this statement	subject to a contractual obliga	ation to transfer to another party without the		
	liability for such obligation being reported in	the statement?		Yes[]No[X]	
2	If yes, state the amount thereof at December	er 31 of the current year:			
		•	Rented from others	\$	
		21.22 [Borrowed from others	\$	
			Leased from others	\$	
		21.24 (\$	
				•	
l	Does this statement include payments for a	assessments as described in t	the Annual Statement Instructions other than		
	guaranty fund or guaranty association asse			Yes[]No[X]	
	• •				

22.2	2 If answer is yes:		
	22.21 Amount paid as losses or ris	sk adjustment	\$
	22.22 Amount paid as expenses		\$
	22.23 Other amounts paid		\$
23.1	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	2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:		\$
	INVESTMENT		
24.01	1 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	2 If no, give full and complete information, relating thereto:		
LT.UZ	TFPA does not hold any stocks, bonds or other securities. TFPA only holds cash bank accounts and	CD's.	
24.03	3 For security lending programs, provide a description of the program including value for collateral and		
	securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference No information is also provided)	ote 17 where this	
	TFPA has no security lending program.		
24.04	4 Does the company's security lending program meet the requirements for a conforming program as or	utlined in the	
	Risk-Based Capital Instructions?		Yes[] No[] N/A [X]
24.05	5 If answer to 24.04 is yes, report amount of collateral for conforming programs.		\$
24.03	on answer to 24.04 is yes, report amount of collateral for comorning programs.		Ψ
24.06	6 If answer to 24.04 is no, report amount of collateral for other programs.		\$
24.07	7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities)	es) from the	Vee [1 Ne [1 N/A [V]
	counterparty at the outset of the contract?		Yes[] No[] N/A [X]
24.08	B Does the reporting entity non-admit when the collateral received from the counterparty falls below 10	00%?	Yes[] No[] N/A [X]
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities	s 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:	
0	or to the reporting charge observing intelling program, each the amount of the following according to	or or the darrow 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		\$
	2 payable for occarring topolica on the hability page		¥
25.1	1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the co	urrent 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 2	24.03).	Yes [] No [X]

Cubicat to requirehees agreements

25 21

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

ZJ.Z I	Subject to reputchase agreements	Ψ	
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	2	3
Nature of Restriction	Description	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? If no, attach a description with this statement.

Yes [] No [] N/A [X]

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.

ф			

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]

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

1	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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	2	3	4
	Old Custodian	New Custodian	Date of Change	Reason
1				

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address

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

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

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
(from above table)	of the Mutual Fund	Attributable to the Holding	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	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
30.1 Bonds			
30.2 Preferred stocks			
30.3 Totals			

30.4	Т	F	Р	Α	C	Ю	es	s	no	ot	ŀ	na	۷	е	S	h	0	rt	-1	e	rr	n	b	0	n	ds	3,	lc	or	10	1-t	te	rr	n	b	0	n	ds	s i	OI	r ı	ıq	re	fe	er	re	90	1	st	00	ck	s.																									
		•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•					•	•	•	•	•	•	•			•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•		•	•	•	 •	•	•	 •	•	•	 •	•		•		•		

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 re	liable 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 of	Securities Valuation Office been	
JZ.1	followed?		Yes[]No[X]
32.2	If no, list exceptions: The TFPA had nothing to file with the SVO.		
	ОТНЕ	ER	
33.1	Amount of payments to trade associations, service organizations and statistical or Rat	ting Bureaus, if any? \$_	230,780
33.2			
	1	2	
	Name	Amount Paid	
	Insurance Services Office,Inc		
		\$	
34.1	Amount of payments for legal expenses, if any?	\$_	346,622
		5 11	
34.2		or more of the total	
	payments for legal expenses during the period covered by this statement.		
	1	2	
	Name	Amount Paid	
	TERIS	\$ 107,029	
		\$	
35.1	Amount of payments for expenditures in connection with matters before legislative boo of government, if any?	dies, officers or departments	
32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been follower? Yes [] No [X] 32.2 If no, list exceptions: The TFPA had nothing to file with the SVO. OTHER 33.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$			
35.2	payment expenditures in connection with matters before legislative bodies, officers or		
	,		
	1 Name	2 Amount Paid	

1	2
Name	Amount Paid
	\$
	\$
	\$

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct	t Medicare Supp	plement 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 1.31 Reason for excluding	d on the Medica	re Supplement Insurance Experier	nce Exhibit?	\$
1.4 Indicate amount of earned premium attri1.5 Indicate total incurred claims on all Med1.6 Individual policies:			led in Item (1.2) above.	\$ \$
		current three years:		
	1.61 1.62	Total premium earned Total incurred claims		\$
	1.63	Number of covered lives		Ψ
		ars prior to most current three year	rs:	
	1.64 1.65	Total premium earned Total incurred claims		\$
	1.66	Number of covered lives		\$
1.7 Group policies:				
		current three years:		•
	1.71 1.72	Total premium earned Total incurred claims		\$
	1.72	Number of covered lives		Ψ
		ars prior to most current three year	rs:	œ.
	1.74 1.75	Total premium earned Total incurred claims		\$ \$
	1.76	Number of covered lives		·
2. Health Test:			1	2
	2.1	Premium Numerator	Current Year \$	Prior Year
	2.2	Premium Denominator	\$ \$	
	2.3	Premium Ratio (2.1 / 2.2)		
	2.4 2.5	Reserve Numerator Reserve Denominator	\$ \$_	
	2.5	Reserve Ratio (2.4 / 2.5)	ν ν	
3.1 Does the reporting entity issue both part	ticipating and no	n-participating policies?		Yes[]No[X]
3.2 If yes, state the amount of calendar year	r premiums writt	en on:		
	3.21	Participating policies		\$
	3.22	Non-participating policies		\$
4. For Mutual reporting entities and Recipro	ocal Exchanges	only:		
4.1 Does the reporting entity issue assessal	ole policies?			Yes[]No[X]
4.2 Does the reporting entity issue non-asse	essable policies?	?		Yes[]No[X]
4.3 If assessable policies are issued, what is	s the extent of th	e contingent liability of the policyh	nolders?	%
4.4 Total amount of assessments paid or or	dered 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 compen	sation	Yes[]No[X]N/A[]
	5.22	As a direct expense of the excha	ange	Yes[]No[X]N/A[]
5.3 What expenses of the Exchange are not	t paid out of the	compensation of the Attorney-in-fa	act?	
5.4 Has any Attorney-in-fact compensation,	contingent on fu	ulfillment of certain conditions, bee	en deferred?	Yes[]No[X]
5.5 If yes, give full information				
6.1 What provision has this reporting entity compensation contract issued without lin Texas Fair Plan does not write Workers			e event of a catastrophe under a worl	cers'
	Compensation I	nsurance		

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 CLASIC/2 and RMS RiskLink software models, modeling the risk of Hurricane and other wind hazards. The PML is comprised of residental property exposure in and around the Houston, Texas greater metropolitan area.	
	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 \$240 M 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 \$34M 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	
	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	
	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 [X] No []
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 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 [X] No []
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 31 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,(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation	Yes[]No[X]
	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]

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	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]
	Has the reporting entity guaranteed policies issued by any other entity and now in force: If yes, give full information	Yes [] No [X]
	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?	\$
	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	
	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):	\$ 1,899,430
		,
	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]
	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:	
	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	
	Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage:	Yes[]No[X]
	1 2 3 4 5	
	Direct Losses Direct Written Direct Premium Direct Premium Incurred Unpaid Premium Unearned Earned	
	16.11 Home \$ \$ \$ \$ \$ \$ 16.12 Products \$ \$ \$ \$	
	16.12 Products \$ \$ \$ \$ \$ \$ \$ 16.13 Automobile \$ \$ \$ \$ \$	
	16.14 Other* \$ \$ \$ \$	
	* Disclose type of coverage:	

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.	.1 Does the reporting entity include amounts recoverable on unauthorize Schedule F – Part 5.	ed reinsurance in Schedule F – Part 3 that it excludes from	Yes [] No [X]
	Incurred but not reported losses on contracts in force prior to July 1, Schedule F – Part 5. Provide the following information for this exemp		
	excluded from 17.12 Unfunded points 17.13 Paid losses 17.14 Case resent 17.15 Incurred but 17.16 Unearned points 17.17 Contingent 17.17 Contingent 17.18 Gross amount excluded from 17.19 Unfunded points 17.19 Unfunded poi	unt of unauthorized reinsurance in Schedule F – Part 3 om Schedule F – Part 5 ortion of Interrogatory 17.11 and loss adjustment expenses portion of Interrogatory 17.11 t not reported portion of Interrogatory 17.11 oremium portion of Interrogatory 17.11 commission portion of Interrogatory 17.11 hedule F – Part 3 and excluded from Schedule F – Part 5, not included a unt of unauthorized reinsurance in Schedule F – Part 3 om Schedule F – Part 5 ortion of Interrogatory 17.18	\$
	17.21 Case resen 17.22 Incurred bu 17.23 Unearned p	and loss adjustment expenses portion of Interrogatory 17.18 ves portion of Interrogatory 17.18 t not reported portion of Interrogatory 17.18 vermium portion of Interrogatory 17.18 commission portion of Interrogatory 17.18	\$ \$ \$ \$
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 re	porting 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 adminstered as of the	reporting date.	\$

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
		2014	2013	2012	2011	2010
	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.	Descriptions (Lines 4.0.0.40.04.00)	40,272,807	36,695,273	30,180,990	24,483,890	20,941,975
3.		92,932,744	85,987,402	72,202,203	58,582,135	52,982,160
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		05,507,402	72,202,203	30,302,133	02,302,100
5.	Nonprepartianal reinsurance lines (Lines 21, 22 9, 22)					
	Total // inc 25\	133,205,551	122,682,675	102,383,193	83,066,025	73,924,135
0.	Net Premiums Written (Page 8, Part 1B, Col. 6)	155,205,551	122,002,013	102,300,133	03,000,023	73,324,133
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, 0, 12, 21, 9, 26)	27,914,356	25,118,219	19,321,664	14,084,287	13,754,641
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	64,096,359	58,974,276	46,863,778	33,699,203	34,339,524
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	04,030,333	50,574,270	40,000,770	33,033,203	04,000,024
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	T + 141: 05)	92,010,715	84,092,495	66,185,442	47,783,490	48,094,165
12.	Statement of Income (Page 4)	32,010,713	04,032,433	00,100,442	47,700,430	10,034,103
12	, ,	20,276,780	13 204 060	8,081,339	(22.065.200)	(10.715.361)
14.	Net underwriting gain (loss) (Line 8) Net investment gain (loss) (Line 11)		13,294,960	(137,153)	(22,065,209)	(10,715,361)
	T-1-1-14	(74,392)	(149,789)		1	
15.	Total other income (Line 15) Dividends to policyholders (Line 17)	(114,454)	84,872	(590,018)	(199,081)	(786,690)
16.						
l .	Federal and foreign income taxes incurred (Line 19)	00 007 004	42 020 042	7.054.400	(00,000,050)	(44.040.020)
18.	Net income (Line 20)	20,087,934	13,230,043	7,354,168	(22,282,659)	(11,640,638)
40	Balance Sheet Lines (Pages 2 and 3)	400 044 500	00.044.504	50 707 000	47,000,400	50 400 404
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	103,014,582	80,944,521	56,707,383	47,203,436	52,163,484
20.		0.050.700	20.047	54.040	50.040	404 ===
	20.1 In course of collection (Line 15.1)	2,358,708	60,017	51,812	59,913	131,757
	20.2 Deferred and not yet due (Line 15.2)	12,711,495	15,771,970	14,966,753	11,446,110	11,066,452
	20.3 Accrued retrospective premiums (Line 15.3)					
	Total liabilities excluding protected cell business (Page 3, Line 26)	97,036,512	94,366,260	82,429,478	81,063,505	69,612,165
22.	Losses (Page 3, Line 1)	18,892,674	21,833,930	21,132,145	23,669,104	17,467,503
23.	Loss adjustment expenses (Page 3, Line 3)	6,584,660	4,045,359	4,161,216	11,704,526	6,684,751
24.	Unearned premiums (Page 3, Line 9)	45,937,843	43,332,325	34,582,801	25,277,753	24,557,168
25.	Capital paid up (Page 3, Lines 30 & 31)					
26.	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	5,978,071	(13,421,739)	(25,722,095)	(33,860,069)	(17,448,681)
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	22,984,845	23,336,541	6,624,970	(2,662,902)	(3,015,979)
	Risk-Based Capital Analysis					
28.	Total adjusted capital	5,978,071	(13,421,739)	(25,722,095)	(33,860,069)	(17,448,681)
29.		8,393,934	7,611,602	7,027,358	5,669,180	6,191,019
	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.	· · · · · · · · · · · · · · · · · · ·		100.0	100.0	100.0	100.0
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.						
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.						
44.			1			
45.	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					İ
	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) Affiliated mortgage loans on real estate All other affiliated					
	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) Affiliated mortgage loans on real estate					
47.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) Affiliated mortgage loans on real estate All other affiliated					
47. 48.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) Affiliated mortgage loans on real estate All other affiliated Total of above Lines 42 to 47					

FIVE - YEAR HISTORICAL DATA

(Continued)

•		1	2	3	4	5
		2014	2013	2012	2011	2010
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52. 53.	Dividends to stockholders (Line 35) Change in surplus as regards policyholders for the year (Line 38)	19,399,812	12,300,354	8,137,974	(16,411,388)	(7,695,485)
	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. 56.	Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	10,643,562 23,147,365	9,912,215 19,293,924	9,665,807 21,498,774	17,652,048 74,182,367	8,896,494 40,452,827
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		10,230,324	21,430,774	74,102,307	40,402,027
58. 59.	Nonproportional reinsurance lines (Lines 31, 32 & 33) Total (Line 35)	33,790,927	29,206,139	31,164,581	91,834,415	49,349,321
	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.		10,643,562	9,912,215	9,665,807	4,471,241	3,222,773
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	23,147,365	19,293,924	21,498,774	29,352,127	14,654,121
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. 65.	Nonproportional reinsurance lines (Lines 31, 32 & 33) Total (Line 35)	33,790,927	29,206,139	31,164,581	33,823,368	17,876,894
	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.
	Losses incurred (Line 2)	34.5	39.7	50.3	85.0	63.0
68.	Loss expenses incurred (Line 3)	15.9	12.6	(0.3)	27.6	21.6
69.	Other underwriting expenses incurred (Line 4)	26.9	30.0	35.8	34.2	41.6
70.	Net underwriting gain (loss) (Line 8)	22.7	17.6	14.2	(46.9)	(26.2
	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	26.3	26.8	31.6	34.1	37.0
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3	20.0	20.0			
	divided by Page 4, Line 1 x 100.0)	50.4	52.3	50.0	112.6	84.6
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)	1539.1	(626.5)	(257.3)	(141.1)	(275.6
	One Year Loss Development (000 omitted)		(020.0)	(297.9)		(270.0
74	Development in estimated losses and loss expenses incurred prior to current					
74.	year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(8,125)	(7,957)	(7,559)	11,066	(7,597
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)	60.5	30.9	22.3	(63.4)	77.9
	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)	(8,846)	(9,407)	7,998	7,143	(6,317
77.	Percent of development of losses and loss expenses incurred to reported	(0,010)		1		
	policyholders' surplus of second prior year end (Line 76 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)	34.4	27.8	(45.8)	(73.2)	(3020.1

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	Yes [] No []
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?	
	If no, please explain:	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2014

	Grace Promiume Including Del	icy and Membership Fees, Less	3	4	5	£ 1	7	8	9	NAIC Company Cod	11	12
		niums on Policies not Taken		·	-	0	,	•			11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire 2.1 Allied lines	5,787,268 34,485,539	5,946,226 33,194,352		2,882,313 17,045,790	6,062,137 4,596,287	6,282,152 5,623,629	1,492,240 4,540,416				620,767 3,699,065	112,9 672,7
2.2 Multiple Peril Crop	34,405,539	33,194,352			4,590,201	5,023,029	4,040,410				3,099,000	0/2,/
2.3 Federal Flood												
2.4 Private Crop												
Farmowners Multiple Peril												
Homeowners Multiple Peril	92.932.744	90,160,695		46,603,591	23,132,502	18,943,890	12,860,018				9.968.360	1.813.
5.1 Commercial Multiple Peril (Non-Liability Portion)	02,002,111				20,102,002		12,000,010					
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine										1		
10. Financial Guaranty										1		
11. Medical Professional Liability												
12. Earthquake		l							l			
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)												
5.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
5.5 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 7.1 Other Liability - Occurrence												
17.1 Other Liability - Occurrence												
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												
1.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity										1		
24. Surety												
26. Burglary and Theft									l			
27. Boiler and Machinery												
28. Credit												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	133,205,551	129,301,273		66,531,694	33,790,926	30,849,671	18,892,674				14,288,192	2,598,
DETAILS OF WIDITE INS									 			
DETAILS OF WRITE-INS			J									
3401.			<u></u> .									
3401. 3402.					<u></u>							
DETAILS OF WRITE-INS 3401. 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page				ION	<u>=</u>							

(a) Finance and service charges not included in Lines 1 to 35 \$ 408,532

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2014

NAIC Company Code

11543

NAIC Group Code

NAIC Group Code 4766			BUSINESS IN	THE STATE OF TOT	TAL DURING THE YEA	AR 2014				NAIC Company Cod	de 11543		
	Gross Premiums, Including Police Return Premiums and Prem		3	4	5	6	7	8	9	10	11	12	
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxe: Licens and Fe	ses
Fire Allied lines Wultiple Peril Crop	5,787,268 34,485,539	5,946,226 33,194,352		2,882,313 17,045,790	6,062,137 4,596,287	6,282,152 5,623,629	1,492,240 4,540,416				620,767 3,699,065		112,906 672,791
2.3 Federal Flood 2.4 Private Crop 3. Farmowners Multiple Peril													
Homeowners Multiple Peril Commercial Multiple Peril (Non-Liability Portion)	92,932,744	90,160,695		46,603,591	23,132,502	18,943,890	12,860,018				9,968,360	1,/	,813,060
5.2 Commercial Multiple Peril (Liability Portion) 6 Mortgage Guaranty													
Ocean Marine Inland Marine 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													
Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability 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													
23. Fidelity 24. Surety 26. Burglary and Theft													
27. Boiler and Machinery 28. Credit													
30. Warranty 34. Aggregate Write-Ins for Other Lines of Business 35. TOTALS (a)	133,205,551	129,301,273		66,531,694	33,790,926	30,849,671	18,892,674				14,288,192	2.	.598,757
DETAILS OF WRITE-INS	.55,255,001	.20,00 .,210		23,001,001	25,100,020	20,0.0,071	.0,002,071		 		1,200,.02		
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)				10N									

(a) Finance and service charges not included in Lines 1 to 35 \$ 408,532

(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	2	3	4	5	6	6 Reinsurance Recoverable On							Reinsura	nce Pavable	18	19		
	_	-		Reinsurance		7	8	9	10	11	12	13	14	15	16	17	1	
				Contracts													Net Amount	Funds Held
				Ceding 75%													Recoverable	by
				or More of												Other	From	Company
	NAIC	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
22-2005057	26921	Everest Reinsurance Company	DE		2,105							1,052		1,052	923		120	
47-0698507		Odyssey Reinsurance Company	CT		1,138							569		569	503		66	
13-5616275	19453	Transatlantic Reinsurance Company	NY		1,154							577		577	510		67	1
10.00.10270	10,100	Transactanto Romodianos Company	.											1				
0999998	Total Authorized	- Other U.S. Unaffiliated Insurers (Under \$100)	,000)															
0999999	Total Authorized	Other U.S. Unaffiliated Insurers			4.397							2,198		2.198	1.936		262	
0333333	Total Authorized	- Other 0.5. Orianniated insurers			4,557							2,130		2,130	1,550	<u> </u>	202	
AA-1340125	0	Hannover Rueck SE	DEU		1.071							535		535	461		74	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910	GBR		2,711			1			1	1,355		1,355	1,182		173	1
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033	GBR		436			1			1	218	1	218	193	1	25	1
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183	GBR		341						1	170		170	151	1	19	1
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414	GBR		1,162							581		581	514		67	
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458	GBR		824							412		412	363		49	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955	GBR		225							113		113	100		13	1
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001	GBR		1,969							984		984	866	1	118	1
AA-1120071	0	Lloyd's Underwriter Syndicate No. 2007	GBR		306							153		153	135	1	18	1
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010	GBR		372		1				1	186		186	165		21	1
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791	GBR	[724							362		362	320		42	1
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020	GBR		447							223		223			33	1
AA-1120116	0	Lloyd's Underwriter Syndicate No. 3902	GBR															
1099999	Total Authorized	- Pools - Mandatory Pools* @	-		10,589							5,292		5,292	4,640		652	
	<u> </u>							1				_						
1399999	Total Authorized	- Total Authorized	1		14,986			1				7,490		7,490	6,576		914	
AA-3190770	0	ACE TEMPEST REINS CO LTD	BMU		3,125							1,562		1,562	1.377		185	
AA-1464104	0	Allianz Risk Transfer	CHE		2,571							1,286		1,286	1.137		149	1
AA-3190978	0	Alphacat Reins Ltd	BMU		362							181		181	152		29	

NOTE:

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	
	Name of Reinsurer	Commission Rate	
1)			
2)			·
3)			
4)			
5)			

3	
Ceded Premium	
	_
	-
	-
	-

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

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) ACE TEMPEST REINS CO LTD	1,562	3,125	Yes [] No [X]
2) Axis Specialty Ltd	1,417	2,834	Yes [] No [X]
3) Lloyd's Underwriter Syndicate No. 1910	1,355	2,711	Yes [] No [X]
4) Allianz Risk Transfer	1,286	2,571	Yes [] No [X]
5) Everest Reinsurance Company	1,052	2,105	Yes [] No [X]

Ceded Premium

SCHEDULE F - PART 3

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

	1																	1
1	2	3	4	5	6					urance Recoveral					Reinsuran	_	18	19
				Reinsurance		7	8	9	10	11	12	13	14	15	16	17		
				Contracts													Net Amount	Funds Held
				Ceding 75%									1				Recoverable	by
				or More of			•						1			Other	From	1 -
				1				.,	.,				1					Company
	NAIC	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
AA-3190829	0	Markel Bermuda Ltd	BMU		851							426		426	376		50	
AA-3194168	0	Aspen Bermuda Ltd	BMU		851							426		426	376		50	
AA-3194139	0	Axis Specialty Ltd	BMU		2,834							1,417		1,417	1,253		164	
	0	 	BMU												382			
AA-3194122	0	DaVinci Reins Ltd			865							432		432			50	
AA-3194130	0	Endurance Specialty Ins Ltd	BMU		1,351						1	676		676			79	
AA-3190875	0	Hiscox Ins Co (Bermuda) Ltd	BMU	l	1,957		l	1		l	1	978	1	978	859		119	l
AA-3194129	0	Montpelier Reins Ltd	BMU		1,804							902		902	794		108	
AA-3190686	0	Partner Reins Co Ltd	BMU	1	1.637			1			1	819		819	724		95	
AA-3194174	0	Platinum Underwriters Bermuda Ltd	BMU		1,319							659		659	583		76	
AA-3190339	0	RENAISSANCE REINS LTD	BMU									648		648	572			
	0	•			1,297													
AA-3190838	0	Tokio Millenium Re Ltd.	BMU		211							105		105	87		18	
AA-3190870	0	Validus Reins Ltd	BMU		1,644							822		822			95	
AA-3190757	0	XL Re Ltd	BMU		728							364		364	322		42	
AA-1460019	0	Amlin AG	CHE		1,263						1	632		632	558		74	
AA-1320031	0	SCOR Global P & C	FRA		1,538							769		769	680		89	
744 1020001	×				1,000									1				
2599998	Total Unauthorize	ed - Other non-U.S. Insurers# (under \$100,000)																
2599999	Total Unauthoriz	ed - Other non-U.S. Insurers#			26,208							13,104		13,104	11,556		1,548	
2699999	Total Unauthorize	ed - Total Unauthorized			26,208							13,104		13,104	11,556		1,548	
	L																	
4099999	Total Authorized	Unauthorized and Certified			41,194							20,594		20,594	18,132		2,462	
				[1	1						
1	1	[[[l	1		1	1	l	1	1	1	1		1		l
9999999	Totals				41,194							20,594		20,594	18,132		2,462	

NOTE:

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1		2	
	Name of Reinsurer	_	Commission Rate	
1)				
2)				
3)		_		
4)		_		
5)				

В.	Report the five largest reinsurance recoverables reported	a in Column 15, due from any one reinsu	rer (based on-the total recoverables,
	Line 9999999, Column 15, the amount of ceded premium	n, and indicate whether the recoverables	are due from an affiliated insurer).
	1	2	2

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) ACE TEMPEST REINS CO LTD	1,562	3,125	Yes [] No [X]
2) Axis Specialty Ltd	1,417	2,834	Yes [] No [X]
3) Lloyd's Underwriter Syndicate No. 1910	1,355	2,711	Yes [] No [X]
4) Allianz Risk Transfer	1,286	2,571	Yes [] No [X]
5) Everest Reinsurance Company	1,052	2,105	Yes [] No [X]

NONE Schedule F - Part 4 Aging of Ceded Reinsurance

SCHEDULE F – PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20 % of Amount in Col. 14	20% of Amount in Dispute Included in Column 5	Provision for Overdue Reinsurance (Col. 15 plus Col 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
AA-3190770 AA-1464104	0	ACE TEMPEST REINS CO LTD Allianz Risk Transfer	BMU	1,562 1,286				1,377 1,137			1,377 1,137	185					185
AA-3190978	0	Alphacat Reins Ltd	BMU	181				152		3,064	181						
AA-3190829 AA-3194168	0	Markel Bermuda Ltd Aspen Bermuda Ltd	BMU BMU	426 426				376 376			376 376	50 50					50
AA-3194100 AA-3194139	0	Axis Specialty Ltd	BMU	1,417				1,253			1,253	164					164
AA-3194122 AA-3194130	0	DaVinci Reins Ltd Endurance Specialty Ins Ltd	BMU BMU	432 676				382 597			382 597	50 79					50 79
AA-3190875	0	Hiscox Ins Co (Bermuda) Ltd	BMU	978				859			859	119					119
AA-3194129 AA-3190686	0	Montpelier Reins Ltd Partner Reins Co Ltd	BMU BMU	902 819				794 724			794 724	108					108
AA-3194174	0	Platinum Underwriters Bermuda Ltd	BMU	659				583			583	76					76
AA-3190339 AA-3190838	0	RENAISSANCE REINS LTD Tokio Millenium Re Ltd.	BMU BMU	648 105				572 87			572 87	76					76 18
AA-3190870	0	Validus Reins Ltd	BMU	822				727			727	95					95
AA-3190757 AA-1460019	0	XL Re Ltd Amlin AG	BMU CHE	364 632				322 558			322 558	42 74					42 74
AA-1320031	0	SCOR Global P & C	FRA	769				680			680	89					89
1299999	Total Othe	er Non-U.S. Insurers #		13,104			XXX	11,556		3,064	11,585	1,519					1,519
1399999	Total Affili	ates and Others		13.104			XXX	11.556		3,064	11,585	1.519					1.519
																	[
9999999	Totals			13,104			XXX	11,556		3,064	11,585	1,519					1,519

0 are included in Column 5.

Amounts in dispute totaling \$
 Amounts in dispute totaling \$

0 are excluded from Column 14.

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			KIAKE	
			NONE	
			1	
			I	
I				

NONE Schedule F - Part 6 - Section 1

NONE Schedule F - Part 6 - Section 2

NONE Schedule F - Part 7

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in Excess of Col. 4	11 Col. 4 Minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
							.				
]		NON						
					IACIA						
]								
9999999	Totals	•									

1. Total	ı					
2. Line 1 x .20						
3. Schedule F-Part 7 Col. 11						
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)			 			
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F-Part 5, Col. 18 x 1000)			1,	519	9,00	00
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6, Section 1, Col. 21 x 1000)	'	 	 			•
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6. Section 2. Col. 15 x 1000)	Ι.	 	 •			

7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6, Section 2, Col. 15 8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)

1,519,000

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	87,933,198		87,933,198
2.	Premiums and considerations (Line 15)	15,070,203		15,070,203
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	11,181		11,181
6.	Net amount recoverable from reinsurers		944,119	944,119
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	103,014,582	944,119	103,958,701
LIABIL	ITIES (Page 3)			
l	Losses and loss adjustment expenses (Lines 1 through 3)	25,477,334		25,477,334
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	2,339,040		2,339,040
11.		45,937,843	20,593,850	66,531,693
12.	Advance premiums (Line 10)	1,524,770		1,524,770
13.	Dividends declared and control (Line 44.4 and 44.9)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	18,132,163	(18,132,163)	
15.	Funda hald by company under reincurance tractice (Line 12)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)	1,517,568	(1,517,568)	
18.	Other liabilities	2,107,794		2,107,794
19.	Total liabilities excluding protected cell business (Line 26)	97,036,512	944,119	97,980,631
20.	Destructed cell link little (1 inc. 97)			
21.	Surplus as regards policyholders (Line 37)	5,978,071	XXX	5,978,071
22.	Totals (Line 38)	103,014,583	944,119	103,958,702

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 explar	nation:		
n/a			

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)

	Pr	emiums Earne	d		Loss and Loss Expense Payments							
Years in	1	2	3			Defense	and Cost	Adjus	sting	10	11	
Which				Loss Pa	yments	Containmen	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2005	84,300	6,911	77,389	33,232		15		6,248		178	39,495	XXX
3. 2006	57,066	11,199	45,867	17,896		14		3,591		167	21,501	XXX
4. 2007	67,995	15,040	52,955	18,703		45		3,794		120	22,542	XXX
5. 2008	69,720	21,357	48,363	300,255	234,511	2,072	2,072	45,852	23,417	311	88,179	XXX
6. 2009	60,884	32,748	28,136	22,052				3,598		177	25,650	XXX
7. 2010	67,214	26,309	40,905	16,477				2,637		46	19,114	XXX
8. 2011	78,866	31,803	47,063	23,655				4,161		60	27,816	XXX
9. 2012	92,027	35,147	56,880	28,870				8,314		62	37,184	XXX
10. 2013	112,737	37,394	75,343	27,577				9,049		72	36,626	XXX
11. 2014	129,302	39,896	89,406	26,657				7,666		32	34,323	XXX
12. Totals	XXX	XXX	XXX	515,374	234,511	2,146	2,072	94,910	23,417	1,225	352,430	XXX

		Losses	Unpaid	•	Defen	nse and Cost	Containment l	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk + IBNR		Other Unpaid				Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													XXX
2. 2005													XXX
3. 2006													XXX
4. 2007	4		41						7			52	XXX
5. 2008	4		98						46			148	XXX
6. 2009	1		109						20			130	XXX
7. 2010			177						31			208	XXX
8. 2011	80		341						174			595	XXX
9. 2012	2,245		423						1,475			4,143	XXX
10. 2013	1,821		1,231						1,438			4,490	XXX
11. 2014	3,902		8,416						3,393			15,711	XXX
12. Totals	8,057		10,836						6,584			25,477	XXX

		To	otal Losses and		Loss and Lo	oss Expense Pe	ercentage			34	Net Bala	nce Sheet
		Loss	Expenses Incur	red	(Incurre	d/Premiums Ea	arned)	Nontabul	ar Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2005	39,495		39,495	46.851		51.034					
3.	2006	21,501		21,501	37.677		46.877					
4.	2007	22,594		22,594	33.229		42.666				45	
5.	2008	348,327	260,000	88,327	499.608	1217.399	182.633				102	46
6.	2009	25,780		25,780	42.343		91.626				110	20
7.	2010	19,322		19,322	28.747		47.236				177	3′
8.	2011	28,411		28,411	36.024		60.368				421	174
9.	2012	41,327		41,327	44.907		72.656	l	l	[2,668	1,475
10.	2013	41,116		41,116	36.471		54.572				3,052	1,438
11.	2014	50,034		50,034	38.695		55.963				12,318	3,393
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	18,893	6,584

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

	INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	MENT EXPEN	SES REPORT	ED AT YEAR E	END (\$000 OM	ITTED)	DEVEL	OPMENT
Years in	1 1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	2,534	1,893	1,673	1,655	1,539	1,735	1,654	1,373	1,369	1,161	(208)	(212)
2. 2005	39,569	34,678	33,630	33,524	33,485	33,596	33,548	33,392	33,394	33,247	(147)	(145)
3. 2006	XXX	23,705	18,528	17,936	18,076	18,168	18,116	18,012	18,009	17,910	(99)	(102)
4. 2007	XXX	XXX	19,500	19,887	19,387	19,481	18,907	18,779	18,789	18,793	4	14
5. 2008	XXX	XXX	XXX	63,380	62,243	56,075	71,442	69,132	67,810	65,846	(1,964)	(3,286)
6. 2009	XXX	XXX	XXX	XXX	23,722	21,800	21,928	22,337	22,251	22,162	(89)	(175)
7. 2010	XXX	XXX	XXX	XXX	XXX	20,724	17,050	16,552	16,461	16,654	193	102
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	28,959	24,468	24,114	24,076	(38)	(392)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,188	30,079	31,538	1,459	(4,650)
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,865	30,629	(7,236)	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,975	XXX	XXX
									12. Totals		(8,125)	(8,846)

SCHEDULE P - PART 3 - SUMMARY

	CUMULAT	VE PAID NET	LOSSES AND	DEFENSE AN	D COST CON	TAINMENT EX	PENSES REP	ORTED AT YE	AR END (\$000	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	000	810	811	1,119	1,148	1,151	1,151	1,151	1,161	1,161	XXX	XXX
2. 2005	23,953	32,235	32,700	33,027	33,128	33,253	33,255	33,255	33,255	33,247	XXX	XXX
3. 2006	XXX	14,027	17,320	17,558	17,785	17,908	17,909	17,909	17,910	17,910	XXX	XXX
4. 2007	XXX	XXX	15,003	18,150	18,323	18,612	18,594	18,624	18,623	18,748	XXX	XXX
5. 2008	XXX	XXX	XXX	62,922	63,804	50,888	61,256	65,151	65,865	65,744	XXX	XXX
6. 2009	XXX	XXX	XXX	XXX	14,693	19,841	21,116	21,966	22,038	22,052	XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX	12,459	15,886	16,027	16,087	16,477	XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	18,769	22,731	23,103	23,655	XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,287	27,464	28,870	XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,801	27,577	XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,657	XXX	xxx

SCHEDULE P - PART 4 - SUMMARY

	BULK A	AND IBNR RESE	RVES ON NET LO	SSES AND DEF	ENSE AND COST	CONTAINMENT	EXPENSES REF	PORTED AT YEA	R END (\$000 OM	ITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	826	554	375	298	189	157	118	124	110	
2. 2005	7,395	876	435	307	291	214	176	137	139	
3. 2006	XXX	5,619	775	238	230	135	107	103	99	
4. 2007	XXX	XXX	6,579	653	411	201	151	151	112	4
5. 2008	XXX	XXX	XXX	19,159	7,647	314	5,346	2,389	1,757	9
6. 2009	XXX	XXX	XXX	XXX	4,660	508	276	237	191	10
7. 2010	XXX	XXX	XXX	XXX	XXX	5,559	713	313	224	17
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	7,466	923	432	34
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,191	1,086	42
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,592	1,23
11. 2014	xxx	XXX	xxx	XXX	XXX	XXX	xxx	xxx	xxx	8,416

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 omitted)

	Pr	emiums Earn	ed			Los	ss and Loss E	xpense Payme	ents			12
Years in	1 1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2005	72,032	5,595	66,437	29,537		15		5,318		125	34,870	4,805
3. 2006	45,739	8,958	36,781	15,031		14		2,991		167	18,036	2,479
4. 2007	54,593	12,103	42,490	13,994		45		3,220		69	17,259	3,159
5. 2008	55,037	16,859	38,178	237,994	182,617	2,072	2,072	35,311	17,687	216	73,001	20,493
6. 2009	45,302	24,367	20,935	16,918				2,894		77	19,812	2,711
7. 2010	48,358	19,083	29,275	13,571				2,097		17	15,668	2,298
8. 2011	56,042	22,943	33,099	19,016				3,167		26	22,183	2,928
9. 2012	64,771	24,792	39,979	18,489				5,193		61	23,682	3,805
10. 2013	79,685	26,176	53,509	18,542				6,062		15	24,604	4,076
11. 2014	90,161	27,927	62,234	17,684				4,858		28	22,542	3,412
12. Totals	XXX	XXX	XXX	400,776	182,617	2,146	2,072	71,111	17,687	801	271,657	XXX

	•		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2005													
3.	2006													
4.	2007	4		28						5			37	3
5.	2008	4		69						36			109	5
6.	2009	1		74						15			90	1
7.	2010			120						20			140	6
8.	2011	80		231						88			399	32
9.	2012	1,144		287						681			2,112	265
10.	2013	1,142		835						919			2,896	225
11.	2014	3,132		5,709						2,420			11,261	349
12.	Totals	5,507		7,353						4,184			17,044	886

		Т	otal Losses and	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	ırred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2005	34,870		34,870	48.409		52.486					
3.	2006	18,036		18,036	39.432		49.036					
4.	2007	17,296		17,296	31.682		40.706				32	5
5.	2008	275,486	202,376	73,110	500.547	1200.403	191.498				73	36
6.	2009	19,902		19,902	43.932		95.066				75	15
7.	2010	15,808		15,808	32.690		53.998				120	20
8.	2011	22,582		22,582	40.295		68.226				311	88
9.	2012	25,794		25,794	39.823		64.519				1,431	681
10.	2013	27,500		27,500	34.511		51.393				1,977	919
11.	2014	33,803		33,803	37.492		54.316				8,841	2,420
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	12,860	4,184

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. Occurence

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. Occurence

NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made

SCHEDULE P – PART 1I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

	Pr	emiums Earne	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	4 5		7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	525				678			1,203	XXX
2. 2013	33,052	11,218	21,834	9,035				2,987		57	12,022	XXX
3. 2014	39,141	11,969	27,172	8,973				2,808		4	11,781	XXX
4. Totals	XXX	XXX	XXX	18,533				6,473		61	25,006	XXX

		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other I	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
		Direct									Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	1,101		380						908			2,389	56
2. 2013	679		396						519			1,594	23
3. 2014	770		2,707						973			4,450	55
4. Totals	2,550		3,483						2,400			8,433	134

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Inci	urred	(Incurr	ed/Premiums E	Earned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,481	908
2.	2013	13,616		13,616	41.196		62.361				1,075	519
3.	2014	16,231		16,231	41.468		59.734				3,477	973
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,033	2,400

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 10 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	INCURRE	D NET LOSSI	S AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	2,420	1,794	1,587	1,587	1,500	1,630	1,566	1,341	1,341	1,160	(181)	(181)
2. 2005	35,164	30,825	29,880	29,781	29,752	29,834	29,792	29,663	29,664	29,552	(112)	(111)
3. 2006	XXX	19,815	15,518	15,041	15,185	15,253	15,209	15,121	15,119	15,045	(74)	(76)
4. 2007	XXX	XXX	20,178	14,593	14,126	14,612	14,136	14,032	14,052	14,071	19	39
5. 2008	XXX	XXX	XXX	53,544	48,205	48,659	60,068	58,074	57,129	55,450	(1,679)	(2,624)
6. 2009	XXX	XXX	XXX	XXX	18,384	16,615	16,693	17,115	17,069	16,993	(76)	(122)
7. 2010	XXX	XXX	XXX	XXX	XXX	16,849	13,908	13,598	13,499	13,691	192	93
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	23,097	19,749	19,453	19,327	(126)	(422)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,869	19,541	19,920	379	(4,949)
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,457	20,519	(5,938)	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,525	XXX	XXX
•							•	12. Totals	•		(7,596)	(8,353)

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX			1 K I L	<u> </u>				
7. 2010	XXX	XXX	XXX	XXX	XXX		JINE					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
						1		12. Totals				

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	ST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX					L				
6. 2009	XXX	XXX	XXX	XXX			NRIE					
7. 2010	XXX	XXX	XXX	XXX	XXX		JINF					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT		
Which	1	2	3	4	5	6	7	8	9	10	11	12		
Losses Were											One	Two		
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year		
1. Prior														
2. 2005														
3. 2006	XXX													
4. 2007	XXX	XXX						L						
5. 2008	XXX	XXX	XXX				NRIE							
6. 2009	XXX	XXX	XXX	XXX			JINF							
7. 2010	XXX	XXX	XXX	XXX	XXX									
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX								
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX		
		12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	ST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX		NI) NI F					
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	\overline{xxx}		-				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	MITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,511	3,249	4,018	769	(493)
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,408	10,110	(1,298)	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,450	XXX	XXX
				(529)	(493)							

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAF	R END (\$000 (OMITTED)	DEVELC	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2013	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								4 Totals				

SCHEDULE P – PART 2K – FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2013	XXX	XXX	XXX	XXX	XXX) Nk F	XXX				XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	RTED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 2M - INTERNATIONAL

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAF	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Year	Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX		N() N F					
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
•												

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

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

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Loss Payment	Payment
1. Prior	000	810	811	1,118	1,148	1,150	1,150	1,150	1,160	1,160		
2. 2005	20,874	28,557	29,049	29,355	29,456	29,558	29,560	29,560	29,560	29,552	3,065	1,741
3. 2006	XXX	11,451	14,482	14,715	14,942	15,043	15,044	15,044	15,045	15,045	1,441	1,038
4. 2007	XXX	XXX	10,953	13,496	13,663	13,900	13,885	13,915	13,914	14,039	1,891	1,265
5. 2008	XXX	XXX	XXX	48,199	50,084	57,517	51,545	54,905	55,498	55,377	17,445	3,043
6. 2009	XXX	XXX	XXX	XXX	10,792	15,012	16,030	16,832	16,904	16,918	1,756	954
7. 2010	XXX	XXX	XXX	XXX	XXX	10,212	12,988	13,122	13,181	13,571	1,306	986
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	15,176	18,275	18,620	19,016	1,799	1,097
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,138	17,452	18,489	1,959	1,581
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,926	18,542	2,081	1,770
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,684	1,492	1,571

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

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Loss Payment	Payment
1. Prior	000											
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX			7 6 1 1					
7. 2010	XXX	XXX	XXX	XXX	XXX	INL	JINI					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXP	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Loss Payment	Payment
1. Prior	000											
2. 2005		1	1				1		1			
3. 2006	XXX	1	1				1		1			
4. 2007	XXX	XXX	1				1		1	1		
5. 2008	XXX	XXX	XXX				1		1			
6. 2009	XXX	XXX	XXX	XXX					1			
7. 2010	XXX	XXX	XXX	XXX	XXX	N			1			
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX			1			
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Loss Payment	Payment
1. Prior	000											
2. 2005								1				
3. 2006	XXX							1				
4. 2007	XXX	XXX						L				
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX		I				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Loss Payment	Payment
1. Prior	000											
2. 2005												
3. 2006	XXX								1			
4. 2007	XXX	XXX							1			
5. 2008	XXX	XXX	XXX						1			
6. 2009	XXX	XXX	XXX	XXX		NI			1			
7. 2010	XXX	XXX	XXX	XXX	XXX	146			1			
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX			1			
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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)

	CUMUI	ATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	2,012	2,537	XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,875	9,035	XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,973	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. X:	000				
2. 2013	XXX	XXX	XXX	XXX	XXX	. X.X	JMF	XXX				
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) 1 2 3 4 5 6 7 8 9 10 Years in Which Losses Were											12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. XXX	. 000			XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	. Avx) N :	XXX			XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX L	XXX	XXX		XXX	xxx

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	N. D.Y.H.	000			XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	. X ×		XXX			XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	× X X	XXX	xxx	XXX		xxx	xxx

SCHEDULE P - PART 3M - INTERNATIONAL

	CUMUI	ATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in								*			Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1. Prior	000										XXX	XXX
2. 2005											XXX	XXX
3. 2006	XXX										XXX	XXX
4. 2007	XXX	XXX									XXX	XXX
5. 2008	XXX	XXX	XXX			A.I.	N. N. I. F				XXX	XXX
6. 2009	XXX	XXX	XXX	XXX		N()N				XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX	110					XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

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

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OM								EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	719	456	292	231	150	126	88	93	83	
2. 2005	6,437	720	339	239	230	169	132	103	104	
3. 2006	XXX	4,621	603	186	182	106	80	77	74	
4. 2007	XXX	XXX	5,120	508	325	159	113	113	84	28
5. 2008	XXX	XXX	XXX	14,904	5,974	144	4,403	1,964	1,443	69
6. 2009	XXX	XXX	XXX	XXX	3,685	402	207	149	143	74
7. 2010	XXX	XXX	XXX	XXX	XXX	4,396	536	264	168	120
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	5,603	693	324	231
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,896	815	287
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,449	835
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,709

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

	BULK ANI	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	NSE AND COST	CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior 2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX							l	
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX						
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005									1	
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX		4 VIII—1				
7. 2010	XXX	XXX	XXX	XXX	· · · X · · · ·					
8. 2011	XXX	XXX	XXX	XXX	XXX	XX				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	NSE AND COS	CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1-1	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX					1	
7. 2010	XXX	XXX	XXX	XXX	\mathbf{x}				1	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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)

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,185	885	380
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,143	396
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,707

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XIX	XXX	XXX			
2. 2013	XXX	XXX	XXX	XXX		N X K	XXX	XXX		
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

	BULK AN	D IBNR RESER\	/ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX.	XXX			
2. 2013	XXX	XXX	XXX	XXX) X X 📆	XXX	XXX		
3. 2014	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESER\	/ES ON NET LO	SSES AND DEF	ENSE AND COST	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XIX	XXX	XXX			
2. 2013	XXX	XXX	XXX	XXX		NX T	XXX	XXX		
3. 2014	XXX	XXX	xxx	xxx	xxx	XXX	xxx	xxx	xxx	

SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	D IBNR RESER\	/ES ON NET LO	SSES AND DEF	ENSE AND COST	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were	2005	2006	2007	2008	2009	2010	2011	2012	2012	2014
Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX		NIA					
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012	XXX	xxx	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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		CUMU	LATIVE NUMBEI	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT D	DIRECT AND ASS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	738	770	34	62	75	11		1	1	2
2. 2005	1,410	2,309	2,899	2,961	3,010	3,058	3,062	3,062	3,062	3,065
3. 2006	XXX	660	821	965	1,399	1,434	1,434	1,437	1,437	1,441
4. 2007	XXX	XXX	996	1,342	1,798	1,856	1,884	1,888	1,888	1,891
5. 2008	XXX	XXX	XXX	7,276	8,375	16,439	16,690	17,014	17,039	17,445
6. 2009	XXX	XXX	XXX	XXX	894	1,595	1,724	1,742	1,750	1,756
7. 2010	XXX	XXX	XXX	XXX	XXX	886	1,232	1,300	1,304	1,306
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,144	1,756	1,786	1,799
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,506	1,901	1,959
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,665	2,081
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,492

SECTION 2

Years in			NUMBI	ER OF CLAIMS (OUTSTANDING I	DIRECT AND AS	SUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	960	22	32			4	3	2	2	
2. 2005	1,677	353	478	2	2	8	5	4	4	
3. 2006	XXX	236	250	1	1	10	8	6	6	
4. 2007	XXX	XXX	244	27	27	39	10	5	6	3
5. 2008	XXX	XXX	XXX	4,815	4,815	1,004	775	444	414	5
6. 2009	XXX	XXX	XXX	XXX		150	32		8	11
7. 2010	XXX	XXX	XXX	XXX	XXX	369	71	10	7	6
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	578	53	38	32
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539	284	265
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	467	225
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349

SECTION 3

Years in			CUMULATIV	/E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ID ASSUMED AT	Γ YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	91	(213)	6	79	130	29				
2. 2005	4,530	4,635	4,652	4,698	4,791	4,800	4,802	4,805	4,805	4,805
3. 2006	XXX	2,208	2,356	2,408	2,468	2,477	2,477	2,479	2,479	2,479
4. 2007	XXX	XXX	2,341	2,896	3,012	3,155	3,156	3,157	3,159	3,159
5. 2008	XXX	XXX	XXX	4,039	4,116	20,456	20,481	20,491	20,493	20,493
6. 2009	XXX	XXX	XXX	XXX	263	2,673	2,703	2,709	2,710	2,711
7. 2010	XXX	XXX	XXX	XXX	XXX	2,086	2,277	2,293	2,294	2,298
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2,669	2,901	2,919	2,928
9. 2012	XXX	XXX	XXX	XXX	X X X	XXX	XXX	3,423	3,765	3,805
10. 2013	XXX	XXX	XXX	XXX	X X X	XXX	XXX	X X X	3,727	4,076
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,412

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, 60 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 PINTERROGATORIES

	2CHEDO	JLE P INTERROGATI	URIES	
1.	The following questions relate to yet-to-be-issued Extended Report provisions in Medical Professional Liability Claims Made insurance			
1.1	Does the company issue Medical Professional Liability Claims Mac endorsement, or "ERE") benefits in the event of Death, Disability,			Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions I	blank. If the answer to question 1.1 is "y	res", please answer the following questions	3:
1.2	What is the total amount of the reserve for that provision (DDR Res	serve), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
1.3	Does the company report any DDR reserve as Unearned Premium	n Reserve per SSAP #65?		Yes[]No[X]
1.4	Does the company report any DDR reserve as loss or loss adjustm	nent expense reserve?		Yes[] No[X]
1.5	If the company reports DDR reserve as Unearned Premium Reservent 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines		n the Underwriting and Investment Exhibit,	Yes[] No[] N/A[X
1.6	If the company reports DDR reserve as loss or loss adjustment expreserves are reported in Schedule P:	pense reserve, please complete the follo	wing table corresponding to where these	
		Schedule P, Part 1F, Med	ve Included in dical Professional Liability ses and Expenses Unpaid	
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made	
	1.601 Prior 1.602 2005 1.603 2006			
	1.604 2007 1.605 2008 1.606 2009			
	1.607 2010 1.608 2011			
	1.609 2012 1.610 2013			
	1.611 2014 1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, t January 1, 1998. This change in definition applies to both paid and Containment" and "Adjusting and Other") reported in compliance w	d unpaid expenses. Are these expenses	-	Yes[X] No[]
3.	The Adjusting and Other expense payments and reserves should be of claims reported, closed and outstanding in those years. When a the Adjusting and Other expense should be allocated in the same payments and Other expense assumed should be reported according reinsurers, or in those situations where suitable claim count informations are assumed by the company and described in I	allocating Adjusting and Other expense b percentage used for the loss amounts ar ing to the reinsurance contract. For Adju ation is not available, Adjusting and Othe	between companies in a group or a pool, and the claim counts. For reinsurers, usting and Other expense incurred by er expense should be allocated by a	Yes[X] No[]
4.	Do any lines in Schedule P include reserves that are reported gros net of such discounts on Page 10?	s of any discount to present value of futu	ure payments, and that are reported	Yes[]No[X]
	If yes, proper disclosure must be made in the Notes to Financial St in Schedule P - Part 1, Columns 32 and 33.	tatements, as specified in the Instructions	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. V upon request.	Vork papers relating to discount calculati	ions must be available for examination	
	Discounting is allowed only if expressly permitted by the state insur	rance department to which this Annual S	Statement is being filed.	
5.	What were the net premiums in force at the end of the year for: (in thousands of dollars)		Fidelity Surety	\$ \$
6.	Claim count information is reported per claim or per claimant. (indicate count information is reported per claim or per claimant.)	cate 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 personant things. Are there any especially significant events, coverage, when making such analyses?			Yes[]No[X]
7.2	An extended statement may be attached			

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

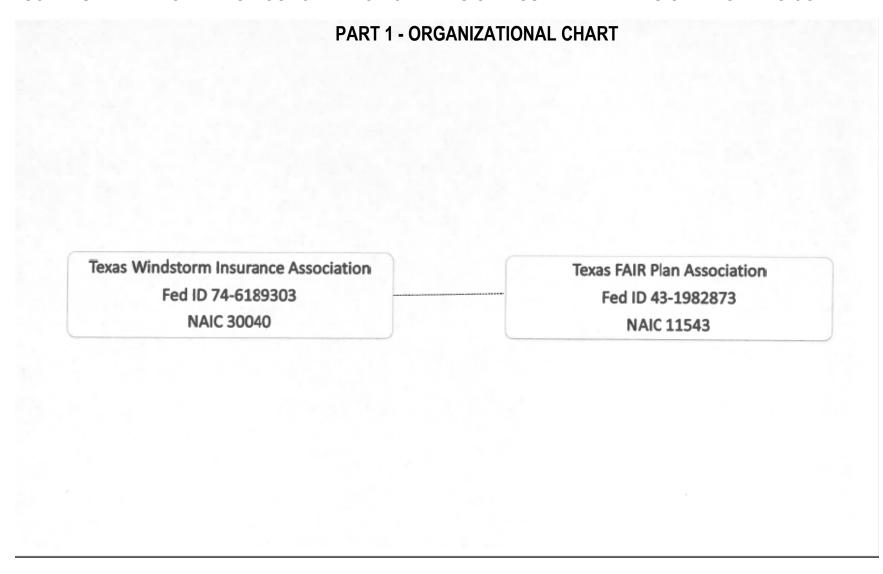
		1	and Members Return Premiun on Policies	s, Including Policy ship Fees Less ns and Premiums s Not Taken	4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
	States, Etc.	Active Status	2 Direct Premiums Written	3 Direct Premiums Earned	Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL	. N								
1	Alaska AK Arizona AZ	N N								
1	Arkansas AR	N								
5.	California CA Colorado CO	N								
6. 7.	Colorado CO Connecticut CT	N N								
	Delaware DE	N								
9.	District of Columbia DC	. N								
	Florida FL Georgia GA	N N								
	Hawaii HI	N								
1	Idaho ID	N								
14.	Illinois IL	. N								
15. 16	Indiana IN IN IN	N N								
1	Kansas KS	N.								
18.	Kentucky KY	N								
1	Louisiana LA	N								
	Maine ME Maryland MD	N								
	Massachusetts MA	N								
23.	Michigan MI	N								
	Minnesota MN	N								
	Mississippi MS Missouri MO	N N								
	Montana MT	N								
	Nebraska NE	N								
29.	Nevada NV	N								
	New Hampshire NH New Jersey NJ	N								
	New Jersey NJ New Mexico NM	N								
	New York NY	N								
34.	North Carolina NC	N								
	North Dakota ND	N								
	Ohio OH Oklahoma OK	N N								
	Oregon OR	N								
	Pennsylvania PA	N								
	Rhode Island RI	N								
1	South Carolina SC	N								
42. 43.	South Dakota SD Tennessee TN	N N								
44.	Texas TX	L	133,205,551	129,301,273		33,790,927	30,849,671	18,892,674	408,532	
45.	Utah UT	N								
46.	Vermont VT	N								
47. 48.	Virginia VA Washington WA	N N								
49.	West Virginia WV	N N								
50.	Wisconsin WI	N								
51.	Wyoming WY	N								
52. 53.	American Samoa AS Guam GU	N N								
54.	Puerto Rico PR	N N								
1	U.S. Virgin Islands VI	N								
56.	Northern Mariana Islands MP	N								
	Canada CAN Aggregate Other Alien OT	XXX								
	Totals	(a) 1	133,205,551	129,301,273		33,790,927	30,849,671	18,892,674	408,532	
										
	DETAILS OF WRITE-INS									
58001.		XXX								
58002. 58003.		XXX								
58998.	Summary of remaining write-ins	XXX)NE				
	for Line 58 from overflow page	XXX								
58999.	Totals (Lines 58001 through	\ _{Y \ V}								
Ь	58003 plus 58998) (Line 58 above)	XXX			1					

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines In the state; (N) None of the above - Not allowed to write business in the state.

	exa	as I	Fai	r P	lan	ı or	nly	wr	ites	s po	olic	ies	in	T	exa	as																				es		3.													
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l																			 		 	 		 		 	 	 			 			 						 	 		 					 	 	 	

NONE Schedule T - Part 2

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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Com- any Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
4766 4766		11543 30040	43-1982873 74-6189303				Texas FAIR Plan Association Texas Windstorm Insurance Association	TEX TEX	CON	UNAFFLIATED UNAFFLIATED	SERVICE CONTRACT			

Asterik	Explanation

	$\mathbf{N}(\cdot)$
1	
1	
1	

SCHEDULE Y

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

1	2 1	3	4	5	6	7	8	9	10 11	10	13
1	2	3	4	5	Purchases, Sales or	Income/	0	9	Any Other	12	
		Names of Insurers			Exchanges of Loans, Securities,	(Disbursements) Incurred in Connection with	Management	Income/	Material Activity Not in the		Reinsurance Recoverable/ (Payable) on
NAIC Company	ID	and Parent, Subsidiaries	Shareholder	Capital	Real Estate, Mortgage Loans or Other	Guarantees or Undertakings for the Benefit of	Agreements and Service	(Disbursements) Incurred Under Reinsurance	Ordinary Course of the Insurer's		Losses and/or Reserve Credit Taken/
Code	Number	or Affiliates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements	* Business	Totals	(Liability)
11543 30040		Texas FAIR Plan Association Texas Windstorm Insurance Association					(7,493,364) 7,493,364			(7,493,364) 7,493,364	
											,
											,
											· · · · · · · · · · · · · · · · · · ·
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										.	· · · · · · · · · · · · · · · · · · ·
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.

	MARCH FILING	Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
type code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not 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 will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and printing the interrogatory questions.	" report and a bar
	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 Liablity 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?	YES
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 domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	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
32.	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
	AUGUST FILING	
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 8:	Not Applicable
Explanation 9:	Texas Fair Plan Association is not required to file until June 30.
Evalenation 10:	Tayon Fair Plan Accordation in not required to file until June 20
Explanation 10:	Texas Fair Plan Association is not required to file until June 30.
Explanation 13:	Not Applicable
Explanation 14:	Not Applicable
Frankra 15.	Mar Applicable
Explanation 15:	Not Applicable
Explanation 16:	Not Applicable
Explanation 17:	Not Applicable
Explanation 19:	Not Applicable
Explanation 22:	Not Applicable
Explanation 23:	Not Applicable
Explanation 20.	NOT Applicable
Explanation 24:	Not Applicable
Explanation 25:	Not Applicable
Explanation 26:	Not Applicable
Explanation 20.	Not Applicable
Explanation 27:	Not Applicable
Explanation 28:	Not Applicable
Explanation 29:	Not Applicable
Explanation 20.	NOT Applicable
Explanation 30:	Not Applicable
Explanation 31:	Not Applicable
Explanation 32:	Not Applicable
∟λριαπαιί∪Π 3∠.	Not Applicable

Bar Code:



11543201420100000



11543201422100000



11543201424000000



11543201422000000



11543201442000000



1154320143600000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES































OVERFLOW PAGE FOR WRITE-INS

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
REMAINING WRITE-INS AGGREGATED AT LINE 24	Loss Adjustment	Other Underwriting	Investment	
FOR OTHER LINES OF BUSINESS	Expenses	Expenses	Expenses	Total
2404. Sum of remaining write-ins for Line 24 from overfl	24	416		440
2497. Totals (Lines 2404 through 2496)				
(Page 11, Line 24)	24	416		440

SUMMARY INVESTMENT SCHEDULE

		Gross Inve		Admitted Assets as Reported in the Annual Statement			
		1	2	3	4 Securities Lending Reinvested Collateral	5 Total (Col. 3 + 4)	6
	Investment Categories	Amount	Percentage	Amount	Amount	Amount	Percentage
1. Bond	ds:	-				-	
	U.S. treasury securities U.S. government agency obligations (excluding mortgage-backed securities):						
	1.21 Issued by U.S. government agencies						
1.3	1.22 Issued by U.S. government sponsored agencies Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4	Securities issued by states, territories, and possessions						
	and political subdivisions in the U.S.:						
	1.41 States, territories and possessions general obligations						
	1.42 Political subdivisions of states, territories and possessions and political						
	subdivisions general obligations						
	1.43 Revenue and assessment obligations 1.44 Industrial development and similar obligations						
1.5	Mortgage-backed securities (includes residential and commercial MBS):						
	1.51 Pass-through securities:						
	1.511 Issued or guaranteed by GNMA						
	1.512 Issued or guaranteed by FNMA and FHLMC						
	1.513 All other						
	1.52 CMOs and REMICs: 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-						
	backed securities issued or guaranteed by agencies shown in Line 1.521						
	1.523 All other						
2. Othe	er debt and other fixed income securities (excluding short term):						
2.1	Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
	A SECTION ASSESSMENT OF THE SECTION ASSESSME						
	Affiliated securities ty interests:						
-	Investments in mutual funds						
3.2	Preferred stocks:						
	3.21 Affiliated						
	3.22 Unaffiliated						
3.3	Publicly traded equity securities (excluding preferred stocks):						
	3.3.1 Affiliated						
3.4	3.32 Unaffiliated Other equity securities:						
0.1	3.41 Affiliated						
	3.42 Unaffiliated						
3.5	Other equity interests including tangible personal property under lease:						
	3.51 Affiliated						
	3.52 Unaffiliated						
	gage loans:						
4.1	Construction and land development Agricultural						
4.3	Single family residential properties						
4.4	Multifamily residential properties						
4.5	Commercial loans						
4.6	Mezzanine real estate loans						
	estate investments:						
	Property occupied by company						
5.2	Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)						
5.3	acquired in satisfaction of debt) Property held for sale (including \$ 0 property acquired in						
	satisfaction of debt)						
6. Conf	ract loans						
7. Deriv	vatives						
	sivables for securities						
	urities Lending (Line 10, Asset Page reinvested collateral)		1	07.000.400	X X X	X X X	XXX
	n, cash equivalents and short-term investments or invested assets	87,933,198	100.00	87,933,198		87,933,198	100.00
	r invested assets	87,933,198	100.00	87,933,198		87,933,198	100.00
		5.,550,100		1 0.,000,100	L	5.,550,100	

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

NONE Schedule E Verification

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 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					2,912,751	
Bank of America, N.A Certificate of Deposit Due March 14, 2014		0.320	19,307		, 5'à i 5'i 2'i	
Bank of America, N.A Certificate of Deposit Due September 7, 2014		0.250	15,083			
Bank of America, N.A Certificate of Deposit Due December 7, 2014 Bank of America, N.A Certificate of Deposit Due September 24, 2014		0.180 0.180				
Wells Fargo Certificate of Deposit Due October 18, 2014		0.190				
Bank of America, N.A Certificate of Deposit Due June 8, 2015		0.240		5,227	8,000,000	
Bank of America, N.A Certificate of Deposit Due March 24, 2015 Wells Fargo Certificate of Deposit Due April 18, 2015		0.240 0.190		1,920 4,034	12,000,000 10,003,025	
JP Morgan Chase Bank, N.A. San Antonio, TX		0.130		4,034	14,032,245	
JP Morgan Chase Bank, N.A MMDA San Antonio, TX		0.200	35,717		17,938,536	
Citibank, N.A. Dallas, TX Citibank, N.A MMDA Dallas, TX		0.200	45,977		1,000,000 22,046,641	
Citibatik, N.A Wilvida Dallas, TA		0.200	45,377		22,040,041	
0199998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository						
(See Instructions) - open depositories	XXX	XXX				xxx
		V/V/	100 100	44.404	07.000.100	
0199999 Totals - Open Depositories	XXX	XXX	128,169	11,181	87,933,198	XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	xxx	xxx				XXX
0299999 Totals - Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX	128,169	11,181	87,933,198	XXX
					07,000,100	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
f		1	1	1		

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

1. January	60,114,012	4. April	68,260,546	7. July	75,204,983	10. October	78,372,250
2. February	65,137,293	5. May	73,931,685	8. August	80,847,468	11. November	83,171,525
3. March	70.306.136	6. June	80.998.051	9. September	85.700.763	12. December	87.933.198

NONE Schedule E - Part 2

NONE Schedule E - Part 3

ALPHABETICAL INDEX TO PROPERTY ANNUAL STATEMENT

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Cash Flow	5	Schedule E – Verification Between Years	SI15
Exhibit of Capital Gains (Losses)	12	Schedule F – Part 1	20
Exhibit of Net Investment Income	12	Schedule F – Part 2	21
Exhibit of Nonadmitted Assets	13	Schedule F – Part 3	
Exhibit of Premiums and Losses (State Page)	19	Schedule F – Part 4	00
Five-Year Historical Data		Schedule F – Part 5	0.4
General Interrogatories		Schedule F – Part 6 - Section 1	
Jurat Page	4	Schedule F – Part 6 - Section 2	26
Liabilities, Surplus and Other Funds		Schedule F – Part 7	07
Notes To Financial Statements		Schedule F – Part 8	20
Overflow Page For Write-ins		Schedule F – Part 9	00
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Schedule A – Part 2		Schedule H – Part 2, Part 3 and Part 4	
Schedule A – Part 3	E02	Schedule H – Part 5 – Health Claims	
Schedule A – Verification Between Years		Schedule P – Part 1 – Summary	
Schedule B – Part 1	E04	Schedule P – Part 1A – Homeowners/Farmowners	
Schedule B – Part 2	E05	Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
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