

ANNUAL STATEMENT

OF THE

Texas FAIR Plan Association

of **Austin**

STATE OF **Texas**

TO THE

Insurance Department

OF THE

State of Texas

FOR THE YEAR ENDED

December 31, 2021

PROPERTY AND CASUALTY

2021



11543202120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Texas FAIR Plan Association

NAIC Group Code	4766	4766	NAIC Company Code	11543	Employer's ID Number	43-1982873
	(Current Period)	(Prior Period)				
Organized under the Laws of	Texas		State of Domicile or Port of Entry	TX		
Country of Domicile	US					
Incorporated/Organized	December 31, 2002		Commenced Business	December 31, 2002		
Statutory Home Office	5700 S. Mopac, Bldg A		Austin, TX, US	78749		
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	5700 S. Mopac, Bldg A					
	(Street and Number)					
	Austin, TX, US	78749		512-899-4900		
	(City or Town, State, Country and Zip Code)		(Area Code)	(Telephone Number)		
Mail Address	PO Box 99080		Austin, TX, US	78709-9080		
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	5700 S. Mopac, Bldg A		Austin, TX, US	78749	512-899-4900	
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)	
Internet Web Site Address	https://www.texasfairplan.org					
Statutory Statement Contact	Allen David Fulkerson		512-899-4988			
	(Name)		(Area Code)	(Telephone Number)	(Extension)	
	afulkerson@twia.org			512-899-4952		
	(E-Mail Address)			(Fax Number)		

OFFICERS

John Miletta

	Name	Title
1.	John William Polak	General Manager
2.	Mark Solomon	Vice Chairman
3.	David Nardecchia #	Secretary/Treasurer
4.	Stuart Keith Harbour #	Chief Financial Officer

Vice Presidents of TFPA

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

TFPA Governing Committee

Wendy Mueller	Debbie King	John Miletta	Georgia Rutherford Neblett
Timothy Lawrence McCarthy	Corise Morrison	Edward James Sherlock	Frank Baumann, Jr
Mark Solomon	David Nardecchia #	Walter Riggs #	

State of Texas
County of Tarrant ss

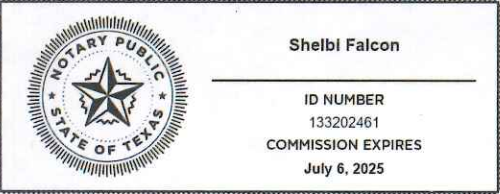
- Officer or Director who did not occupy the indicated position in the prior annual statement

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

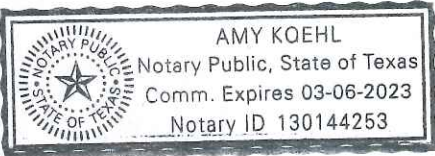
(Signature)	(Signature)
John William Polak	Stuart Keith Harbour
(Printed Name)	(Printed Name)
1.	2.
General Manager	Chief Financial Officer
(Title)	(Title)

Subscribed and sworn to (or affirmed) before me this on this
23rd day of February, 2022, by
John W Polak - ONLY
Notary Public, State of Texas

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



Notarized online using audio-video communication



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 33,762,599, Schedule E - Part 1), cash equivalents (\$ 15,351,361, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	49,113,960		49,113,960	57,717,169
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	49,113,960		49,113,960	57,717,169
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	78		78	335
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,446,562	92,761	1,353,801	1,501,139
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	4,914,793		4,914,793	5,130,310
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,715,758		1,715,758	1,506,148
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	223,591	223,591		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	57,414,742	316,352	57,098,390	65,855,101
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	57,414,742	316,352	57,098,390	65,855,101

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	100,227	100,227		
2502. Due from Agents	93,900	93,900		
2503. Surcharge Receivable	29,464	29,464		
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	223,591	223,591		

NONE

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Losses (Part 2A, Line 35, Column 8)	9,673,791	11,721,386
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	3,258,101	3,736,520
4. Commissions payable, contingent commissions and other similar charges	535,128	567,614
5. Other expenses (excluding taxes, licenses and fees)	1,137,461	1,181,445
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	181,602	180,058
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 \$ 13,686,781 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act)	23,661,595	24,801,277
10. Advance premium	1,352,053	1,240,814
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	12,859,407	14,103,783
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated	14,508	12,101
16. Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)	484,000	333,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,158,937	1,132,407
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ 0 and interest thereon \$ 0		
25. Aggregate write-ins for liabilities	826,634	839,042
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	55,143,217	59,849,447
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	55,143,217	59,849,447
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	1,955,173	6,005,654
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)		
36.2 0 shares preferred (value included in Line 31 \$ 0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	1,955,173	6,005,654
38. Totals (Page 2, Line 28, Col. 3)	57,098,390	65,855,101

DETAILS OF WRITE-IN LINES		
2501. Escheat liability	761,461	719,678
2502. Due to policyholders	65,173	119,364
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	826,634	839,042
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

NONE

NONE

STATEMENT OF INCOME

	1	2
	Current Year	Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	49,414,212	53,091,939
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	24,798,983	26,531,256
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	9,270,758	10,089,146
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	19,141,982	22,397,738
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	53,211,723	59,018,140
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(3,797,511)	(5,926,201)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	(161,574)	(27,816)
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)	(161,574)	(27,816)
OTHER INCOME		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 356,623)	(356,623)	(140,243)
13. Finance and service charges not included in premiums	349,551	161,543
14. Aggregate write-ins for miscellaneous income		
15. Total other income (Lines 12 through 14)	(7,072)	21,300
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(3,966,157)	(5,932,717)
17. Dividends to policyholders		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(3,966,157)	(5,932,717)
19. Federal and foreign income taxes incurred		
20. Net income (Line 18 minus Line 19) (to Line 22)	(3,966,157)	(5,932,717)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	6,005,654	12,133,051
22. Net income (from Line 20)	(3,966,157)	(5,932,717)
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	66,676	43,320
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(151,000)	(238,000)
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 Transferred from surplus (Stock Dividend)		
32.3 Transferred to surplus		
33. Surplus adjustments:		
33.1 Paid in		
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	(4,050,481)	(6,127,397)
39. Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	1,955,173	6,005,654

DETAILS OF WRITE-IN LINES		
0501.	NONE	
0502.		
0503.		
0598. Summary of remaining write-ins for Line 05 from overflow page		
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.	NONE	
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)		
3701.	NONE	
3702.		
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	47,610,765	50,543,688
2. Net investment income	(179,401)	12,970
3. Miscellaneous income	(7,433)	21,300
4. Total (Lines 1 through 3)	47,423,931	50,577,958
5. Benefit and loss related payments	27,056,186	26,899,210
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	28,976,492	32,119,138
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)	56,032,678	59,018,348
11. Net cash from operations (Line 4 minus Line 10)	(8,608,747)	(8,440,390)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	5,539	20,494
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	5,539	20,494
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)	(8,603,208)	(8,419,896)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	57,717,169	66,137,065
19.2 End of year (Line 18 plus Line 19.1)	49,113,961	57,717,169

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

	1	2	3	4
Line of Business	Net Premiums Written per Column 6, Part 1B	Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	1,685,897	1,002,508	774,121	1,914,284
2. Allied lines	16,554,968	8,530,116	8,041,316	17,043,768
3. Farmowners multiple peril				
4. Homeowners multiple peril	30,033,665	15,268,653	14,846,158	30,456,160
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
17.3 Excess workers' compensation				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability				
33. Reinsurance-nonproportional assumed financial lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	48,274,530	24,801,277	23,661,595	49,414,212

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

NONE

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

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire	774,121				774,121
2. Allied lines	8,041,316				8,041,316
3. Farmowners multiple peril					
4. Homeowners multiple peril	14,846,158				14,846,158
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. Auto physical damage					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance-nonproportional assumed property					
32. Reinsurance-nonproportional assumed liability					
33. Reinsurance-nonproportional assumed financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS	23,661,595				23,661,595
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					23,661,595

DETAILS OF WRITE-IN LINES					
3401.		NONE			
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)					

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1B – PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non- Affiliates	4 To Affiliates	5 To Non- Affiliates	
1. Fire	3,041,246				1,355,349	1,685,897
2. Allied lines	25,746,606				9,191,638	16,554,968
3. Farmowners multiple peril						
4. Homeowners multiple peril	46,860,260				16,826,595	30,033,665
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability--occurrence						
11.2 Medical professional liability--claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made						
17.3 Excess workers' compensation						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1,19.2 Private passenger auto liability						
19.3,19.4 Commercial auto liability						
21. Auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance-nonproportional assumed property	X X X					
32. Reinsurance-nonproportional assumed liability	X X X					
33. Reinsurance-nonproportional assumed financial lines	X X X					
34. Aggregate write-ins for other lines of business						
35. TOTALS	75,648,112				27,373,582	48,274,530

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)						

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	2,558,531			2,558,531	502,086	708,671	2,351,946	122.863
2. Allied lines	7,189,695		558,114	6,631,581	2,441,711	2,349,797	6,723,495	39.448
3. Farmowners multiple peril								
4. Homeowners multiple peril	18,471,047		814,581	17,656,466	6,729,994	8,662,918	15,723,542	51.627
5. Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1,19.2 Private passenger auto liability								
19.3,19.4 Commercial auto liability								
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-nonproportional assumed property	X X X							
32. Reinsurance-nonproportional assumed liability	X X X							
33. Reinsurance-nonproportional assumed financial lines	X X X							
34. Aggregate write-ins for other lines of business								
35. TOTALS	28,219,273		1,372,695	26,846,578	9,673,791	11,721,386	24,798,983	50.186

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

NONE

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

	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire	144,606			144,606	357,480			502,086	123,337
2. Allied lines	290,412		94,802	195,610	2,779,582		533,481	2,441,711	1,205,779
3. Farmowners multiple peril									
4. Homeowners multiple peril	3,159,543		261,919	2,897,624	4,839,584		1,007,214	6,729,994	1,928,985
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability									
19.3,19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	X X X				X X X				
32. Reinsurance-nonproportional assumed liability	X X X				X X X				
33. Reinsurance-nonproportional assumed financial lines	X X X				X X X				
34. Aggregate write-ins for other lines of business									
35. TOTALS	3,594,561		356,721	3,237,840	7,976,646		1,540,695	9,673,791	3,258,101

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)									

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	4,698,730			4,698,730
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	185,717			185,717
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	4,513,013			4,513,013
2. Commission and brokerage:				
2.1 Direct, excluding contingent		7,885,872		7,885,872
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		618,679		618,679
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)		7,267,193		7,267,193
3. Allowances to manager and agents				
4. Advertising				
5. Boards, bureaus and associations		91,450		91,450
6. Surveys and underwriting reports		386,182		386,182
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	3,218,154	4,321,510		7,539,664
8.2 Payroll taxes	79,624	318,496		398,120
9. Employee relations and welfare	382,000	1,834,015		2,216,015
10. Insurance	19,249	66,304		85,553
11. Directors' fees				
12. Travel and travel items	1,859	10,443		12,302
13. Rent and rent items	110,357	441,989		552,346
14. Equipment	205,247	1,378,317		1,583,564
15. Cost or depreciation of EDP equipment and software				
16. Printing and stationery	26,950	71,740		98,690
17. Postage, telephone and telegraph, exchange and express	227,531	691,951		919,482
18. Legal and auditing	33,002	388,592		421,594
19. Totals (Lines 3 to 18)	4,303,973	10,000,989		14,304,962
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ 0		1,411,055		1,411,055
20.2 Insurance department licenses and fees				
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		1,411,055		1,411,055
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses	453,772	462,745	164,160	1,080,677
25. Total expenses incurred	9,270,758	19,141,982	164,160	(a) 28,576,900
26. Less unpaid expenses—current year	3,258,101	1,146,985		4,405,086
27. Add unpaid expenses—prior year	3,736,520	1,929,117		5,665,637
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	9,749,177	19,924,114	164,160	29,837,451

DETAILS OF WRITE-IN LINES				
2401. Outside Professional Services	409,342	345,876		755,218
2402. Line of Credit Fees			164,160	164,160
2403. Disaster Recovery Expense	32,549	75,946		108,495
2498. Sum of remaining write-ins for Line 24 from overflow page	11,881	40,923		52,804
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	453,772	462,745	164,160	1,080,677

(a) Includes management fees of \$ 13,185,860 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)2,477	2,586
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	2,477	2,586
11. Investment expenses		(g)164,160
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)		164,160
17. Net investment income (Line 10 minus Line 16)		(161,574)

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

- (a)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (b)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued dividends on purchases.
- (c)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (d)

Includes \$

0

for company's occupancy of its own buildings; and excludes \$

0

interest on encumbrances.
- (e)

Includes \$

0

accrual of discount less \$

0

amortization of premium and less \$

0

paid for accrued interest on purchases.
- (f)

Includes \$

0

accrual of discount less \$

0

amortization of premium.
- (g)

Includes \$

0

investment expenses and \$

0

investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h)

Includes \$

0

interest on surplus notes and \$

0

interest on capital notes.
- (i)

Includes \$

0

depreciation on real estate and \$

0

depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	NONE				
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					

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

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First 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)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	92,760	199,279	106,519
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets	223,591	183,748	(39,843)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	316,351	383,027	66,676
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	316,351	383,027	66,676

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid Expenses	100,227	75,405	(24,822)
2502. Due from Agents	93,900	63,499	(30,401)
2503. Surcharge Receivable	29,464	44,844	15,380
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	223,591	183,748	(39,843)

NONE

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices, Impact of NAIC/State Differences

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

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

Net Income	SSAP #	F/S Page	F/S Line #	2021	2020
1. Company state basis (P 4, Line 20, Columns 1&3)	XXX	XXX	XXX	(\$3,966,157)	(\$5,932,717)
2. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
3. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
4. NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	(\$3,966,157)	(\$5,932,717)

Surplus	SSAP #	F/S Page	F/S Line #	December 31, 2021	December 31, 2020
5. Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$1,955,173	\$6,005,654
6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
7. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
8. NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$1,955,173	\$6,005,654

B. Use of Estimates

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

C. Accounting Policies

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

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable. Net investment income consists primarily of interest income recognized on an accrual basis and is reduced by investment related expenses.

In addition, the company uses the following accounting policies:

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

NOTES TO FINANCIAL STATEMENTS

D. Going Concern

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

Note 2 – Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principles

Not applicable

B. Correction of Errors

Not applicable

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

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

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits (LIHTC)

None

NOTES TO FINANCIAL STATEMENTS

- L. Restricted Assets
1. The Association holds no restricted assets.

2. Detail of Assets Pledged as Collateral not Captured in Other Categories

None

3. Detail of Other Restricted Assets

None

4. Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements

None
- M. Working Capital Finance Investments
- None
- N. Offsetting and Netting of Assets and Liabilities
- None
- O. 5GI Securities
- None
- P. Short Sales
- None
- Q. Prepayment Penalty and Acceleration Fees
- None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

- A. Accrued Investment Income
- The Association does not admit investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Nonadmitted
- Not applicable

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

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

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

- A. Nature of Relationships
- On October 10, 2002, the Texas Commissioner of Insurance enacted Article 21.49A of the Texas Insurance Code creating the Texas FAIR Plan Association. The commissioner then instructed the Texas Windstorm Insurance Association (“TWIA”) to manage the activities of the Association.
- B. Significant Transactions and Changes in Terms of Intercompany Arrangements
- None

NOTES TO FINANCIAL STATEMENTS

C.	Transactions with related parties who are not reported on Schedule Y
	None
D.	Amounts Due to or from Related Parties
	During 2021 and 2020 the Association incurred expenses under its service contract with TWIA in the amounts of \$13,185,807 and \$14,314,490 respectively (See Note 10E). As of December 31, 2021 and December 31, 2020, the Association held an intercompany payable of \$1,158,937 and \$1,132,407, respectively with TWIA. This arrangement is subject to a written agreement which requires that balances be settled within 30 days.
E.	Management, Service Contracts, Cost Sharing Arrangements
	In 2002, the Association entered into a service contract with TWIA in which the Association is to reimburse TWIA for all expenditures, professional fees, consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by TWIA on behalf of the Association.
F.	Guarantees or Undertakings for Related Parties
	None
G.	Nature of Relationships that Could Affect Operations
	None
H.	Amount Deducted for Investment in Upstream Company
	Not applicable
I.	Detail of Investments in Affiliates Greater than 10% of Admitted Assets
	Not applicable
J.	Write-downs for Impairment of Investments in Affiliates
	Not applicable
K.	Foreign Insurance Subsidiary Valued Using CARVM
	Not applicable
L.	Downstream Holding Company Valued Using Look-Through Method
	Not applicable
M.	All SCA Investments
	Not applicable
N.	Investment in Insurance SCAs
	Not applicable
O.	SCA or SSAP No. 48 Entity Loss Tracking
	Not applicable

Note 11 – Debt

A.	The Association obtained a \$30,000,000 line of credit with one of its primary financial institutions effective August 28, 2021. The facility replaced the previous \$40,000,000 line of credit and terminates on June 30, 2023. The Association pays the lender a 0.30% decreased from 0.50% commitment fee against the unused portion of the line of credit.
B.	FHLB (Federal Home Loan Bank) Agreements
	Not applicable

NOTES TO FINANCIAL STATEMENTS

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

- A.

Defined Benefit Plan

Not Applicable
- B.

Description of Investment Policies

Not Applicable
- C.

Fair Value Measurements of Plan Assets at Reporting Date

Not Applicable
- D.

Rate of Return Assumptions

Not Applicable
- E.

Defined Contribution Plans

Not Applicable
- F.

Multiemployer Plans

Not applicable
- G.

Consolidated/Holding Company Plans

Not applicable
- H.

Postemployment Benefits and Compensated Absences

The Association has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned personal time off. The liability for earned but untaken personal time off has been accrued.
- I.

Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

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

In August 2017, Hurricane Harvey struck the Texas Coast impacting policyholders of the Association. Gross and net of reinsurance, the ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$85,000,000 and \$46,100,000 respectively as of December 31, 2021 and December 31, 2020. The line of credit established by the Association provides for improved liquidity to pay claims (see note 11). Texas Insurance Code 2211 allows the Association to seek funding for expenses and liabilities incurred by the association by issuing public securities or by assessing member companies upon approval by the Texas Department of Insurance Commissioner (Commissioner).

Note 14 – Liabilities, Contingencies and Assessments

- A.

Contingent Commitments

The Association has no commitments or contingent commitments to other entities.
- B.

Assessments

1. Liability and Related Asset

The Association is subject to a fire assessment levied by the State of Texas. The assessment is premium based and recorded at the time premiums are written. The Association is not subject to loss-based assessments. The Association has accrued a liability as of December 31, 2021 for the fire assessment in the amount of \$46,000 which represents management’s best estimate based on assessment rate information received from the State of Texas. The assessment is recouped by imposing a surcharge on policies written. Surcharges receivable totaling \$29,464 and \$75,405 have been non-admitted as of December 31, 2021 and December 31, 2020 respectively. Policy surcharges collected were \$93,736 and \$103,044 for the periods ended December 31, 2021 and December 31, 2020, respectively.

NOTES TO FINANCIAL STATEMENTS

2. Rollforward of Related Asset

Description	Amount
a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 75,405
b. Decreases current year:	
Premium tax offsets applied	-
Premium tax offsets charged off	-
Policy surcharges collected	93,736
Policy surcharges charged off	-
c. Increases current year:	
Premium tax offsets accrued	-
Policy surcharges accrued	47,795
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges at December 31, 2021	\$ 29,464

3. Long-term Care Insolvencies

None

C. Gain Contingencies

Not applicable

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

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

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

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

(a)	0-25 Claims	(b)	26-50 Claims	(c)	51-100 Claims	(d)	101-500 Claims	(e)	More than 500 Claims
	X								

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

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

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

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

Note 15 – Leases

A. Lessee Leasing Arrangements

Not applicable

B. Lessor Leasing Arrangements

Not applicable

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

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

Not applicable

B. Other Fair Value Disclosures

Not applicable

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

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities.

Level 2 - Significant Other Observable Inputs: This category is for items measured at fair value on a recurring basis often determined by independent pricing services using observable inputs. The Association has no assets or liabilities measured at fair value in this category.

Level 3 - Significant Unobservable Inputs: The Association has no assets or liabilities measured at fair value in this category.

Cash, cash equivalents and short-term investments are the only financial instruments held by the Association and the carrying value and fair value are the same.

Type or Class of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash, cash equivalents and short-term investments	\$ 33,762,599	\$ 33,762,599	\$ 33,762,599	\$ -	\$ -	\$ -	\$ -
Exempt Money Market Mutual Funds – as Identified by SVO	\$ 15,351,361	\$ 15,351,361	\$ -	\$ -	\$ -	\$15,351,361	\$ -
Total Cash, Cash Equivalents and Short-Term Investments	\$ 49,113,960	\$ 49,113,960	\$ 33,762,599	\$ -	\$ -	\$15,351,361	\$ -

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

E. Instruments Measured at Net Asset Value (NAV)

The Association has elected to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

Note 21 – Other Items

A. Unusual or Infrequent Items

Not applicable

NOTES TO FINANCIAL STATEMENTS

- B.

Troubled Debt Restructuring for Debtors

Not applicable
- C.

Other Disclosures

None
- D.

Business Interruption Insurance Recoveries

Not applicable
- E.

State Transferable and Non-transferable Tax Credits

Not applicable
- F.

Subprime Mortgage Related Risk Exposure

Not applicable
- G.

Insurance Linked Securities (ILS) Contracts

Not applicable
- H.

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

Not applicable

Note 22 – Events Subsequent

The Association has evaluated subsequent events through February 25, 2022, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

- A.

Unsecured Reinsurance Recoverables

The Association has unsecured aggregate recoverables for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with individual reinsurers, authorized or unauthorized, that exceed 3% of the Company’s policyholder surplus.

NOTES TO FINANCIAL STATEMENTS

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amount
13-5616275	Transatlantic Reinsurance Company	\$ 226,803
22-2005057	Everest Reinsurance Company	531,683
31-0542366	The Cincinnati Insurance Company	118,566
47-0698507	Odyssey Reinsurance Company	65,582
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	121,275
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	300,283
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	110,769
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	136,800
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	193,577
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	84,585
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	429,332
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	75,790
AA-1340125	Hannover Ruck SE	117,710
AA-3190339	Renaissance Reinsurance Ltd.	250,938
AA-3190686	Partner Reinsurance Company Ltd.	269,567
AA-3190770	Chubb Tempest Reinsurance Ltd.	59,535
AA-3190829	Markel Bermuda Limited	114,598
AA-3190870	Validus Reinsurance, Ltd.	338,735
AA-3191315	XL Bermuda Ltd	100,558
AA-3194122	Da Vinci Reins	167,292
AA-3194130	Endurance Speciality Ins Ltd.	300,631
AA-3194168	Aspen Bermuda Ltd.	151,710

Individual Reinsurers Who are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
		NONE	

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

Group Code	FEIN	Reinsurer Name	Unsecured Amount
		NONE	
Total Group			

B. Reinsurance Recoverables in Dispute

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

Name of Reinsurer	Total Amount in Dispute	Status of Dispute		
		Notification	Arbitration	Litigation
None				

C. Reinsurance Assumed and Ceded

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

	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates						
b. All other			\$13,686,791	\$410,604	\$(13,686,791)	\$(410,604)
c. Totals			13,686,791	410,604	(13,686,791)	(410,604)
d. Direct Unearned Premium Reserve	\$ 37,348,386					

The maximum amount of return commission that would have been due the reinsurers if they or the Association had cancelled the Association’s excess of loss reinsurance agreement is \$1,368,679 as of December 31, 2021.

NOTES TO FINANCIAL STATEMENTS

2. No accrual exists at the end of the current period for additional or return commission, predicated on loss experience or on any other form of profit sharing agreements in this annual statement as a result of existing contractual arrangements.
3. The Association does not use protected cells as an alternative to traditional reinsurance.

D.	Uncollectible Reinsurance
	None
E.	Commutation of Ceded Reinsurance
	Not applicable
F.	Retroactive Reinsurance
	Not applicable
G.	Reinsurance Accounted for as a Deposit
	Not applicable
H.	Run-off Agreements
	Not applicable
I.	Certified Reinsurer Rating Downgraded or Status Subject to Revocation
	Not applicable
J.	Reinsurance Agreements Qualifying for Reinsurer Aggregation
	Not applicable
K.	Reinsurance Credit on Contracts Covering Health Business
	Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses

A.	<p>Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$34,069,741 are lower by \$2,362,556 due to favorable development of prior year estimates primarily from 2020 storm activity severity. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of December 31, 2021 make a reasonable provision for Texas FAIR Plan Association.</p>
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NOTES TO FINANCIAL STATEMENTS

Rollforward of unpaid losses and loss adjustment expenses	December 31, 2021	December 31, 2020
Balance as of January 1,	\$ 23,019,972	\$ 27,423,810
Less: Reinsurance Recoverable	7,562,066	12,462,029
Net Balance at January 1,	15,457,906	14,961,781
Incurred, net of reinsurance, related to:		
Current year	36,432,297	36,365,848
Prior years	(2,362,556)	254,554
Net Incurred	34,069,741	36,620,402
Paid, net of reinsurance, related to:		
Current year	(28,028,879)	(25,892,230)
Prior years	(8,566,876)	(10,232,047)
Net Paid Losses	(36,595,755)	(36,124,277)
Net Balance at end of period,	12,931,892	15,457,906
Plus: Reinsurance Recoverable	4,296,857	7,562,066
Balance at end of period,	\$ 17,228,749	\$ 23,019,972

B. Significant Changes in Reserving Methodology

Not applicable

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

The Association evaluated the need to record a premium deficiency reserve as of the end of the current year. No premium deficiency reserve was required as of December 31, 2021. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.

- (1) Liability carried for premium deficiency reserve

\$-0-
- (2) Date of the most recent evaluation of this liability

December 31, 2021
- (3) Was anticipated investment income utilized in calculation?

Yes () No (X)

Note 31 – High Deductibles

Not applicable

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

Not applicable

Note 33 – Asbestos and Environmental Reserves

Not applicable

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☐ No ☒

If yes, complete Schedule Y, Parts 1, 1A, 2 and 3

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☐ No ☐ N/A ☒

1.3 State Regulating?

Texas

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/12/2019

3.4 By what department or departments?

Texas Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes ☒ No ☐ N/A ☐

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes ☐ No ☒

4.12 renewals?

Yes ☐ No ☒

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes ☐ No ☒

4.22 renewals?

Yes ☐ No ☒

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.

GENERAL INTERROGATORIES

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

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

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

6.2 If yes, give full information:
.
.
.
.

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

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

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.
.
.
.
.

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

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

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

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

GENERAL INTERROGATORIES

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

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

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Xiuyu Li, 5700 S MoPac Expy, Austin, TX 78749, In-house Actuary

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

\$

12.2 If yes, provide explanation:

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No [X]

13.3 Have there been any changes made to any of the trust indentures during the year?

Yes [] No [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

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

GENERAL INTERROGATORIES

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules, and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

Yes ☒ No ☐

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

14.2 Has the code of ethics for senior managers been amended? Yes ☐ No ☒

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ☐ No ☒

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

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

15.3

GENERAL INTERROGATORIES

20.1

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

20.11

To directors or other officers

\$

20.12

To stockholders not officers

\$

20.13

Trustees, supreme or grand (Fraternal only)

\$

20.2

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

20.21

To directors or other officers

\$

20.22

To stockholders not officers

\$

20.23

Trustees, supreme or grand (Fraternal only)

\$

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes

[]

No

[X]

21.2

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

21.21

Rented from others

\$

21.22

Borrowed from others

\$

21.23

Leased from others

\$

21.24

Other

\$

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes

[]

No

[X]

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$

22.22

Amount paid as expenses

\$

22.23

Other amounts paid

\$

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes

[]

No

[X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes

[]

No

[X]

24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes

[]

No

[X]

25.02

If no, give full and complete information, relating thereto:
TFPA does not hold any stocks, bonds, or other securities. TFPA holds only cash bank accounts, CD's and money market mutual funds.

25.03

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

25.04

For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk Based Capital Instructions.

\$

25.05

For the reporting entity's securities lending program report amount of collateral for other programs.

\$

GENERAL INTERROGATORIES

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [☐] No [☐] N/A [☒]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [☐] No [☐] N/A [☒]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [☐] No [☐] N/A [☒]

25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____

25.093 Total payable for securities lending reported on the liability page \$ _____

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [☐] No [☒]

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

- 26.21 Subject to repurchase agreements \$ _____
- 26.22 Subject to reverse repurchase agreements \$ _____
- 26.23 Subject to dollar repurchase agreements \$ _____
- 26.24 Subject to reverse dollar repurchase agreements \$ _____
- 26.25 Placed under option agreements \$ _____
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ _____
- 26.27 FHLB Capital Stock \$ _____
- 26.28 On deposit with states \$ _____
- 26.29 On deposit with other regulatory bodies \$ _____
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ _____
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ _____
- 26.32 Other \$ _____

26.3 For category (26.26) provide the following:

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

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [☐] No [☒]

GENERAL INTERROGATORIES

27.2 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 ☒

LINES 27.3 through 27.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes ☐ No ☒

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108

27.42 Permitted accounting practice

27.43 Other accounting guidance

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes ☐ No ☒

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

28.1 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 ☒

28.2 If yes, state the amount thereof at December 31 of the current year.

\$ _____

29. 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 ☒

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

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

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes ☐ No ☒

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

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

GENERAL INTERROGATORIES

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

1 Name Firm or Individual	2 Affiliation
John Polak	I
Stuart Harbour	I

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]

29.06 For those firms or individuals listed in the table 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

30.1 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]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds			
31.2 Preferred stocks			
31.3 Totals			

GENERAL INTERROGATORIES

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

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes ☐ No ☒

32.2 If the answer to 32.1 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 ☒

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes ☒ No ☐

33.2 If no, list exceptions:

34 By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?

Yes ☐ No ☒

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

Yes ☐ No ☒

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes ☐ No ☒

37. By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes ☐ No ☒ N/A ☐

OTHER

GENERAL INTERROGATORIES

38.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 89,325

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

1 Name	2 Amount Paid
Insurance Services Office Inc.	\$ 56,606
	\$
	\$

39.1 Amount of payments for legal expenses, if any? \$ 143,897

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

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

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

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

1 Name	2 Amount Paid
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ _____

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ _____

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ _____

1.62 Total incurred claims

\$ _____

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned

\$ _____

1.65 Total incurred claims

\$ _____

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ _____

1.72 Total incurred claims

\$ _____

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned

\$ _____

1.75 Total incurred claims

\$ _____

1.76 Number of covered lives

2. Health Test:

1

Current Year

2

Prior Year

2.1 Premium Numerator

\$ _____

\$ _____

2.2 Premium Denominator

\$ 49,414,212

\$ 53,091,939

2.3 Premium Ratio (2.1 / 2.2)

2.4 Reserve Numerator

\$ _____

\$ _____

2.5 Reserve Denominator

\$ 36,593,487

\$ 40,259,183

2.6 Reserve Ratio (2.4 / 2.5)

3.1 Did the reporting entity issue participating policies during the calendar year?

Yes [] No [X]

3.2 If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year

3.21 Participating policies

\$ _____

3.22 Non-participating policies

\$ _____

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies?

Yes [] No [X]

4.2 Does the reporting entity issue non-assessable policies?

Yes [] No [X]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

_____ %

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

\$ _____

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents?

Yes [] No [X]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation

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

5.22 As a direct expense of the exchange

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

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

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [] No [X]

5.5 If yes, give full information

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit loss:

Texas Fair Plan does not write Workers Compensation Insurance

16

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
TFPA estimates its probable maximum loss using the AIR Touchstone and RMS RiskLink software models, modeling the risk of Hurricane and other wind hazards. The PML is comprised of residential property exposure in and around the Houston, Texas greater metropolitan area.

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
The XOL agreement provides the Assn. with two layers of coverage totaling \$360M xs of \$30M. After the first event there is an underlying layer providing coverage of \$20M xs \$10M. The underlying layer does not respond until the second event. The Assn. also has a RPP reinsurance coverage with a limit of \$24M 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 ☐ 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 uninsured catastrophic loss

7.1 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 ☒

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 ☒

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 ☒

8.2 If yes, give full information

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.

Yes ☐ No ☒

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes ☐ No ☒

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 37 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes ☐ No ☒

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 supplement; or
(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 ☒

Yes ☐ No ☒

Yes ☐ No ☒

16.1

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

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

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:

Yes [] No [X]

11.2 If yes, give full information

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses

12.12 Unpaid underwriting expenses (including loss adjustment expenses)

\$

\$

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?

\$

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

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

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From

12.42 To

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes [] No [X]

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

12.61 Letters of Credit

12.62 Collateral and other funds

\$

\$

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$ 1,900,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes [] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the company a cedant in a multiple cedant reinsurance contract?

Yes [] No [X]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [] No []

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [] No []

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts?

Yes [] No [X]

15.2 If yes, give full information

16.1 Does the reporting entity write any warranty business?

Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

		1	2	3	4	5
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premium
		Incurred	Unpaid	Premium	Unearned	Earned
16.11	Home	\$	\$	\$	\$	\$
16.12	Products	\$	\$	\$	\$	\$
16.13	Automobile	\$	\$	\$	\$	\$
16.14	Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

16.2

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance?

Yes [☐] No [☒]

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

17.11

Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance

\$ _____

17.12

Unfunded portion of Interrogatory 17.11

\$ _____

17.13

Paid losses and loss adjustment expenses portion of Interrogatory 17.11

\$ _____

17.14

Case reserves portion of Interrogatory 17.11

\$ _____

17.15

Incurred but not reported portion of Interrogatory 17.11

\$ _____

17.16

Unearned premium portion of Interrogatory 17.11

\$ _____

17.17

Contingent commission portion of Interrogatory 17.11

\$ _____

18.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]

18.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$ _____

18.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]

18.4

If yes, please provide the balance of the funds adminstered as of the reporting date.

\$ _____

19.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [☐] No [☒]

19.1

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

Yes [☐] No [☒] N/A [☐]

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
	2021	2020	2019	2018	2017
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	28,787,852	30,667,109	32,109,581	34,604,211	38,094,381
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	46,860,260	48,809,909	53,217,181	61,277,292	74,221,966
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	75,648,112	79,477,018	85,326,762	95,881,503	112,316,347
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	18,240,865	19,777,406	21,119,469	23,206,685	25,963,631
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	30,033,665	30,770,536	35,002,595	40,283,286	48,245,782
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	48,274,530	50,547,942	56,122,064	63,489,971	74,209,413
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(3,797,511)	(5,926,201)	(3,926,052)	12,941,920	(37,765,760)
14. Net investment gain (loss) (Line 11)	(161,574)	(27,816)	736,966	198,014	102,715
15. Total other income (Line 15)	(7,072)	21,300	270,168	54,899,033	(557,851)
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	(3,966,157)	(5,932,717)	(2,918,918)	68,038,967	(38,220,896)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	57,098,390	65,855,101	74,137,512	82,997,699	73,131,341
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	1,353,801	1,501,139	1,551,591	1,065,824	2,129,019
20.2 Deferred and not yet due (Line 15.2)	4,914,793	5,130,310	5,273,041	7,680,670	9,307,629
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	55,143,217	59,849,447	62,004,461	67,909,261	128,072,377
22. Losses (Page 3, Line 1)	9,673,791	11,721,386	11,732,055	12,763,910	17,513,381
23. Loss adjustment expenses (Page 3, Line 3)	3,258,101	3,736,520	3,229,726	3,980,698	5,071,838
24. Unearned premiums (Page 3, Line 9)	23,661,595	24,801,277	27,345,273	30,848,311	36,597,531
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	1,955,173	6,005,654	12,133,051	15,088,438	(54,941,036)
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(8,608,747)	(8,440,390)	(6,565,241)	67,798,712	(55,850,063)
Risk-Based Capital Analysis					
28. Total adjusted capital	1,955,173	6,005,654	12,133,052	15,088,438	(54,941,036)
29. Authorized control level risk-based capital	18,250,637	24,615,071	24,901,781	26,216,175	27,052,334
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	100.0	100.0	100.0	100.0	100.0
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

FIVE – YEAR HISTORICAL DATA
(Continued)

	1	2	3	4	5
	2021	2020	2019	2018	2017
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	(4,050,481)	(6,127,397)	(2,955,387)	70,029,474	(39,737,904)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	9,748,226	11,687,965	13,226,873	9,202,819	23,620,531
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	18,471,047	16,713,577	20,067,177	17,977,262	38,655,609
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	28,219,273	28,401,542	33,294,050	27,180,081	62,276,140
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	9,190,112	10,879,568	12,286,631	7,317,699	19,902,439
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	17,656,466	15,662,357	18,844,508	15,555,943	33,790,635
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	26,846,578	26,541,925	31,131,139	22,873,642	53,693,074
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	50.2	50.0	50.5	26.2	69.2
68. Loss expenses incurred (Line 3)	18.8	19.0	13.7	12.4	41.2
69. Other underwriting expenses incurred (Line 4)	38.7	42.2	42.4	42.7	38.7
70. Net underwriting gain (loss) (Line 8)	(7.7)	(11.2)	(6.6)	18.7	(49.2)
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	39.7	44.3	44.6	(39.9)	40.8
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	68.9	69.0	64.1	38.6	110.4
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	2469.1	841.7	462.6	420.8	(135.1)
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(3,297)	(2,099)	(5,443)	(7,361)	(3,172)
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)	(54.9)	(17.3)	(36.1)	13.4	20.9
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)	(2,946)	(6,449)	(9,570)	(5,908)	(2,855)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(24.3)	(42.7)	17.4	38.9	(57.4)

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

Yes [] No []

If no, please explain:

18



11543202143044100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2021

NAIC Group Code 4766

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	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	3,041,246	3,370,910		1,451,795	2,558,531	2,351,946	502,086				317,032	56,728
2.1 Allied Lines	25,746,606	26,303,357		12,637,135	7,189,695	6,407,606	3,069,995				2,683,933	480,248
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril	46,860,260	47,891,274		23,259,456	18,471,046	15,853,713	7,999,126				4,884,906	874,079
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	75,648,112	77,565,541		37,348,386	28,219,272	24,613,265	11,571,207				7,885,871	1,411,055
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 \$ 349,551
(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.



11543202143059100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2021

NAIC Group Code 4766

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	3,041,246	3,370,910		1,451,795	2,558,531	2,351,946	502,086				317,032	56,728
2.1 Allied lines	25,746,606	26,303,357		12,637,135	7,189,695	6,407,606	3,069,995				2,683,933	480,248
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril	46,860,260	47,891,274		23,259,456	18,471,046	15,853,713	7,999,126				4,884,906	874,079
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	75,648,112	77,565,541		37,348,386	28,219,272	24,613,265	11,571,207				7,885,871	1,411,055
DETAILS OF WRITE-INS												
3401.				NONE								
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)												

19.GT

(a) Finance and service charges not included in Lines 1 to 35 \$ 349,551
(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	Reinsurance Recoverable On										Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15	16	17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	Funds Held by Company Under Reinsurance Treaties
22-2005057	26921	Everest Reinsurance Company	DE		2,751	57	63	25	52	108	116	1,375		1,796		1,265		531	
47-0698507	23680	Odyssey Reinsurance Company	CT		458	8	9	4	7	15	17	229		289		224		65	
31-0542366	10677	The Cincinnati Insurance Company	OH		482	16	18	7	15	31	33	241		361		243		118	
13-5616275	19453	Transatlantic Reinsurance Company	NY		608	32	36	14	30	62	66	304		544		317		227	
13-4924125	10227	Munich Reinsurance America, Inc.	NJ		434							217		217		204		13	
75-1980552	10681	State National Insurance Company Inc	TX		126							63		63		59		4	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				4,859	113	126	50	104	216	232	2,429		3,270		2,312		958	
AA-3194168	0	Aspen Bermuda Ltd.	BMU		723	20	23	9	19	39	41	361		512		360		152	
AA-3194139	0	AXIS Specialty Limited	BMU		499							249		249		235		14	
AA-3194122	0	DaVinci Reins	BMU			26	29	11	24	49	53			192		25		167	
AA-3194130	0	Endurance Specialty Ins Ltd.	BMU			40	45	18	37	77	83			300				300	
AA-1340125	0	Hannover Ruck SE	DEU													(118)		118	
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033 HIS	GBR		364	28	32	12	27	54	58	182		393		199		194	
AA-1126623	0	Lloyd's Underwriter Syndicate No. 0623 AFB	GBR		87	2	2	1	2	4	4	43		58		43		15	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1084 CSL	GBR		133	5	6	2	5	10	11	66		105		67		38	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL	GBR		482	11	12	5	10	21	22	241		322		238		84	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		54							27		27		26		1	
AA-1127301	0	Lloyd's Underwriter Syndicate No. 1301 IGO	GBR		120							60		60		57		3	
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		466							233		233		219		14	
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458 RNR	GBR		547	16	18	7	15	31	33	274		394		257		137	
AA-1120156	0	Lloyd's Underwriter Syndicate No. 1686 AXS	GBR		197							99		99		93		6	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE	GBR		328	32	36	14	30	62	66	164		404		104		300	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE	GBR		1,017							509		509		398		111	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR	GBR		145	4	5	2	4	8	8	72		103		72		31	
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		1,422	45	55	20	41	85	91	711		1,048		619		429	
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010 MMX	GBR		189	7	8	3	6	13	14	95		146		96		50	

SCHEDULE F – PART 3

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

22.1

1	2	3	4	5	6	Reinsurance Recoverable On											Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15	16	17	18			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	Funds Held by Company Under Reinsurance Treaties	
AA-1120152	0	Lloyd's Underwriter Syndicate No. 2357	GBR		538							269		269		253		16		
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2468 NEO	GBR			4	5	2	4	8	8			31		4		27		
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2623 AFB	GBR		395	10	11	4	9	19	20	198		271		196		75		
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		449							225		225		212		13		
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		405	8	9	4	7	15	17	202		262		141		121		
AA-3190829	0	Markel Bermuda Limited	BMU		345	16	18	7	15	31	33	173		293		179		114		
AA-3190686	0	Partner Reinsurance Company Ltd.	BMU		281	40	45	18	37	77	83	141		441		171		270		
AA-3190339	0	Renaissance Reinsurance Ltd.	BMU			39	43	17	36	74	79			288		38		250		
AA-3190870	0	Validus Reinsurance, Ltd.	BMU		1,504	45	50	20	41	85	91	752		1,084		745		339		
1299999	Total Authorized - Other Non-U.S. Insurers#				10,690	398	452	176	369	762	815	5,346		8,318		4,929		3,389		
1499999	Total Authorized - Total Authorized Excluding Protected Cells				15,549	511	578	226	473	978	1,047	7,775		11,588		7,241		4,347		
AA-3194158	0	Allianz Risk Transfer Ltd.	BMU			40	45	18	37	77	83			300		(20)		320		
AA-3190978	0	AlphaCat Reinsurance Ltd.	BMU													(78)		78		
AA-3190005	0	Ascot Underwriting (Bermuda) Ltd o/b/o American	BMU		313	16	18	7	15	31	33	156		276		163		113		
AA-3190770	0	Chubb Tempest Reinsurance Ltd.	BMU		1,430	60	67	27	56	115	123	715		1,163		695		468		
AA-3191289	0	Fidelis Insurance Bermuda Limited	BMU		1,233	20	23	9	19	39	41	617		768		601		167		
AA-3191190	0	Hamilton Re, Ltd.	BMU			8	9	4	7	15	17			60		8		52		
AA-3190875	0	Hiscox Insurance Company Ltd	BMU			57	63	23	52	108	116			419				419		
AA-1320031	0	SCOR Global P&C S.E. - Lima S7300	FRA		1,084	47	52	21	43	89	95	542		889		556		333		
AA-5320039	0	Peak Reinsurance	HKG		76	6	7	3	6	12	12	38		84		42		42		
AA-5324100	0	Taiping Reinsurance Company Ltd	HKG			4	4	2	3	7	7			27		4		23		
AA-1460019	0	MS Amlin AG	CHE		548	16	18	7	15	31	33	274		394		274		120		
AA-1460023	0	Tokio Millennium Re AG	CHE			6	7	3	6	12	12			46		6		40		
AA-1120175	0	Fidelis Underwriting Limited - Lima F0012	GBR		843							421		421		397		24		
AA-1460100	0	SATEC Srl o/b/o Neue Ruckversicherungs-Gesell	CHE		54							27		27		26		1		
AA-3191321	0	SiriusPoint Bermuda Insurance Company Ltd	BMU		241							120		120		113		7		

SCHEDULE F – PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15	16	17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	Funds Held by Company Under Reinsurance Treaties
AA-3191388	0	Vermeer Reinsurance Ltd.	BMU		282							141		141		133		8	
AA-3191315	0	XL Bermuda Ltd	BMU			16	18	7	15	27	33			116		16		100	
2699999	Total Unauthorized - Other non-U.S. Insurers#				6,104	296	331	131	274	563	605	3,051		5,251		2,936		2,315	
2799999	Total Unauthorized - Protected Cells																		
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				6,104	296	331	131	274	563	605	3,051		5,251		2,936		2,315	
CR-3194126	0	Arch Reinsurance, Ltd.	BMU		877							439		439		409		30	
CR-3194122	0	DaVinci Reins thru Renaissance U/W	BMU		870							435		435		409		26	
CR-3194130	0	Endurance Speciality Ins Ltd.	BMU		988							494		494		465		29	
CR-1340125	0	Hannover Ruck SE	DEU		522							260		260		241		19	
CR-3191190	0	Hamilton Re, Ltd.	BMU		277							139		139		130		9	
CR-3190875	0	Hiscox Insurance Company Ltd	BMU		819							409		409		384		25	
CR-3190339	0	Renaissance Reinsurance Ltd.	BMU		870							435		435		409		26	
CR-3191315	0	XL Bermuda Ltd	BMU		499							250		250		235		15	
4099999	Total Certified - Other Non-U.S. Insurers#				5,722							2,861		2,861		2,682		179	
4199999	Total Certified - Protected Cells																		
4299999	Total Certified - Total Certified Excluding Protected Cells				5,722							2,861		2,861		2,682		179	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells				27,375	807	909	357	747	1,541	1,652	13,687		19,700		12,859		6,841	
9999999	Totals				27,375	807	909	357	747	1,541	1,652	13,687		19,700		12,859		6,841	

SCHEDULE F – PART 3 (Continued)

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

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
23	22-2005057 Everest Reinsurance Company			0		1,265	531		1,796	2,155	1,265	890		890	2		36
	47-0698507 Odyssey Reinsurance Company			0		224	65		289	347	224	123		123	3		6
	31-0542366 The Cincinnati Insurance Company			0		243	118		361	433	243	190		190	2		8
	13-5616275 Transatlantic Reinsurance Company			0		317	227		544	653	317	336		336	2		14
	13-4924125 Munich Reinsurance America, Inc.			0		204	13		217	260	204	56		56	2		2
	75-1980552 State National Insurance Company Inc			0		59	4		63	76	59	17		17	3		1
	0999999 Total Authorized - Other U.S. Unaffiliated Insurers			XXX		2,312	958		3,270	3,924	2,312	1,612		1,612	XXX		67
	AA-3194168 Aspen Bermuda Ltd.			0		360	152		512	614	360	254		254	3		12
	AA-3194139 AXIS Specialty Limited			0		235	14		249	299	235	64		64	3		3
	AA-3194122 DaVinci Reins			0		25	167		192	230	25	205		205	3		10
	AA-3194130 Endurance Speciality Ins Ltd.			0		-	300		300	360		360		360	2		15
	AA-1340125 Hannover Ruck SE			0		(118)	118				(118)	118		118	2		5
	AA-1126033 Lloyd's Underwriter Syndicate No. 0033 HIS			0		199	194		393	472	199	273		273	3		13
	AA-1126623 Lloyd's Underwriter Syndicate No. 0623 AFB			0		43	15		58	70	43	27		27	3		1
	AA-1127183 Lloyd's Underwriter Syndicate No. 1084 CSL			0		67	38		105	126	67	59		59	3		3
	AA-1127183 Lloyd's Underwriter Syndicate No. 1183 TAL			0		238	84		322	386	238	148		148	3		7
	AA-1120085 Lloyd's Underwriter Syndicate No. 1274 AUL			0		26	1		27	32	26	6		6	3		0
	AA-1127301 Lloyd's Underwriter Syndicate No. 1301 IGO			0		57	3		60	72	57	15		15	3		1
	AA-1127414 Lloyd's Underwriter Syndicate No. 1414 ASC			0		219	14		233	280	219	61		61	3		3
	AA-1120102 Lloyd's Underwriter Syndicate No. 1458 RNR			0		257	137		394	473	257	216		216	3		10
	AA-1120156 Lloyd's Underwriter Syndicate No. 1686 AXS			0		93	6		99	119	93	26		26	3		1
	AA-1120083 Lloyd's Underwriter Syndicate No. 1910 ARE			0		104	300		404	485	104	381		381	3		18
	AA-1120083 Lloyd's Underwriter Syndicate No. 1910 ARE			0		398	111		509	611	398	213		213	3		10
	AA-1120084 Lloyd's Underwriter Syndicate No. 1955 BAR			0		72	31		103	124	72	52		52	3		2
	AA-1128001 Lloyd's Underwriter Syndicate No. 2001 AML			0		619	429		1,048	1,258	619	639		639	3		31
	AA-1128010 Lloyd's Underwriter Syndicate No. 2010 MMX			0		96	50		146	175	96	79		79	3		4

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1120152	Lloyd's Underwriter Syndicate No. 2357			0		253	16		269	323	253	70		70	3		3
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO			0		4	27		31	37	4	33		33	3		2
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB			0		196	75		271	325	196	129		129	3		6
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP			0		212	13		225	270	212	58		58	3		3
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK			0		141	121		262	314	141	173		173	3		8
AA-3190829	Markel Bermuda Limited			0		179	114		293	352	179	173		173	3		8
AA-3190686	Partner Reinsurance Company Ltd.			0		171	270		441	529	171	358		358	2		15
AA-3190339	Renaissance Reinsurance Ltd.			0		38	250		288	346	38	308		308	2		13
AA-3190870	Validus Reinsurance, Ltd.			0		745	339		1,084	1,301	745	556		556	3		27
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		4,929	3,389		8,318	9,983	4,929	5,054		5,054	XXX		235
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		7,241	4,347		11,588	13,907	7,241	6,666		6,666	XXX		302
AA-3194158	Allianz Risk Transfer Ltd.		314	1		294	6	6	294	353	(20)	373	314	59	2	13	2
AA-3190978	AlphaCat Reinsurance Ltd.			0	78	-					(78)	78	78		3	4	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsurance		109	2		272	4	4	272	326	163	163	109	54	3	5	3
AA-3190770	Chubb Tempest Reinsurance Ltd.		408	3		1,103	60	60	1,103	1,324	695	629	408	221	1	15	8
AA-3191289	Fidelis Insurance Bermuda Limited		137	4		738	30	30	738	886	601	285	137	148	3	7	7
AA-3191190	Hamilton Re, Ltd.		55	5		60			60	72	8	64	55	9	4	3	0
AA-3190875	Hiscox Insurance Company Ltd		383	6		383	36	36	383	460		460	383	77	3	18	4
AA-1320031	SCOR Global P&C S.E. - Lima S7300		315	8		871	18	18	871	1,045	556	489	315	174	2	13	7
AA-5320039	Peak Reinsurance		41	9		83	1	1	83	100	42	58	41	17	4	2	1
AA-5324100	Taiping Reinsurance Company Ltd		36	12		27			27	32	4	28	28		3	1	
AA-1460019	MS Amlin AG		110	10		384	10	10	384	461	274	187	110	77	3	5	4
AA-1460023	Tokio Millennium Re AG		41	11		46			46	55	6	49	41	8	2	2	0
AA-1120175	Fidelis Underwriting Limited - Lima F0012			0		397	24	24	397	476	397	79		79	3		4
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsuranc			0		26	1	1	26	31	26	5		5	3		0
AA-3191321	SiriusPoint Bermuda Insurance Company Ltd			0		113	7	7	113	136	113	23		23	4		1

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-3191388	Vermeer Reinsurance Ltd.			0		133	8	8	133	160	133	27		27	3		1
AA-3191315	XL Bermuda Ltd			0		16	100	100	16	19	16	3		3	2		0
2699999	Total Unauthorized - Other non-U.S. Insurers#		1,949	XXX	78	4,946	305	305	4,946	5,936	2,936	3,000	2,019	981	XXX	88	43
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		1,949	XXX	78	4,946	305	305	4,946	5,936	2,936	3,000	2,019	981	XXX	88	43
CR-3194126	Arch Reinsurance, Ltd.			0		409	30	30	409	491	409	82		82	2		3
CR-3194122	DaVinci Reins thru Renaissance U/W			0		409	26	26	409	491	409	82		82	3		4
CR-3194130	Endurance Speciality Ins Ltd.			0		465	29	29	465	558	465	93		93	2		4
CR-1340125	Hannover Ruck SE			0		241	19	19	241	289	241	48		48	2		2
CR-3191190	Hamilton Re, Ltd.			0		130	9	9	130	156	130	26		26	4		1
CR-3190875	Hiscox Insurance Company Ltd			0		384	25	25	384	461	384	77		77	3		4
CR-3190339	Renaissance Reinsurance Ltd.			0		409	26	26	409	491	409	82		82	2		3
CR-3191315	XL Bermuda Ltd			0		235	15	15	235	282	235	47		47	2		2
4099999	Total Certified - Other Non-U.S. Insurers#			XXX		2,682	179	179	2,682	3,219	2,682	537		537	XXX		23
4199999	Total Certified - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4299999	Total Certified - Total Certified Excluding Protected Cells			XXX		2,682	179	179	2,682	3,219	2,682	537		537	XXX		23
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		1,949	XXX	78	14,869	4,831	484	19,216	23,062	12,859	10,203	2,019	8,184	XXX	88	368
9999999	Totals		1,949	XXX	78	14,869	4,831	484	19,216	23,062	12,859	10,203	2,019	8,184	XXX	88	368

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prio 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
22-2005057	Everest Reinsurance Company	120						120			120							YES	
47-0698507	Odyssey Reinsurance Company	17						17			17							YES	
31-0542366	The Cincinnati Insurance Company	34						34			34							YES	
13-5616275	Transatlantic Reinsurance Company	68						68			68							YES	
13-4924125	Munich Reinsurance America, Inc.																	YES	
75-1980552	State National Insurance Company Inc																	YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	239						239			239							XXX	
AA-3194168	Aspen Bermuda Ltd.	43						43			43							YES	
AA-3194139	AXIS Specialty Limited																	YES	
AA-3194122	DaVinci Reins	55						55			55							YES	
AA-3194130	Endurance Speciality Ins Ltd.	85						85			85							YES	
AA-1340125	Hannover Ruck SE																	YES	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	60						60			60							YES	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	4						4			4							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	11						11			11							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	23						23			23							YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL																	YES	
AA-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO																	YES	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC																	YES	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	34						34			34							YES	
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS																	YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	68						68			68							YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE																	YES	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	9						9			9							YES	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	100						100			100							YES	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	15						15			15							YES	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prio 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
		Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)											
AA-1120152	Lloyd's Underwriter Syndicate No. 2357																	YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	9						9			9							YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	21						21			21							YES	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP																	YES	
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	17						17			17							YES	
AA-3190829	Markel Bermuda Limited	34						34			34							YES	
AA-3190686	Partner Reinsurance Company Ltd.	85						85			85							YES	
AA-3190339	Renaissance Reinsurance Ltd.	82						82			82							YES	
AA-3190870	Validus Reinsurance, Ltd.	95						95			95							YES	
1299999	Total Authorized - Other Non-U.S. Insurers#	850						850			850							XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	1,089						1,089			1,089							XXX	
AA-3194158	Allianz Risk Transfer Ltd.	85						85			85							YES	
AA-3190978	AlphaCat Reinsurance Ltd.																	YES	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Rein	34						34			34							YES	
AA-3190770	Chubb Tempest Reinsurance Ltd.	127						127			127							YES	
AA-3191289	Fidelis Insurance Bermuda Limited	43						43			43							YES	
AA-3191190	Hamilton Re, Ltd.	17						17			17							YES	
AA-3190875	Hiscox Insurance Company Ltd	120						120			120							YES	
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	99						99			99							YES	
AA-5320039	Peak Reinsurance	13						13			13							YES	
AA-5324100	Taiping Reinsurance Company Ltd	8						8			8							YES	
AA-1460019	MS Amlin AG	34						34			34							YES	
AA-1460023	Tokio Millennium Re AG	13						13			13							YES	
AA-1120175	Fidelis Underwriting Limited - Lirma F0012																	YES	
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei																	YES	
AA-3191321	SiriusPoint Bermuda Insurance Company Ltd																	YES	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prio 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
		Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)											
AA-3191388 AA-3191315	Vermeer Reinsurance Ltd. XL Bermuda Ltd	34						34			34							YES YES	
2699999	Total Unauthorized - Other non-U.S. Insurers#	627						627			627							XXX	
2799999	Total Unauthorized - Protected Cells																	XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	627						627			627							XXX	
CR-3194126 CR-3194122 CR-3194130 CR-1340125 CR-3191190 CR-3190875 CR-3190339 CR-3191315	Arch Reinsurance, Ltd. DaVinci Reins thru Renaissance U/W Endurance Speciality Ins Ltd. Hannover Ruck SE Hamilton Re, Ltd. Hiscox Insurance Company Ltd Renaissance Reinsurance Ltd. XL Bermuda Ltd																	YES YES YES YES YES YES YES YES	
4099999	Total Certified - Other Non-U.S. Insurers#																	XXX	
4199999	Total Certified - Protected Cells																	XXX	
4299999	Total Certified - Total Certified Excluding Protected Cells																	XXX	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C	1,716						1,716			1,716							XXX	
9999999	Totals	1,716						1,716			1,716							XXX	

SCHEDULE F – PART 3 (Continued)

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

[illegible]

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective D of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catatrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credi (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col.22 + Col. 24]/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collate Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Du to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losse % LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ced to Certified Reinsurers (Grea of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63	
														66 Total Collater Provided (Col. 20 + Col 21 + Col. 22 Col.24; not to Exceed Col 6	67 Net Unsecured Recoverable fo Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67		
AA-1120152	Lloyd's Underwriter Syndicate No. 2357	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686	Partner Reinsurance Company Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194158	Allianz Risk Transfer Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190978	AlphaCat Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reins	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190770	Chubb Tempest Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191289	Fidelis Insurance Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875	Hiscox Insurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5320039	Peak Reinsurance	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Taiping Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460023	Tokio Millennium Re AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120175	Fidelis Underwriting Limited - Lirma F0012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191321	SiriusPoint Bermuda Insurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54 Certified Reinsurer Rating (1 through 6)	55 Effective D of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catatrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collatereal Requirement for Full Credi (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col.22 + Col. 24]/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collate Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Du to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losse % LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ced to Certified Reinsurers (Grea of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63	
														66 Total Collater Provided (Col. 20 + Col 21 + Col. 22 Col.24; not to Exceed Col 6	67 Net Unsecured Recoverable fo Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67		
AA-3191388 AA-3191315	Vermeer Reinsurance Ltd. XL Bermuda Ltd	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-3194126	Arch Reinsurance, Ltd.	2	1/1/2019	10.000		30	3					30						
CR-3194122	DaVinci Reins thru Renaissance U/W	3	10/15/2019	20.000		26	5					26						
CR-3194130	Endurance Speciality Ins Ltd.	2	7/10/2019	10.000		29	3					29						
CR-1340125	Hannover Ruck SE	2	11/20/2018	10.000		19	2					19						
CR-3191190	Hamilton Re, Ltd.	4	11/18/2020	50.000		9	5					9						
CR-3190875	Hiscox Insurance Company Ltd	3	1/22/2019	20.000		25	5					25						
CR-3190339	Renaissance Reinsurance Ltd.	2	11/12/2019	10.000		26	3					26						
CR-3191315	XL Bermuda Ltd	2	1/1/2019	10.000		15	2					15						
4099999	Total Certified - Other Non-U.S. Insurers#					179	27	XXX	XXX			179						
4199999	Total Certified - Protected Cells							XXX	XXX									
4299999	Total Certified - Total Certified Excluding Protected Cells					179	27	XXX	XXX			179						
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells					179	27	XXX	XXX			179						
9999999	Totals					179	27	XXX	XXX			179						

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 +77)
26	22-2005057	Everest Reinsurance Company	XXX	XXX				XXX	XXX	
	47-0698507	Odyssey Reinsurance Company	XXX	XXX				XXX	XXX	
	31-0542366	The Cincinnati Insurance Company	XXX	XXX				XXX	XXX	
	13-5616275	Transatlantic Reinsurance Company	XXX	XXX				XXX	XXX	
	13-4924125	Munich Reinsurance America, Inc.	XXX	XXX				XXX	XXX	
	75-1980552	State National Insurance Company Inc	XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-3194168	Aspen Bermuda Ltd.		XXX	XXX				XXX	XXX	
AA-3194139	AXIS Specialty Limited		XXX	XXX				XXX	XXX	
AA-3194122	DaVinci Reins		XXX	XXX				XXX	XXX	
AA-3194130	Endurance Speciality Ins Ltd.		XXX	XXX				XXX	XXX	
AA-1340125	Hannover Ruck SE		XXX	XXX				XXX	XXX	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS		XXX	XXX				XXX	XXX	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL		XXX	XXX				XXX	XXX	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL		XXX	XXX				XXX	XXX	
AA-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO		XXX	XXX				XXX	XXX	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC		XXX	XXX				XXX	XXX	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR		XXX	XXX				XXX	XXX	
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE		XXX	XXX				XXX	XXX	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR		XXX	XXX				XXX	XXX	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML		XXX	XXX				XXX	XXX	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX		XXX	XXX				XXX	XXX	

SCHEDULE F – PART 3 (Continued)

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

	ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
26.1	AA-1120152	Lloyd's Underwriter Syndicate No. 2357		XXX	XXX				XXX	XXX	
	AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO		XXX	XXX				XXX	XXX	
	AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB		XXX	XXX				XXX	XXX	
	AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		XXX	XXX				XXX	XXX	
	AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK		XXX	XXX				XXX	XXX	
	AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
	AA-3190686	Partner Reinsurance Company Ltd.		XXX	XXX				XXX	XXX	
	AA-3190339	Renaissance Reinsurance Ltd.		XXX	XXX				XXX	XXX	
	AA-3190870	Validus Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
	1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
	1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX				XXX	XXX	
	AA-3194158	Allianz Risk Transfer Ltd.		6	XXX	XXX	XXX	6	XXX	6	
	AA-3190978	AlphaCat Reinsurance Ltd.			XXX	XXX	XXX		XXX		
	AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsura		4	XXX	XXX	XXX	4	XXX	4	
	AA-3190770	Chubb Tempest Reinsurance Ltd.		60	XXX	XXX	XXX	60	XXX	60	
	AA-3191289	Fidelis Insurance Bermuda Limited		30	XXX	XXX	XXX	30	XXX	30	
	AA-3191190	Hamilton Re, Ltd.			XXX	XXX	XXX		XXX		
	AA-3190875	Hiscox Insurance Company Ltd		36	XXX	XXX	XXX	36	XXX	36	
	AA-1320031	SCOR Global P&C S.E. - Lima S7300		18	XXX	XXX	XXX	18	XXX	18	
	AA-5320039	Peak Reinsurance		1	XXX	XXX	XXX	1	XXX	1	
	AA-5324100	Taiping Reinsurance Company Ltd			XXX	XXX	XXX		XXX		
	AA-1460019	MS Amlin AG		10	XXX	XXX	XXX	10	XXX	10	
	AA-1460023	Tokio Millennium Re AG			XXX	XXX	XXX		XXX		
	AA-1120175	Fidelis Underwriting Limited - Lima F0012		24	XXX	XXX	XXX	24	XXX	24	
	AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsur		1	XXX	XXX	XXX	1	XXX	1	
	AA-3191321	SiriusPoint Bermuda Insurance Company Ltd		7	XXX	XXX	XXX	7	XXX	7	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
AA-3191388	Vermeer Reinsurance Ltd.		8		XXX	XXX	XXX	8	XXX	8
AA-3191315	XL Bermuda Ltd		100		XXX	XXX	XXX	100	XXX	100
2699999	Total Unauthorized - Other non-U.S. Insurers#		305		XXX	XXX	XXX	305	XXX	305
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		305		XXX	XXX	XXX	305	XXX	305
CR-3194126	Arch Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30
CR-3194122	DaVinci Reins thru Renaissance U/W	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	26
CR-3194130	Endurance Speciality Ins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29
CR-1340125	Hannover Ruck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	19
CR-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	9
CR-3190875	Hiscox Insurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	25
CR-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	26
CR-3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
4099999	Total Certified - Other Non-U.S. Insurers#	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179
4199999	Total Certified - Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999	Total Certified - Total Certified Excluding Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	179
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		305					305	179	484
9999999	Totals		305					305	179	484

SCHEDULE F – PART 4

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

1	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
1	1	26007993	UBS AG	314
2	1	26001591	Standard Chartered Bank	109
3	1	21000089	Citibank, N.A.	408
4	1	21000089	Citibank, N.A.	137
5	1	26005092	Wells Fargo Bank, N.A.	55
6	1	26008044	Commerzbank	383
8	1	21000089	Citibank, N.A.	315
9	1	26007728	National Australia Bank Limited	41
10	1	26002574	Barclays Bank PLC	24
10	1	981390502	Lloyds Bank Corporate PLC	24
10	1	26007728	National Australia Bank Limited	22
10	1	26007689	BNP Paribas	20
10	1	26008044	Commerzbank	20
11	1	21000089	Citibank, N.A.	41
12	1	21000089	Citibank, N.A.	36
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
0		0		
9999999 Total				1,949
9999999 Total				1,949

SCHEDULE F – PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$100,000.

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premium	Affiliated
6.	Everest Reinsurance Company	1,796	2,751	Yes [] No [X]
7.	Chubb Tempest Reinsurance Ltd.	1,163	1,430	Yes [] No [X]
8.	Validus Reinsurance, Ltd.	1,084	1,504	Yes [] No [X]
9.	Lloyd's Underwriter Syndicate No. 2001 AML	1,048	1,422	Yes [] No [X]
10.	SCOR Global P&C S.E. - Lirma S7300	889	1,084	Yes [] No [X]

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

SCHEDULE F – PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	49,113,960		49,113,960
2. Premiums and considerations (Line 15)	6,268,594		6,268,594
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,715,758	(1,715,758)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	78		78
6. Net amount recoverable from reinsurers		6,355,999	6,355,999
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	57,098,390	4,640,241	61,738,631
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	12,931,892	4,296,857	17,228,749
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,854,191		1,854,191
11. Unearned premiums (Line 9)	23,661,595	13,686,791	37,348,386
12. Advance premiums (Line 10)	1,352,053		1,352,053
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	12,859,407	(12,859,407)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)	484,000	(484,000)	
18. Other liabilities	2,000,079		2,000,079
19. Total liabilities excluding protected cell business (Line 26)	55,143,217	4,640,241	59,783,458
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	1,955,173	X X X	1,955,173
22. Totals (Line 38)	57,098,390	4,640,241	61,738,631

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

If yes, give full explanation:

NONE Schedule H - Part 1

NONE Schedule H - Part 2, 3 and 4

NONE Schedule H - Part 5

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1–2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed	
1. Prior	X X X	X X X	X X X									X X X
2. 2012	92,027	35,147	56,880	30,781				9,729		65	40,510	X X X
3. 2013	112,737	37,394	75,343	29,262				10,371		78	39,633	X X X
4. 2014	129,302	39,896	89,406	34,586				12,059		147	46,645	X X X
5. 2015	133,859	42,907	90,952	52,680				16,838		513	69,518	X X X
6. 2016	127,762	43,361	84,401	59,814				17,298		360	77,112	X X X
7. 2017	116,941	40,103	76,838	67,665	18,284			53,585	21,220	236	81,746	X X X
8. 2018	104,488	35,249	69,239	21,618				7,520		182	29,138	X X X
9. 2019	90,423	30,798	59,625	33,388				9,487		278	42,875	X X X
10. 2020	82,159	29,067	53,092	24,534				7,641		316	32,175	X X X
11. 2021	77,565	28,151	49,414	21,387				6,642		24	28,029	X X X
12. Totals	X X X	X X X	X X X	375,715	18,284			151,170	21,220	2,199	487,381	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													X X X
2. 2012													X X X
3. 2013													X X X
4. 2014				23					5			28	X X X
5. 2015	175			19					21			215	X X X
6. 2016	12			22					96			130	X X X
7. 2017	367	357	1,609	1,540					2,654	2,400		333	X X X
8. 2018	364			98					131			593	X X X
9. 2019	318			208					421			947	X X X
10. 2020	723			922					639			2,284	X X X
11. 2021	1,636			5,076					1,690			8,402	X X X
12. Totals	3,595	357	7,977	1,540					5,657	2,400		12,932	X X X

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2012	40,510		40,510	44.020		71.220					
3. 2013	39,633		39,633	35.155		52.603					
4. 2014	46,673		46,673	36.096		52.203				23	5
5. 2015	69,733		69,733	52.094		76.670				194	21
6. 2016	77,242		77,242	60.458		91.518				34	96
7. 2017	125,880	43,801	82,079	107.644	109.221	106.821				79	254
8. 2018	29,731		29,731	28.454		42.940				462	131
9. 2019	43,822		43,822	48.463		73.496				526	421
10. 2020	34,459		34,459	41.942		64.904				1,645	639
11. 2021	36,431		36,431	46.968		73.726				6,712	1,690
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	9,675	3,257

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

SCHEDULE P – PART 2 – SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	7,231	5,383	3,035	2,636	2,511	2,384	2,363	2,354	2,368	2,355	(13)	1
2. 2012	36,188	30,079	31,538	31,702	31,040	30,917	30,815	30,796	30,802	30,781	(21)	(15)
3. 2013	X X X	37,865	30,629	30,106	29,366	29,622	29,283	29,271	29,291	29,262	(29)	(9)
4. 2014	X X X	X X X	38,975	36,276	35,662	35,280	34,777	34,618	34,625	34,609	(16)	(9)
5. 2015	X X X	X X X	X X X	54,296	55,345	53,958	53,166	52,693	52,815	52,874	59	181
6. 2016	X X X	X X X	X X X	X X X	62,811	61,402	60,423	60,001	59,891	59,848	(43)	(153)
7. 2017	X X X	X X X	X X X	X X X	X X X	56,342	51,717	50,602	49,721	49,460	(261)	(1,142)
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	25,486	22,252	22,068	22,080	12	(172)
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	35,542	34,449	33,914	(535)	(1,628)
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	28,629	26,179	(2,450)	X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	28,099	X X X	X X X
12. Totals											(3,297)	(2,946)

SCHEDULE P – PART 3 – SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000	1,228	2,180	2,267	2,279	2,286	2,323	2,326	2,355	2,355	X X X	X X X
2. 2012	22,287	27,464	28,870	29,427	30,659	30,720	30,781	30,780	30,780	30,781	X X X	X X X
3. 2013	X X X	22,801	27,577	28,274	28,793	29,255	29,255	29,262	29,262	29,262	X X X	X X X
4. 2014	X X X	X X X	26,657	32,770	33,952	34,341	34,564	34,586	34,586	34,586	X X X	X X X
5. 2015	X X X	X X X	X X X	41,868	51,330	52,195	52,540	52,579	52,680	52,680	X X X	X X X
6. 2016	X X X	X X X	X X X	X X X	51,685	58,075	59,281	59,607	59,783	59,814	X X X	X X X
7. 2017	X X X	X X X	X X X	X X X	X X X	45,519	49,288	49,710	49,374	49,381	X X X	X X X
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	17,233	20,262	21,358	21,618	X X X	X X X
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	27,285	32,611	33,388	X X X	X X X
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	20,149	24,534	X X X	X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	21,387	X X X	X X X

SCHEDULE P – PART 4 – SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	4,377	3,064	766	354	228	91	5		13	
2. 2012	9,191	1,086	423	229	152	79	17	3	22	
3. 2013	X X X	12,592	1,231	556	375	365	26	9	29	
4. 2014	X X X	X X X	8,416	1,739	958	679	105	11	39	23
5. 2015	X X X	X X X	X X X	7,741	2,593	1,352	518	113	35	19
6. 2016	X X X	X X X	X X X	X X X	6,967	2,067	760	216	69	22
7. 2017	X X X	X X X	X X X	X X X	X X X	7,309	1,698	480	239	69
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	6,607	970	303	98
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	6,393	1,145	208
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	5,616	922
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	5,076

SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1–2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
1. Prior	X X X	X X X	X X X									X X X
2. 2012	64,771	24,792	39,979	19,634				5,920		63	25,554	3,816
3. 2013	79,685	26,176	53,509	19,941				6,988		21	26,929	4,121
4. 2014	90,161	27,927	62,234	23,759				8,020		114	31,779	3,850
5. 2015	93,338	30,035	63,303	33,836				8,596		403	42,432	6,010
6. 2016	87,877	30,484	57,393	35,656				10,309		90	45,965	6,393
7. 2017	78,293	27,854	50,439	41,048	10,375			34,027	13,144	124	51,556	13,774
8. 2018	67,830	23,453	44,377	14,492				5,420		114	19,912	3,153
9. 2019	57,130	19,571	37,559	20,560				5,929		256	26,489	3,769
10. 2020	50,868	18,799	32,069	13,669				4,211		316	17,880	2,498
11. 2021	47,891	17,435	30,456	14,090				4,381		24	18,471	3,882
12. Totals	X X X	X X X	X X X	236,685	10,375			93,801	13,144	1,525	306,967	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2012													
3. 2013													
4. 2014			14						3			17	
5. 2015	175		11						19			205	1
6. 2016	5		13						76			94	1
7. 2017	272	262	1,048	1,007					1,682	1,496		237	42
8. 2018	323		58						67			448	6
9. 2019	239		124						189			552	31
10. 2020	793		549						404			1,746	118
11. 2021	1,353		3,022						983			5,358	379
12. Totals	3,160	262	4,839	1,007					3,423	1,496		8,657	578

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2012	25,554		25,554	39,453		63.919					
3. 2013	26,929		26,929	33,794		50.326					
4. 2014	31,796		31,796	35,266		51.091				14	3
5. 2015	42,637		42,637	45,680		67.354				186	19
6. 2016	46,059		46,059	52,413		80.252				18	76
7. 2017	78,077	26,284	51,793	99,724	94.363	102.684				51	186
8. 2018	20,360		20,360	30,016		45.880				381	67
9. 2019	27,041		27,041	47,332		71.996				363	189
10. 2020	19,626		19,626	38,582		61.199				1,342	404
11. 2021	23,829		23,829	49,757		78.241				4,375	983
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	6,730	1,927

- 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)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1–2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	X X X	X X X	X X X	648	558			1,269	922		437	X X X
2. 2020	31,291	10,268	21,023	10,865				3,430			14,295	X X X
3. 2021	29,674	10,716	18,958	7,297				2,261			9,558	X X X
4. Totals	X X X	X X X	X X X	18,810	558			6,960	922		24,290	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	222	95	711	533					1,292	904		693	61
2. 2020	(70)		373						235			538	22
3. 2021	283		2,054						707			3,044	74
4. Totals	435	95	3,138	533					2,234	904		4,275	157

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	305	388
2. 2020	14,833		14,833	47.403		70.556				303	235
3. 2021	12,602		12,602	42.468		66.473				2,337	707
4. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	2,945	1,330

- NONE Schedule P - Part 1J Auto Physical Damage**
- NONE Schedule P - Part 1K Fidelity/Surety**
- NONE Schedule P - Part 1L Other**
- NONE Schedule P - Part 1M International**
- NONE Schedule P - Part 1N Nonproportional Assumed Prop.**
- NONE Schedule P - Part 1O Nonproportional Assumed Liab.**
- NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines**
- NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurence**
- NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made**
- NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty**
- NONE Schedule P - Part 1T - Warranty**

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	5,890	4,523	2,486	2,187	2,105	2,010	2,019	2,012	2,021	2,013	(8)	1
2. 2012	24,869	19,541	19,920	20,003	19,763	19,710	19,662	19,648	19,647	19,634	(13)	(14)
3. 2013	X X X	26,457	20,519	20,279	19,816	20,176	19,958	19,947	19,959	19,941	(18)	(6)
4. 2014	X X X	X X X	26,525	24,813	24,406	24,192	23,893	23,767	23,783	23,773	(10)	6
5. 2015	X X X	X X X	X X X	35,126	35,450	34,579	34,147	33,818	33,958	34,022	64	204
6. 2016	X X X	X X X	X X X	X X X	37,804	36,788	36,131	35,827	35,708	35,674	(34)	(153)
7. 2017	X X X	X X X	X X X	X X X	X X X	35,094	32,136	31,341	30,903	30,724	(179)	(617)
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	16,726	14,789	14,751	14,873	122	84
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	21,895	21,207	20,923	(284)	(972)
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	17,093	15,011	(2,082)	X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	18,465	X X X	X X X
12. Totals											(2,442)	(1,467)

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. Totals												

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
12. Totals												

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

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,694	2,702	2,215	(487)	(1,479)
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,536	11,168	(368)	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,634	XXX	XXX
4. Totals											(855)	(1,479)

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P – PART 2K – FIDELITY, SURETY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P – PART 2M – INTERNATIONAL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000	1,079	1,875	1,934	1,937	1,944	1,981	1,984	2,013	2,013		
2. 2012	14,138	17,452	18,489	18,829	19,554	19,593	19,634	19,633	19,633	19,634	2,019	1,585
3. 2013	X X X	14,926	18,542	19,010	19,494	19,939	19,939	19,941	19,941	19,941	2,160	1,793
4. 2014	X X X	X X X	17,684	22,096	23,185	23,514	23,737	23,759	23,759	23,759	1,922	1,755
5. 2015	X X X	X X X	X X X	26,317	32,630	33,445	33,706	33,745	33,836	33,836	3,289	2,683
6. 2016	X X X	X X X	X X X	X X X	30,018	34,446	35,365	35,565	35,645	35,656	3,702	2,638
7. 2017	X X X	X X X	X X X	X X X	X X X	27,726	30,420	30,852	30,669	30,673	4,493	8,996
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	11,380	13,233	14,238	14,492	1,239	1,829
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	16,294	19,844	20,560	1,561	1,995
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	11,088	13,669	1,097	1,251
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	14,090	1,376	2,127

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000											
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000											
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000											
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

NONE

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000											
2. 2012												
3. 2013	X X X											
4. 2014	X X X	X X X										
5. 2015	X X X	X X X	X X X									
6. 2016	X X X	X X X	X X X	X X X								
7. 2017	X X X	X X X	X X X	X X X	X X X							
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X						
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

NONE

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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000	1,820	1,910	X X X	X X X
2. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	9,061	10,865	X X X	X X X
3. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,297	X X X	X X X

SCHEDULE P – PART 3J – AUTO PHYSICAL DAMAGE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000				
2. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
3. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

NONE

SCHEDULE P – PART 3K – FIDELITY/SURETY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000			X X X	X X X
2. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	X X X
3. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000			X X X	X X X
2. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	X X X
3. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

NONE

SCHEDULE P – PART 3M – INTERNATIONAL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	000										X X X	X X X
2. 2012											X X X	X X X
3. 2013	X X X										X X X	X X X
4. 2014	X X X	X X X									X X X	X X X
5. 2015	X X X	X X X	X X X								X X X	X X X
6. 2016	X X X	X X X	X X X	X X X							X X X	X X X
7. 2017	X X X	X X X	X X X	X X X	X X X						X X X	X X X
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X					X X X	X X X
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X	X X X
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	X X X
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

NONE

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

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

SCHEDULE P – PART 4A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	3,456	2,423	522	238	164	59	3		8	
2. 2012	6,896	815	287	152	102	51	11	2	14	
3. 2013	XXX	9,449	835	369	252	235	17	6	18	
4. 2014	XXX	XXX	5,709	1,153	644	438	68	7	24	14
5. 2015	XXX	XXX	XXX	5,133	1,744	872	335	72	22	11
6. 2016	XXX	XXX	XXX	XXX	4,687	1,333	492	138	43	13
7. 2017	XXX	XXX	XXX	XXX	XXX	4,713	1,099	173	168	41
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4,276	621	188	58
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,091	711	124
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,486	549
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,022

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX						
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,085	693	178
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,130	373
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,054

SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4K – FIDELITY/SURETY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 4M – INTERNATIONAL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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 Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1,030	68	439	12	5	1		1		
2. 2012	1,506	1,901	1,959	1,977	1,998	2,000	2,003	2,016	2,018	2,019
3. 2013	X X X	1,665	2,081	2,120	2,151	2,156	2,158	2,160	2,160	2,160
4. 2014	X X X	X X X	1,492	1,841	1,892	1,905	1,912	1,921	1,922	1,922
5. 2015	X X X	X X X	X X X	2,683	3,227	3,264	3,277	3,289	3,289	3,289
6. 2016	X X X	X X X	X X X	X X X	3,045	3,563	3,670	3,690	3,698	3,702
7. 2017	X X X	X X X	X X X	X X X	X X X	3,724	4,284	4,386	4,407	4,493
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	978	1,209	1,222	1,239
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,283	1,460	1,561
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	606	1,097
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,376

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	542	485	47	40	34	33	32	30		
2. 2012	539	284	265	248	229	229	228	214		
3. 2013	X X X	467	225	207	178	172	170	168		
4. 2014	X X X	X X X	349	240	204	189	183	174		
5. 2015	X X X	X X X	X X X	391	87	62	48	37	1	1
6. 2016	X X X	X X X	X X X	X X X	448	154	69	57	2	1
7. 2017	X X X	X X X	X X X	X X X	X X X	638	273	248	140	42
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	214	76	19	6
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	262	147	31
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	473	118
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	379

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	270	24	14	7	1	1		2	3	
2. 2012	3,423	3,765	3,805	3,809	3,811	3,813	3,815	3,815	3,815	3,816
3. 2013	X X X	3,727	4,076	4,107	4,115	4,118	4,119	4,121	4,121	4,121
4. 2014	X X X	X X X	3,412	3,810	3,834	3,842	3,847	3,848	3,850	3,850
5. 2015	X X X	X X X	X X X	5,431	5,971	5,993	6,001	6,006	6,009	6,010
6. 2016	X X X	X X X	X X X	X X X	5,821	6,331	6,363	6,375	6,388	6,393
7. 2017	X X X	X X X	X X X	X X X	X X X	12,827	13,470	13,549	13,766	13,774
8. 2018	X X X	X X X	X X X	X X X	X X X	X X X	2,762	3,091	3,146	3,153
9. 2019	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,253	3,716	3,769
10. 2020	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,188	2,498
11. 2021	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,882

NONE	Schedule P - Part 5B - Section 1-3
NONE	Schedule P - Part 5C - Section 1-3
NONE	Schedule P - Part 5D - Section 1-3
NONE	Schedule P - Part 5E - Section 1-3
NONE	Schedule P - Part 5F - Section 1A-3A
NONE	Schedule P - Part 5F - Section 1B-3B
NONE	Schedule P - Part 5H - Section 1A-3A
NONE	Schedule P - Part 5H - Section 1B-3B
NONE	Schedule P - Part 5R - Section 1A-3A
NONE	Schedule P - Part 5R - Section 1B-3B
NONE	Schedule P - Part 5T - Warranty
NONE	Schedule P - Part 6C Sec. 1 and 2, 6D Sec. 1 and 2
NONE	Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A
NONE	Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B
NONE	Schedule P - Part 6N Sec. 1 and 2, 6O Sec. 1 and 2
NONE	Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B
NONE	Schedule P - Part 7A
NONE	Schedule P - Part 7A (Continued)
NONE	Schedule P - Part 7B
NONE	Schedule P - Part 7B (Continued)

SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2012		
1.603 2013		
1.604 2014		
1.605 2015		
1.606 2016		
1.607 2017		
1.608 2018		
1.609 2019		
1.610 2020		
1.611 2021		
1.612 Totals		

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

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

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

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

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

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

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

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

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

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

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

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

States, Etc.		1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
			2 Direct Premiums Written	3 Direct Premiums Earned						
1.	Alabama	AL	N							
2.	Alaska	AK	N							
3.	Arizona	AZ	N							
4.	Arkansas	AR	N							
5.	California	CA	N							
6.	Colorado	CO	N							
7.	Connecticut	CT	N							
8.	Delaware	DE	N							
9.	District of Columbia	DC	N							
10.	Florida	FL	N							
11.	Georgia	GA	N							
12.	Hawaii	HI	N							
13.	Idaho	ID	N							
14.	Illinois	IL	N							
15.	Indiana	IN	N							
16.	Iowa	IA	N							
17.	Kansas	KS	N							
18.	Kentucky	KY	N							
19.	Louisiana	LA	N							
20.	Maine	ME	N							
21.	Maryland	MD	N							
22.	Massachusetts	MA	N							
23.	Michigan	MI	N							
24.	Minnesota	MN	N							
25.	Mississippi	MS	N							
26.	Missouri	MO	N							
27.	Montana	MT	N							
28.	Nebraska	NE	N							
29.	Nevada	NV	N							
30.	New Hampshire	NH	N							
31.	New Jersey	NJ	N							
32.	New Mexico	NM	N							
33.	New York	NY	N							
34.	North Carolina	NC	N							
35.	North Dakota	ND	N							
36.	Ohio	OH	N							
37.	Oklahoma	OK	N							
38.	Oregon	OR	N							
39.	Pennsylvania	PA	N							
40.	Rhode Island	RI	N							
41.	South Carolina	SC	N							
42.	South Dakota	SD	N							
43.	Tennessee	TN	N							
44.	Texas	TX	L	75,648,112	77,565,541		28,219,272	24,613,265	11,571,207	349,551
45.	Utah	UT	N							
46.	Vermont	VT	N							
47.	Virginia	VA	N							
48.	Washington	WA	N							
49.	West Virginia	WV	N							
50.	Wisconsin	WI	N							
51.	Wyoming	WY	N							
52.	American Samoa	AS	N							
53.	Guam	GU	N							
54.	Puerto Rico	PR	N							
55.	U.S. Virgin Islands	VI	N							
56.	Northern Mariana Islands	MP	N							
57.	Canada	CAN	N							
58.	Aggregate Other Alien	OT	X X X							
59.	Totals	(a) 1		75,648,112	77,565,541		28,219,272	24,613,265	11,571,207	349,551

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

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

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

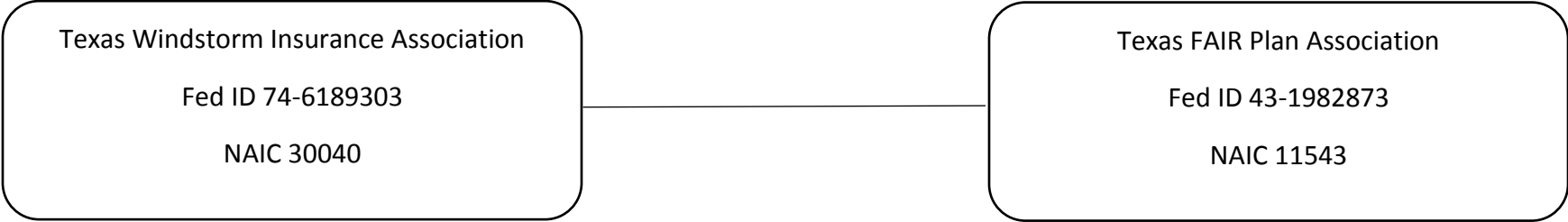
Explanation of basis of allocation of premiums by states, etc.

The Texas FAIR plan Association only writes policies in Texas

NONE Schedule T - Part 2

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
4766		11543	43-1982873				Texas FAIR Plan Association	TEX	OTH	UNAFLIATED	SERVICE CONTRACT			NO	
4766		30040	74-6189303				Texas Windstorm Insurance Association	TEX	OTH	UNAFLIATED	SERVICE CONTRACT			NO	

[illegible]

SCHEDULE Y

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

[illegible]

NONE Schedule Y - Part 3

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.

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	See Explanation
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	See Explanation
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management’s Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
JUNE FILING	
9. Will an audited financial report be filed by June 1?	See Explanation
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	See Explanation

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

MARCH FILING	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. 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
25. 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
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
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
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April?	NO
35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 2:	Texas FAIR Plan Association has no employees. TFPA reimburses costs of personnel employed by the Texas Windstorm Insurance Association that perform work for TFPA.
Explanation 4:	Not required.
Explanation 8:	The Texas FAIR Plan Association annual statement is not combined with any other entity.
Explanation 9:	The Texas FAIR Plan Association is not required to file until June 30.
Explanation 10:	The Texas FAIR Plan Association is not required to file until June 30.
Explanation 11:	Not applicable
Explanation 13:	Not applicable
Explanation 14:	Not applicable
Explanation 15:	Not applicable
Explanation 16:	Not applicable
Explanation 17:	Not applicable
Explanation 18:	Not applicable
Explanation 21:	There were no exceptions to the Reinsurance Supplement.
Explanation 22:	Not applicable
Explanation 23:	Not applicable
Explanation 24:	Not applicable
Explanation 25:	Not applicable
Explanation 26:	Not applicable
Explanation 27:	Not applicable
Explanation 28:	Not applicable
Explanation 29:	Not applicable
Explanation 30:	Not applicable
Explanation 31:	Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Bar Code:



1154320214600000



11543202120100000



11543202122100000



11543202124000000



11543202145500000



11543202138500000



11543202136500000



11543202150000000



11543202122400000



11543202122600000



11543202123000000



11543202121000000



11543202121700000



11543202129000000



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11543202155000000



11543202156000000



11543202122300000

OVERFLOW PAGE FOR WRITE-INS

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

REMAINING WRITE-INS AGGREGATED AT LINE 24 FOR OTHER LINES OF BUSINESS	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. IT systems Support &Product development	11,881	40,923		52,804
2497. Totals (Lines 2404 through 2496) (Page 11, Line 24)	11,881	40,923		52,804

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage of Column 1 Line 13	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Total long-term bonds						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total valuation allowance						
4.06 Total mortgage loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	33,762,599	68.74	33,762,599		33,762,599	68.74
6.02 Cash equivalents (Schedule E, Part 2)	15,351,361	31.26	15,351,361		15,351,361	31.26
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	49,113,960	100.00	49,113,960		49,113,960	100.00
7. Contract loans						
8. Derivatives (Schedule DB)						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				X X X	X X X	X X X
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	49,113,960	100.00	49,113,960		49,113,960	100.00

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

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS
(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	17,349,221		17,349,221	
2. Cost of cash equivalents acquired				
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. Total gain (loss) on disposals				
6. Deduct consideration received on disposals	1,997,860		1,997,860	
7. Deduct amortization of premium				
8. Total foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other-than-temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	15,351,361		15,351,361	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Line 10 minus Line 11)	15,351,361		15,351,361	

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

NONE	Schedule A - Part 1
NONE	Schedule A - Part 2
NONE	Schedule A - Part 3
NONE	Schedule B - Part 1
NONE	Schedule B - Part 2
NONE	Schedule B - Part 3
NONE	Schedule BA - Part 1
NONE	Schedule BA - Part 2
NONE	Schedule BA - Part 3
NONE	Schedule D - Part 1
NONE	Schedule D - Part 2 - Section 1
NONE	Schedule D - Part 2 - Section 2
NONE	Schedule D - Part 3
NONE	Schedule D - Part 4
NONE	Schedule D - Part 5
NONE	Schedule D - Part 6 - Section 1 and 2
NONE	Schedule DA - Part 1
NONE	Schedule DB - Part A - Section 1
NONE	Schedule DB - Part A - Section 2
NONE	Schedule DB - Part B - Section 1
NONE	Schedule DB - Part B - Section 2
NONE	Schedule DB - Part D - Section 1
NONE	Schedule DB - Part D - Section 2
NONE	Schedule DB - Part E
NONE	Schedule DL - Part 1
NONE	Schedule DL - Part 2

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
4812C2-23-9	JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110		12/31/2021	0.006	X X X	15,351,361	83	1,863
8599999	Exempt Money Market Mutual Funds – as Identified by SVO					15,351,361	83	1,863
E28								
9999999	Total Cash Equivalents					15,351,361	83	1,863

1. Book/Adjusted Carrying Value by NAIC Designation Category Footnote:					
Line Number					
1A	1A \$	1B \$	1C \$	1D \$	
1B	2A \$	2B \$	2C \$	1E \$	
1C	3A \$	3B \$	3C \$	1F \$	
1D	4A \$	4B \$	4C \$	1G \$	
1E	5A \$	5B \$	5C \$		
1F	6 \$				

NONE Schedule E - Part 3