

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, 2023

PROPERTY AND CASUALTY

2023



11543202320100100

ANNUAL STATEMENT

For the Year Ended December 31, 2023
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 4801 Southwest Parkway Building 1, Suite 200, Austin, TX, US 78735
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4801 Southwest Parkway Building 1, Suite 200
(Street and Number)
Austin, TX, US 78735 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 4801 Southwest Parkway Building 1, Suite 200, Austin, TX, US 78735 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

Mark Solomon

	Name	Title
1.	David Patrick Durden #	General Manager
2.	Wendy Mueller	Vice Chairman
3.	Debbie King #	Secretary/Treasurer
4.	Stuart Keith Harbour	Chief Financial Officer

Vice Presidents of TFPA

Name	Title	Name	Title
Michael Ledwik #	VP Underwriting	David Scott Williams	VP Claims
Camron Malik	VP IT	Rachel Shann #	Interim VP People & Business Operations
Jessica Crass #	VP Legal & Compliance	James Murphy	Chief Actuary and VP Enterprise Analytics

TFPA Governing Committee

Wendy Mueller	Debbie King	John Miletti	Georgia Rutherford Neblett
Timothy Lawrence McCarthy	Danny Pringle #	Edward James Sherlock	Frank Baumann, Jr
Mark Solomon			

State of Texas
County of Travis ss

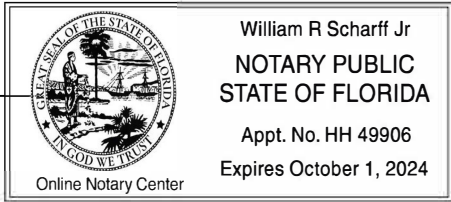
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

David Patrick Durde
(Signature)
 David Patrick Durden
(Printed Name)
 1.
 General Manager
(Title)

Stuart Keith Harbour
(Signature)
 Stuart Keith Harbour
(Printed Name)
 2.
 Chief Financial Officer
(Title)

Subscribed and sworn to (or affirmed) before me this on this 1st day of February, 2024, by

William R Scharff Jr



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

Notarial Act performed by 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 (\$ 21,910,949, Schedule E - Part 1), cash equivalents (\$ 30,975,864, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	52,886,813		52,886,813	50,618,888
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)	52,886,813		52,886,813	50,618,888
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	137,814		137,814	58,379
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,090,534	127,198	2,963,336	1,436,703
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	8,680,655		8,680,655	5,224,011
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	50,901		50,901	302,710
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	971,541	971,541		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	65,818,258	1,098,739	64,719,519	57,640,691
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	65,818,258	1,098,739	64,719,519	57,640,691

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	785,365	785,365		
2502. Due from Agents	137,175	137,175		
2503. Surcharge Receivable	49,001	49,001		
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	971,541	971,541		

NONE

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Losses (Part 2A, Line 35, Column 8)	13,146,920	9,613,122
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)	3,458,163	3,244,481
4. Commissions payable, contingent commissions and other similar charges	1,099,765	610,757
5. Other expenses (excluding taxes, licenses and fees)	1,974,437	1,478,741
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	785,070	262,001
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 \$ 22,759,059 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)	37,297,646	22,671,927
10. Advance premium	1,334,778	1,103,127
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	21,033,466	14,325,069
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	36,289	7,864
16. Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)		1,000,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,087,719	1,215,014
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	1,120,448	926,074
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	82,374,701	56,458,177
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	82,374,701	56,458,177
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)	(17,655,182)	1,182,514
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)	(17,655,182)	1,182,514
38. Totals (Page 2, Line 28, Col. 3)	64,719,519	57,640,691

DETAILS OF WRITE-IN LINES		
2501. Escheat liability	981,014	846,956
2502. Due to policyholders	139,434	79,118
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,120,448	926,074
2901.		
2902.		
2903.	NONE	
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.	NONE	
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	53,316,360	45,620,115
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	39,877,446	19,460,480
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	9,961,558	7,768,809
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	23,916,740	19,072,851
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	73,755,744	46,302,140
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(20,439,384)	(682,025)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	1,303,248	215,361
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)	1,303,248	215,361
OTHER INCOME		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 457,959)	(457,959)	(304,386)
13. Finance and service charges not included in premiums	565,610	487,566
14. Aggregate write-ins for miscellaneous income		
15. Total other income (Lines 12 through 14)	107,651	183,180
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(19,028,485)	(283,484)
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)	(19,028,485)	(283,484)
19. Federal and foreign income taxes incurred		
20. Net income (Line 18 minus Line 19) (to Line 22)	(19,028,485)	(283,484)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	1,182,514	1,955,173
22. Net income (from Line 20)	(19,028,485)	(283,484)
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)	(809,211)	26,825
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	1,000,000	(516,000)
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)	(18,837,696)	(772,659)
39. Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	(17,655,182)	1,182,514

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	69,892,106	45,427,371
2. Net investment income	1,224,035	157,060
3. Miscellaneous income	107,653	183,179
4. Total (Lines 1 through 3)	71,223,794	45,767,610
5. Benefit and loss related payments	36,091,841	18,108,101
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	33,013,340	26,255,053
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	69,105,181	44,363,154
11. Net cash from operations (Line 4 minus Line 10)	2,118,613	1,404,456
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)	149,312	100,471
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	149,312	100,471
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)	2,267,925	1,504,927
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	50,618,888	49,113,961
19.2 End of year (Line 18 plus Line 19.1)	52,886,813	50,618,888

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

20.0001		
20.0002		
20.0003		

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	1,589,007	584,817	909,871	1,263,953
2.1 Allied lines	19,608,709	7,670,496	10,047,443	17,231,762
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	46,744,363	14,416,614	26,340,332	34,820,645
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				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13.1 Comprehensive (hospital and medical) individual				
13.2 Comprehensive (hospital and medical)group				
14. Credit accident and health (group and individual)				
15.1 Vision Only				
15.2 Dental Only				
15.3 Disability Income				
15.4 Medical supplement				
15.5 Medicaid Title XIX				
15.6 Medicaid Title XVIII				
15.7 Long-Term Care				
15.8 Federal employees health benefits plan				
15.9 Other 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 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				
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	67,942,079	22,671,927	37,297,646	53,316,360

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	909,871				909,871
2.1 Allied lines	10,047,443				10,047,443
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	26,340,332				26,340,332
5.1 Commercial multiple peril (non-liability portion)					
5.2 Commercial multiple peril (liability portion)					
6. Mortgage Guarantee					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13.1 Comprehensive (hospital and medical) individual					
13.2 Comprehensive (hospital and medical) group					
14. Credit accident and health (group and individual)					
15.1 Vision only					
15.2 Dental only					
15.3 Disability income					
15.4 Medicare Supplement					
15.5 Medicaid title XIX					
15.6 Medicaid title XVIII					
15.7 Long Term Care					
15.8 Federal Employees health benefits plans					
15.9 Other 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 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					
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	37,297,646				37,297,646
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					37,297,646

DETAILS OF WRITE-IN LINES					
3401.		NONE			
3402.					
3403.					
3498. Sum of remaining write-ins for Line 19.3 from overflow page					
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

Line of Business	1	Reinsurance Assumed		Reinsurance Ceded		6
	Direct Business (a)	2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
1. Fire	3,229,309				1,640,302	1,589,007
2.1 Allied lines	35,115,184				15,506,476	19,608,708
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	75,115,704				28,371,340	46,744,364
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						
11.1 Medical professional liability—occurrence						
11.2 Medical professional liability—claims-made						
12. Earthquake						
13.1 Comprehensive (hospital and medical) individual						
13.2 Comprehensive (hospital and medical)group						
14. Credit accident and health (group and individual)						
15.1 Vision Only						
15.2 Dental Only						
15.3 Disability Income						
15.4 Medical supplement						
15.5 Medicaid Title XIX						
15.6 Medicaid Title XVIII						
15.7 Long-Term Care						
15.8 Federal employees health benefits plan						
15.9 Other 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 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						
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	113,460,197				45,518,118	67,942,079

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

NONE

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]
 If yes: 1. The amount of such installment premiums \$ _____
 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	2,294,564			2,294,564	885,744	604,022	2,576,286	203,828
2.1 Allied lines	12,075,082		19,689	12,055,393	2,843,692	2,438,570	12,460,515	72,311
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	22,021,651		27,960	21,993,691	9,417,484	6,570,530	24,840,645	71,339
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								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13.1 Comprehensive (hospital and medical) individual								
13.2 Comprehensive (hospital and medical) group								
14. Credit accident and health (group and individual)								
15.1 Vision only								
15.2 Dental only								
15.3 Disability income								
15.4 Medicare supplement								
15.5 Medicaid Title XIX								
15.6 Medicaid Title XVIII								
15.7 Long Term care								
15.8 Federal Employees health benefits plan								
15.9 Other 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 Private passenger auto no-fault(personal injury protection)								
19.2 Other private passenger 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								
31. Reinsurance-nonproportional assumed property	XXX							
32. Reinsurance-nonproportional assumed liability	XXX							
33. Reinsurance-nonproportional assumed financial lines	XXX							
34. Aggregate write-ins for other lines of business								
35. TOTALS	36,391,297		47,649	36,343,648	13,146,920	9,613,122	39,877,446	74,794
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)								

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	326,515			326,515	559,229			885,744	187,044
2.1 Allied lines	132,297		23,000	109,297	2,766,771		32,376	2,843,692	1,212,773
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	4,319,713		40,000	4,279,713	5,197,845		60,074	9,417,484	2,058,346
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									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13.1 Comprehensive (hospital and medical)individual								(a)	
13.2 Comprehensive (hospital and medical)group								(a)	
14. Credit accident and health (group and individual)									
15.1 Vision only								(a)	
15.2 Dental only								(a)	
15.3 Disability income								(a)	
15.4 Medicare supplement								(a)	
15.5 Medicaid Title XIX								(a)	
15.6 Medicaid Title XIVIII								(a)	
15.7 Long Term care								(a)	
15.8 Federal Employees health benefits plan								(a)	
15.9 Other health								(a)	
16. Workers' compensation									

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

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
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 Private passenger auto no-fault(personal injury protection)									
19.2 Other private passenger 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									
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	4,778,525		63,000	4,715,525	8,523,845		92,450	13,146,920	3,458,163
DETAILS OF WRITE-IN LINES									
3401.									
3402.									
3403.									
3498. Sum of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									

NONE

(a) Including \$ 0 for present value of life indemnity claims reported in Lines 13 and 15.

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	4,912,720			4,912,720
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	(1,272,856)			(1,272,856)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	6,185,576			6,185,576
2. Commission and brokerage:				
2.1 Direct, excluding contingent		12,510,848		12,510,848
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		3,572,649		3,572,649
2.4 Contingent—direct				
2.5 Contingent—reinsurance assumed				
2.6 Contingent—reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		8,938,199		8,938,199
3. Allowances to manager and agents				
4. Advertising		700		700
5. Boards, bureaus and associations		92,749		92,749
6. Surveys and underwriting reports		799,027		799,027
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	2,434,656	5,852,558		8,287,214
8.2 Payroll taxes	117,339	411,216		528,555
9. Employee relations and welfare	486,854	1,610,373		2,097,227
10. Insurance	19,994	70,071		90,065
11. Directors' fees				
12. Travel and travel items	6,450	107,669		114,119
13. Rent and rent items	111,693	393,858		505,551
14. Equipment	158,054	1,435,501		1,593,555
15. Cost or depreciation of EDP equipment and software				
16. Printing and stationery	51,953	142,070		194,023
17. Postage, telephone and telegraph, exchange and express	123,798	770,189		893,987
18. Legal and auditing	56,219	255,602		311,821
19. Totals (Lines 3 to 18)	3,567,010	11,941,583		15,508,593
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ 0		1,978,847		1,978,847
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)		1,978,847		1,978,847
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses	208,972	1,058,111	91,472	1,358,555
25. Total expenses incurred	9,961,558	23,916,740	91,472	(a) 33,969,770
26. Less unpaid expenses—current year	3,458,163	3,859,272		7,317,435
27. Add unpaid expenses—prior year	3,244,481	2,351,499		5,595,980
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)	9,747,876	22,408,967	91,472	32,248,315

DETAILS OF WRITE-IN LINES				
2401. Outside Professional Services	204,834	525,620		730,454
2402. IT systems Support & Product development	4,138	528,705		532,843
2403. Line of Credit Fees			91,472	91,472
2498. Sum of remaining write-ins for Line 24 from overflow page		3,786		3,786
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	208,972	1,058,111	91,472	1,358,555

(a) Includes management fees of \$ 15,270,086 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) 1,315,285	1,394,720
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	1,315,285	1,394,720
11. Investment expenses		(g) 91,472
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)		91,472
17. Net investment income (Line 10 minus Line 16)		1,303,248

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

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

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

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First 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	127,198	120,452	(6,746)
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	971,540	169,075	(802,465)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,098,738	289,527	(809,211)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	1,098,738	289,527	(809,211)

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	785,364	56,386	(728,978)
2502. Due from Agents	137,175	101,865	(35,310)
2503. Surcharge Receivable	49,001	10,824	(38,177)
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	971,540	169,075	(802,465)

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 #	2023	2022
1. Company state basis (P 4, Line 20, Columns 1&3)	XXX	XXX	XXX	(\$19,028,485)	(\$283,484)
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	(\$19,028,485)	(\$283,484)

Surplus	SSAP #	F/S Page	F/S Line #	December 31, 2023	December 31, 2022
5. Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	(\$17,655,182)	\$1,182,514
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	(\$17,655,182)	\$1,182,514

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

L. Restricted Assets

1. The Association holds no restricted assets.

NOTES TO FINANCIAL STATEMENTS

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

R. Share of Cash Pool by Asset Type

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

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

<u>Interest Income Due and Accrued</u>	<u>Amount</u>
1. Gross	\$ 137,814
2. Nonadmitted	0
3. Admitted	137,814

D. The aggregate deferred interest.

	<u>Amount</u>
Aggregate Deferred Interest	\$ 0

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

	<u>Amount</u>
Cumulative amounts of PIK interest included in the current principal balance	\$ 0

Note 8 – Derivative Instruments

Not applicable

NOTES TO FINANCIAL STATEMENTS

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

C. Transactions with related parties who are not reported on Schedule Y

None

D. Amounts Due to or from Related Parties

During 2023 and 2022 the Association incurred expenses under its service contract with TWIA in the amounts of \$15,270,086 and \$13,185,720 respectively (See Note 10E). As of December 31, 2023 and December 31, 2022, the Association held an intercompany payable of \$1,087,719 and \$1,215,014, 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

NOTES TO FINANCIAL STATEMENTS

- 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 June 30, 2023. The facility replaced the previous \$30,000,000 line of credit and terminates on June 30, 2025. The Association pays the lender a 0.30% commitment fee against the unused portion of the line of credit.

- B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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. The ultimate gross loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$82,000,000 for December 31, 2023 down from \$85,000,000 as of December 31, 2022. 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.

NOTES TO FINANCIAL STATEMENTS

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, 2023 for the fire assessment in the amount of \$43,000 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 \$49,001 and \$10,824 have been non-admitted as of December 31, 2023 and December 31, 2022 respectively. Policy surcharges collected were \$560 and \$60,461 for the periods ended December 31, 2023 and December 31, 2022, respectively.

2. Rollforward of Related Asset

Description	Amount
a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 10,824
b. Decreases current year:	
Premium tax offsets applied	-
Premium tax offsets charged off	-
Policy surcharges collected	(578)
Policy surcharges charged off	-
c. Increases current year:	
Premium tax offsets accrued	-
Policy surcharges accrued	37,599
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges at December 31, 2023	\$ 49,001

3. Long-term Care Insolvencies

None

C. Gain Contingencies

Not applicable

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

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

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

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

(a) 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.

NOTES TO FINANCIAL STATEMENTS

Note 15 – Leases

- A. Lessee Leasing Arrangements
Not applicable
- B. Lessor Leasing Arrangements
Not applicable

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

Not applicable

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.

<u>Type or Class of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Net Asset Value (NAV)</u>	<u>Not Practicable (Carrying Value)</u>
Cash, cash equivalents and short-term investments	\$ 21,910,949	\$ 21,910,949	\$ 21,910,949	\$ -	\$ -	\$ -	\$ -
Exempt Money Market Mutual Funds – as Identified by SVO	\$ 30,975,864	\$ 30,975,864	\$ -	\$ -	\$ -	\$ 30,975,864	\$ -
Total Cash, Cash Equivalents and Short-Term Investments	\$ 52,886,813	\$ 52,886,813	\$ 21,910,949	\$ -	\$ -	\$ 30,975,864	\$ -

- D. Items for which Not Practicable to Estimate Fair Values
Not applicable

NOTES TO FINANCIAL STATEMENTS

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

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, 2023, 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
22-2005057	Everest Reinsurance Company (Blue Water)	\$ 225,220
RJ-3191289	Fidelis Insurance Bermuda Limited	186,775
AA-1120083	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's)	132,402
RJ-1340125	Hannover Ruck SE (Pillar)	125,651
13-4924125	Munich Reinsurance America, Inc.	89,318
13-5616275	Transatlantic Reinsurance Company	69,847
AA-1128001	Leadenhall Capital Partners o/b/o AML 2001	65,291
RJ-3190870	Validus Reinsurance, Ltd.	57,609
47-0698507	Odyssey Reinsurance Company	57,090
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	53,633
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	51,829
RJ-3190770	Chubb Tempest Reinsurance Ltd.	47,185
75-1444207	Scor Reinsurance Company	43,345
AA-1120171	IQUW Agency Bermuda (o/b/o Lloyd's Syndi	42,918
RJ-3190686	Partner Reinsurance Company Ltd.	36,651
RJ-3194168	Aspen Bermuda Ltd.	36,296
AA-1120171	Lloyd's Syndicate No.1856 IQUW	35,264
AA-3190870	Validus Reinsurance, Ltd. (2017)	34,553
RJ-3194122	DaVinci Reins thru Renaissance U/W	34,296
RJ-3190875	Hiscox Insurance Company Ltd (Bermuda)	31,802
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	30,274
RJ-3194126	Arch Reinsurance, Ltd.	30,247
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	29,100
31-0542366	The Cincinnati Insurance Company	27,522
RJ-3190870	Vermeer Reinsurance Ltd.	26,261
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	24,599
RJ-3191190	Hamilton Re, Ltd.	23,713
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	22,709
RJ-1340125	Hannover Re (Chard Re)	21,947
RJ-3190339	Renaissance Reinsurance Ltd.	21,864
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	19,349
AA-3190339	Renaissance Reinsurance Ltd. (2017)	18,433
AA-3190686	Partner Reinsurance Company Ltd. (2017)	18,159
AA-3194130	Endurance Speciality Ins Ltd. (2017)	18,097
RJ-3194126	Arch Reinsurance Ltd. (Securis)	13,131
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	13,018
AA-1126004	Lloyd's Syndicate No. 4444 CMA	12,099
AA-3194122	DaVinci Reins thru Renaissance U/W (2017)	11,622
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	11,616
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL	11,161
AA-3194168	Aspen Bermuda Ltd.	9,080
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	7,616
AA-3190829	Markel Bermuda Limited (2017)	7,264
AA-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO F	6,654
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	6,439
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	4,247
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	2,361
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	816

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			

NOTES TO FINANCIAL STATEMENTS

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			22,759,059	1,786,325	(22,759,059)	(1,786,325)
c. Totals			22,759,059	1,786,325	(22,759,059)	(1,786,325)
d. Direct Unearned Premium Reserve			\$ 60,056,705			

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

NOTES TO FINANCIAL STATEMENTS

Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses

A.

Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$49,839,004 are lower by \$794,840 due to favorable development of prior year. 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, 2023 make a reasonable provision for Texas FAIR Plan Association.

Rollforward of unpaid losses and loss adjustment expenses	December 31, 2023	December 31, 2022
Balance as of January 1,	\$ 15,902,303	\$ 17,228,749
Less: Reinsurance Recoverable	3,044,699	4,296,857
Net Balance at January 1,	12,857,603	12,931,892
Incurred, net of reinsurance, related to:		
Current year	50,633,844	27,877,875
Prior years	(794,840)	(648,586)
Net Incurred	49,839,004	27,229,289
Paid, net of reinsurance, related to:		
Current year	(38,451,880)	(19,619,554)
Prior years	(7,639,644)	(7,684,024)
Net Paid Losses	(46,091,524)	(27,303,578)
Net Balance at end of period,	16,605,083	12,857,603
Plus: Reinsurance Recoverable	308,769	3,044,699
Balance at end of period,	\$ 16,913,852	\$ 15,902,303

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, 2023. 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, 2023 |
| (3) Was anticipated investment income utilized in calculation? | Yes () No (X) |

Note 31 – High Deductibles

Not applicable

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

Note 33 – Asbestos and Environmental Reserves

Not applicable

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 – Multiple Peril Crop Insurance

Not applicable

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
- If yes, complete Schedule Y, Parts 1, 1A, 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 [X]
- 1.3 State Regulating? Texas
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/12/2019
- 3.4 By what department or departments?
 Texas Department of Insurance

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

GENERAL INTERROGATORIES

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

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

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

6.2 If yes, give full information:

.....

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

7.2 If yes,

7.21 State the percentage of foreign control. _____ %

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

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

8.1 Is the company a subsidiary of a 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 depository institution holding company? 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 Thompson & Matza LLP ; 9500 ArboretumBlvd #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?
 James Colin Murphy, FCAS, MAAA, 4801 Southwest Parkway Building 1, Suite 200 Austin, TX, 78735, 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

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 Name of Third Party	2 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 [X]

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

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 [X]

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 [X]

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 [X]

GENERAL INTERROGATORIES

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

LINES 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 [X]

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

27.41	Special accounting provision of SSAP No. 108	Yes [] No [X]
27.42	Permitted accounting practice	Yes [] No [X]
27.43	Other accounting guidance	Yes [] No [X]

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 [X]

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

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 [X]

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 [X]

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 [X]

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
David Durden	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 Value 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 [X]

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 [X]

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 [X] 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 [X]

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 [X]

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 [X]

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 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 [X] N/A []

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported? _____

GENERAL INTERROGATORIES

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
 39.21 Held directly Yes [] No [X]

39.22 Immediately converted to U.S. dollars Yes [] No [X]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

40.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 89,658

40.2 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 Servides Office Inc	\$ 54,553
PIPSO	\$ 26,000
	\$

41.1 Amount of payments for legal expenses, if any? \$ 168,756

41.2 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
	\$
	\$

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

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

1 Name	2 Amount Paid
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

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

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

1.31 Reason for excluding

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____

1.62 Total incurred claims \$ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned \$ _____

1.65 Total incurred claims \$ _____

1.66 Number of covered lives _____

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____

1.72 Total incurred claims \$ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned \$ _____

1.75 Total incurred claims \$ _____

1.76 Number of covered lives _____

2. Health Test:

	1		2	
	Current Year		Prior Year	
2.1 Premium Numerator	\$ _____		\$ _____	
2.2 Premium Denominator	\$ 53,316,361		\$ 45,620,115	
2.3 Premium Ratio (2.1 / 2.2)	_____		_____	
2.4 Reserve Numerator	\$ _____		\$ _____	
2.5 Reserve Denominator	\$ 53,902,729		\$ 35,529,530	
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

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 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 \$325M xs of \$40M. After the first event there is an underlying layer providing coverage of \$30M xs \$10M. The underlying layer does not respond until the second event. The Assn. also has a RPP reinsurance coverage with a limit of \$20M to provide recoveries of reinstatement premium due the reinsurers incurred in conjunction with only the first layer 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 unreinsured 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, Yes No
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes No
 (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

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
Incurred | Direct Losses
Unpaid | Direct Written
Premium | Direct Premium
Unearned | Direct Premium
Earned |
| 16.11 Home | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.12 Products | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.13 Automobile | \$ | _____ | \$ | _____ | \$ | _____ |
| 16.14 Other* | \$ | _____ | \$ | _____ | \$ | _____ |

* Disclose type of coverage: _____

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance? Yes [] No [X]
- Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:
- | | | |
|---|----|--|
| 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3
exempt from the statutory provision for unauthorized reinsurance | \$ | |
| 17.12 Unfunded portion of Interrogatory 17.11 | \$ | |
| 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 | \$ | |
| 17.14 Case reserves portion of Interrogatory 17.11 | \$ | |
| 17.15 Incurred but not reported portion of Interrogatory 17.11 | \$ | |
| 17.16 Unearned premium portion of Interrogatory 17.11 | \$ | |
| 17.17 Contingent commission portion of Interrogatory 17.11 | \$ | |
- 18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X] 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
	2023	2022	2021	2020	2019
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11, 16, 17, 18, & 19)					
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	38,344,493	28,802,975	28,787,852	30,667,109	32,109,581
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	75,115,704	48,077,901	46,860,260	48,809,909	53,217,181
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)	113,460,197	76,880,876	75,648,112	79,477,018	85,326,762
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11, 16, 17, 18, & 19)					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	21,197,716	16,512,973	18,240,865	19,777,406	21,119,469
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	46,744,363	28,117,475	30,033,665	30,770,536	35,002,595
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)	67,942,079	44,630,448	48,274,530	50,547,942	56,122,064
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(20,439,385)	(682,025)	(3,797,511)	(5,926,201)	(3,926,052)
14. Net investment gain (loss) (Line 11)	1,303,248	215,361	(161,574)	(27,816)	736,966
15. Total other income (Line 15)	107,653	183,180	(7,072)	21,300	270,168
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	(19,028,484)	(283,484)	(3,966,157)	(5,932,717)	(2,918,918)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	64,719,520	57,640,691	57,098,390	65,855,101	74,137,512
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	2,963,336	1,436,703	1,353,801	1,501,139	1,551,591
20.2 Deferred and not yet due (Line 15.2)	8,680,655	5,224,011	4,914,793	5,130,310	5,273,041
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	82,374,701	56,458,177	55,143,217	59,849,447	62,004,461
22. Losses (Page 3, Line 1)	13,146,920	9,613,122	9,673,791	11,721,386	11,732,055
23. Loss adjustment expenses (Page 3, Line 3)	3,458,163	3,244,481	3,258,101	3,736,520	3,229,726
24. Unearned premiums (Page 3, Line 9)	37,297,646	22,671,927	23,661,595	24,801,277	27,345,273
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	(17,655,182)	1,182,514	1,955,173	6,005,654	12,133,051
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	2,118,613	1,404,456	(8,608,747)	(8,440,390)	(6,565,241)
Risk-Based Capital Analysis					
28. Total adjusted capital	(17,655,182)	1,182,514	1,955,173	6,005,654	12,133,052
29. Authorized control level risk-based capital	23,863,654	18,299,190	18,250,637	24,615,071	24,901,781
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
	2023	2022	2021	2020	2019
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)	(18,837,696)	(772,659)	(4,050,481)	(6,127,397)	(2,955,387)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11, 16, 17, 18, & 19)					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	14,369,646	8,525,465	9,748,226	11,687,965	13,226,873
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	22,021,651	11,439,700	18,471,047	16,713,577	20,067,177
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)	36,391,297	19,965,165	28,219,273	28,401,542	33,294,050
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11, 16, 17, 18, & 19)					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	14,349,957	8,378,893	9,190,112	10,879,568	12,286,631
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	21,993,691	11,142,256	17,656,466	15,662,357	18,844,508
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)	36,343,648	19,521,149	26,846,578	26,541,925	31,131,139
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)	74.8	42.7	50.2	50.0	50.5
68. Loss expenses incurred (Line 3)	18.7	17.0	18.8	19.0	13.7
69. Other underwriting expenses incurred (Line 4)	44.9	41.8	38.7	42.2	42.4
70. Net underwriting gain (loss) (Line 8)	(38.3)	(1.5)	(7.7)	(11.2)	(6.6)
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)	35.0	42.3	39.7	44.3	44.6
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	93.5	59.7	68.9	69.0	64.1
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)	(384.8)	3774.2	2469.1	841.7	462.6
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)	(1,596)	689	(3,297)	(2,099)	(5,443)
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)	(135.0)	35.2	(54.9)	(17.3)	(36.1)
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)	538	(1,956)	(2,946)	(6,449)	(9,570)
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)	27.5	(32.6)	(24.3)	(42.7)	17.4

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:

.....

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4766

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2023

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	3,229,309	2,736,690		1,730,022	2,294,564	2,576,287	885,744	9,866	47,935	42,191	479,332	75,623
2.1 Allied Lines	35,115,184	30,477,414		17,800,681	12,075,082	12,025,992	2,899,068	647,007	(305,143)	637,684	4,246,160	669,914
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	75,115,704	58,986,529		40,526,002	22,021,651	24,048,024	9,517,558	860,979	(229,143)	1,011,252	7,785,356	1,228,291
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												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
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 TX



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2023

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
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												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	113,460,197	92,200,633		60,056,705	36,391,297	38,650,303	13,302,370	1,517,852	(486,351)	1,691,127	12,510,848	1,973,828
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

19 TX

(a) Finance and service charges not included in Lines 1 to 35 \$ 564,294

(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.

Footnotes	Amounts
(a) Finance and service charges not included in Lines 1 to 35 \$	564,294
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4766

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2023

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	3,229,309	2,736,690		1,730,022	2,294,564	2,576,287	885,744	9,866	47,935	42,191	479,332	75,623
2.1 Allied lines	35,115,184	30,477,414		17,800,681	12,075,082	12,025,992	2,899,068	647,007	(305,143)	637,684	4,246,160	669,914
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	75,115,704	58,986,529		40,526,002	22,021,651	24,048,024	9,517,558	860,979	(229,143)	1,011,252	7,785,356	1,228,291
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												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A & H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
15.9 Other Health (b)												
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.GT



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2023

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
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												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	113,460,197	92,200,633		60,056,705	36,391,297	38,650,303	13,302,370	1,517,852	(486,351)	1,691,127	12,510,848	1,973,828
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

19.GT

(a) Finance and service charges not included in Lines 1 to 35 \$ 564,294

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

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

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

SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
75-1444207	30058	Scor Reinsurance Company	NY		1,363										672	672		629		43	
47-0698507	23680	Odyssey Reinsurance Company	CT		1,114	1		1	1	1	1				565	570		513		57	
22-2005057	26921	Everest Reinsurance Company (Blue Water)	DE		5,210	1	1	4	10	6	2				2,609	2,633		2,408		225	
13-4924125	10227	Munich Reinsurance America, Inc.	DE		1,113										602	602		513		89	
13-5616275	19453	Transatlantic Reinsurance Company	NY		797	1		3	6	4	1				422	437		367		70	
31-0542366	10677	The Cincinnati Insurance Company	OH		729			1	3	2	1				357	364		336		28	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				10,326	3	1	9	20	13	5				5,227	5,278		4,766		512	
AA-3194168	0	Aspen Bermuda Ltd.	BMU					2	4	2						8		(1)		9	
AA-3194122	0	DaVinci Reins thru Renaissance U/W (2017)	BMU					2	6	3						11		(1)		12	
AA-3194130	0	Endurance Speciality Ins Ltd. (2017)	BMU				1	3	8	5	1					18				18	
AA-3190829	0	Markel Bermuda Limited (2017)	BMU					1	3	2						6		(1)		7	
AA-3190339	0	Renaissance Reinsurance Ltd. (2017)	BMU				1	4	7	4						16		(2)		18	
AA-3190870	0	Validus Reinsurance, Ltd. (2017)	BMU				8	7	4	8	5	1				33		(2)		35	
AA-1340125	0	Hannover Rück SE (Pillar business) (2017)	DEU															6		(6)	
AA-1120083	0	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's Un	GBR		3,832										1,905	1,905		1,773		132	
AA-1120171	0	IQUW Agency Bermuda (o/b/o Lloyd's Syndicate	GBR		841										432	432		389		43	
AA-1128001	0	Leadenhall Capital Partners o/b/o AML 2001	GBR		1,597										803	803		738		65	
AA-3190686	0	Partner Reinsurance Company Ltd. (2017)	BMU				1	3	7	5						16		(2)		18	
AA-1120157	0	Lloyd's Syndicate No. 1729 Dale	GBR		211										97	97		98		(1)	
AA-1126004	0	Lloyd's Syndicate No. 4444 CMA	GBR		389										192	192		180		12	
AA-1120171	0	Lloyd's Syndicate No.1856 IQUW	GBR		1,391										678	678		643		35	
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033 HIS	GBR		666			2	5	3					305	315		307		8	
AA-1126623	0	Lloyd's Underwriter Syndicate No. 0623 AFB	GBR		105										52	52		48		4	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1084 CSL	GBR						1	1						2				2	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL	GBR		779			1	2	1					384	388		359		29	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		142										77	77		66		11	

SCHEDULE F – PART 3

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

22.1

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
AA-1127301	0	Lloyd's Underwriter Syndicate No. 1301 IGO For	GBR		214										106			99		7
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		386										208			178		30
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458 RNR	GBR					1	3	2					6					6
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE	GBR			7	7	3	6	4					27		2			25
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR	GBR		367				1						182			170		13
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		1,041	1		3	8	5					517			482		52
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010 MMX	GBR		250			1	1	1					124			115		12
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2468 NEO	GBR						1						1					1
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2623 AFB	GBR		479			1	2	1					236			221		19
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		302										163			140		23
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		687			1	1	1					371			320		54
1299999	Total Authorized - Other Non-U.S. Insurers#				13,679	19	14	32	74	45	2	6,832		7,018			6,325		693	
1499999	Total Authorized - Total Authorized Excluding Protected Cells				24,005	22	15	41	94	58	7	12,059		12,296			11,091		1,205	
AA-3194158	0	Allianz Risk Transfer (Bermuda) Ltd. (Nephila bus	BMU		600	1		3	7	5					301			278		39
AA-3190978	0	AlphaCat Reinsurance Ltd. (2017)	BMU			5	5								10		4			6
AA-3191352	0	Ascot Underwriting (Bermuda) Ltd o/b/o American	BMU		729			1	3	2					362			336		32
AA-3190770	0	Chubb Tempest Reinsurance Ltd. (2017)	BMU			1		5	11	7					24		(1)			25
AA-3191289	0	Fidelis Insurance Bermuda Limited (2017)	BMU					2	4	2					8		(1)			9
AA-3191190	0	Hamilton Re, Ltd. (2017)	BMU					1	1	1					3					3
AA-3190875	0	Hiscox Insurance Company Ltd (Bermuda) (2017)	BMU			1		4	10	6					21					21
AA-3191315	0	XL Bermuda Ltd (2017)	BMU					1	3	2					6		(1)			7
AA-1460019	0	MS Amlin AG, Bermuda Branch, Hamilton (2017)	CHE					1	3	2					6		(1)			7
AA-1460023	0	Tokio Millennium Re AG, Bermuda Branch (Mark	CHE						1	1					2					2
AA-1320031	0	SCOR Global P&C S.E. - Lima S7300	FRA			1		4	8	5					18		(2)			20
AA-5324100	0	K2 CAT Limited o/b/o Taiping Reinsurance Comp	HKG		167				2	1					90			77		16

SCHEDULE F – PART 3

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

22.2

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
2699999	Total Unauthorized - Other non-U.S. Insurers#				1,496	9	5	22	53	34		753		876		689		187		
2799999	Total Unauthorized - Protected Cells																			
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				1,496	9	5	22	53	34		753		876		689		187		
RJ-3194126	0	Arch Reinsurance Ltd. (Securis)	BMU		167							90		90		77		13		
RJ-3194126	0	Arch Reinsurance, Ltd.	BMU		974							480		480		450		30		
RJ-3194168	0	Aspen Bermuda Ltd.	BMU		1,168							576		576		540		36		
RJ-3190770	0	Chubb Tempest Reinsurance Ltd.	BMU		2,484							1,195		1,195		1,148		47		
RJ-3194122	0	DaVinci Reins thru Renaissance U/W	BMU		1,566							758		758		724		34		
RJ-3191289	0	Fidelis Insurance Bermuda Limited	BMU		4,263							2,157		2,157		1,970		187		
RJ-3191190	0	Hamilton Re, Ltd.	BMU		668							333		333		309		24		
RJ-3190875	0	Hiscox Insurance Company Ltd (Bermuda)	BMU		2,183							1,041		1,041		1,009		32		
RJ-3190686	0	Partner Reinsurance Company Ltd.	BMU		1,068							531		531		494		37		
RJ-3190339	0	Renaissance Reinsurance Ltd.	BMU		1,044							505		505		483		22		
RJ-3190870	0	Validus Reinsurance, Ltd.	BMU		1,969							968		968		910		58		
RJ-3190870	0	Vermeer Reinsurance Ltd.	BMU		335							181		181		155		26		
RJ-1340125	0	Hannover Re (Chard Re)	DEU		515							260		260		238		22		
RJ-1340125	0	Hannover Ruck SE (Pillar)	DEU		1,613							872		872		746		126		
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#				20,017							9,947		9,947		9,253		694		
5599999	Total Reciprocal Jurisdiction - Protected Cells																			
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cells				20,017							9,947		9,947		9,253		694		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells				45,518	31	20	63	147	92	7	22,759		23,119		21,033		2,086		
9999999	Totals				45,518	31	20	63	147	92	7	22,759		23,119		21,033		2,086		

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
75-1444207	Scor Reinsurance Company			0		629	43		672	806	629	177		177	2		4
47-0698507	Odyssey Reinsurance Company			0		513	57		570	684	513	171		171	3		5
22-2005057	Everest Reinsurance Company (Blue Water)			0		2,408	225		2,633	3,160	2,408	752		752	2		16
13-4924125	Munich Reinsurance America, Inc.			0		513	89		602	722	513	209		209	2		4
13-5616275	Transatlantic Reinsurance Company			0		367	70		437	524	367	157		157	1		3
31-0542366	The Cincinnati Insurance Company			0		336	28		364	437	336	101		101	2		2
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		4,766	512		5,278	6,333	4,766	1,567		1,567	XXX		33
AA-3194168	Aspen Bermuda Ltd.			0		(1)	9		8	10	(1)	11		11	3		0
AA-3194122	DaVinci Reins thru Renaissance U/W (2017)			0		(1)	12		11	13	(1)	14		14	3		0
AA-3194130	Endurance Speciality Ins Ltd. (2017)			0		-	18		18	22		22		22	2		0
AA-3190829	Markel Bermuda Limited (2017)			0		(1)	7		6	7	(1)	8		8	3		0
AA-3190339	Renaissance Reinsurance Ltd. (2017)			0		(2)	18		16	19	(2)	21		21	2		0
AA-3190870	Validus Reinsurance, Ltd. (2017)			0		(2)	35		33	40	(2)	42		42	3		1
AA-1340125	Hannover Rück SE (Pillar business) (2017)			0		-									2		
AA-1120083	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's Underwriter Syndicate No. 191)			0		1,773	132		1,905	2,286	1,773	513		513	3		14
AA-1120171	IQUW Agency Bermuda (o/b/o Lloyd's Syndicate No. 1856)			0		389	43		432	518	389	129		129	3		4
AA-1128001	Leadenhall Capital Partners o/b/o AML 2001			0		738	65		803	964	738	226		226	3		6
AA-3190686	Partner Reinsurance Company Ltd. (2017)			0		(2)	18		16	19	(2)	21		21	2		0
AA-1120157	Lloyd's Syndicate No. 1729 Dale			0		97			97	116	98	18		18	3		1
AA-1126004	Lloyd's Syndicate No. 4444 CMA			0		180	12		192	230	180	50		50	3		1
AA-1120171	Lloyd's Syndicate No. 1856 IQUW			0		643	35		678	814	643	171		171	3		5
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS			0		307	8		315	378	307	71		71	3		2
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB			0		48	4		52	62	48	14		14	3		0
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL			0		-	2		2	2		2		2	3		0
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL			0		359	29		388	466	359	107		107	3		3
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL			0		66	11		77	92	66	26		26	3		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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO Formerly Lloyd's Underwriter Sy			0		99	7		106	127	99	28		28	3		1
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC			0		178	30		208	250	178	72		72	3		2
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR			0		-	6		6	7		7		7	3		0
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE			0		2	25		27	32	2	30		30	3		1
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR			0		170	13		183	220	170	50		50	3		1
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML			0		482	52		534	641	482	159		159	3		4
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX			0		115	12		127	152	115	37		37	3		1
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO			0		-	1		1	1		1		1	3		0
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB			0		221	19		240	288	221	67		67	3		2
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP			0		140	23		163	196	140	56		56	3		2
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK			0		320	54		374	449	320	129		129	3		4
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		6,318	700		7,018	8,421	6,319	2,102		2,102	XXX		58
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		11,084	1,212		12,296	14,754	11,085	3,669		3,669	XXX		92
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)		39	1		317			317	380	278	102	39	63	2	1	1
AA-3190978	AlphaCat Reinsurance Ltd. (2017)			0	6	10			10	12	4	8	6	2	3	0	0
AA-3191352	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsurance		32	2		368			368	442	336	106	32	74	1	1	1
AA-3190770	Chubb Tempest Reinsurance Ltd. (2017)		25	3		24			24	29	(1)	30	25	5	1	0	0
AA-3191289	Fidelis Insurance Bermuda Limited (2017)		9	4		8			8	10	(1)	11	9	2	3	0	0
AA-3191190	Hamilton Re, Ltd. (2017)		3	5		3			3	4		4	3	1	4	0	0
AA-3190875	Hiscox Insurance Company Ltd (Bermuda) (2017)		21	6		21			21	25		25	21	4	3	1	0
AA-3191315	XL Bermuda Ltd (2017)		7	11		6			6	7	(1)	8	7	1	2	0	0
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton (2017)		7	8		6			6	7	(1)	8	7	1	3	0	0
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo busines		2	9		2			2	2		2	2	1	1	0	0
AA-1320031	SCOR Global P&C S.E. - Lirma S7300		20	7		18			18	22	(2)	24	20	4	2	0	0
AA-5324100	K2 CAT Limited o/b/o Taiping Reinsurance Company Ltd		16	10		93			93	112	77	35	16	19	3	0	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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2699999	Total Unauthorized - Other non-U.S. Insurers#		181	XXX	6	876			876	1,052	689	363	187	176	XXX	4	4
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		181	XXX	6	876			876	1,052	689	363	187	176	XXX	4	4
RJ-3194126	Arch Reinsurance Ltd. (Securis)			0		77			90	108	77	31		31	2		1
RJ-3194126	Arch Reinsurance, Ltd.			0		450			480	576	450	126		126	2		3
RJ-3194168	Aspen Bermuda Ltd.			0		540			576	691	540	151		151	3		4
RJ-3190770	Chubb Tempest Reinsurance Ltd.			0		1,148			1,195	1,434	1,148	286		286	1		5
RJ-3194122	DaVinci Reins thru Renaissance U/W			0		724			758	910	724	186		186	3		5
RJ-3191289	Fidelis Insurance Bermuda Limited			0		1,970			2,157	2,588	1,970	618		618	3		17
RJ-3191190	Hamilton Re, Ltd.			0		309			333	400	309	91		91	4		3
RJ-3190875	Hiscox Insurance Company Ltd (Bermuda)			0		1,009			1,041	1,249	1,009	240		240	3		7
RJ-3190686	Partner Reinsurance Company Ltd.			0		494			531	637	494	143		143	2		3
RJ-3190339	Renaissance Reinsurance Ltd.			0		483			505	606	483	123		123	2		3
RJ-3190870	Validus Reinsurance, Ltd.			0		910			968	1,162	910	252		252	3		7
RJ-3190870	Vermeer Reinsurance Ltd.			0		155			181	217	155	62		62	3		2
RJ-1340125	Hannover Re (Chard Re)			0		238			260	312	238	74		74	2		2
RJ-1340125	Hannover Ruck SE (Pillar)			0		746			872	1,046	746	300		300	2		6
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#			XXX		9,253			9,947	11,936	9,253	2,683		2,683	XXX		67
5599999	Total Reciprocal Jurisdiction - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cells			XXX		9,253			9,947	11,936	9,253	2,683		2,683	XXX		67
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		181	XXX	6	21,213	1,906		23,119	27,742	21,027	6,715	187	6,528	XXX	4	162
9999999	Totals		181	XXX	6	21,213	1,906		23,119	27,742	21,027	6,715	187	6,528	XXX	4	162

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)											
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38 + + 40 + 41
75-1444207	Scor Reinsurance Company																YES	
47-0698507	Odyssey Reinsurance Company	1					1			1							YES	
22-2005057	Everest Reinsurance Company (Blue Water)	2					2			2							YES	
13-4924125	Munich Reinsurance America, Inc.																YES	
13-5616275	Transatlantic Reinsurance Company	1					1			1							YES	
31-0542366	The Cincinnati Insurance Company																YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	4					4			4							XXX	
AA-3194168	Aspen Bermuda Ltd.																YES	
AA-3194122	DaVinci Reins thru Renaissance U/W (2017)																YES	
AA-3194130	Endurance Speciality Ins Ltd. (2017)	1					1			1							YES	
AA-3190829	Markel Bermuda Limited (2017)																YES	
AA-3190339	Renaissance Reinsurance Ltd. (2017)	1					1			1							YES	
AA-3190870	Validus Reinsurance, Ltd. (2017)	15					15			15							YES	
AA-1340125	Hannover Rück SE (Pillar business) (2017)																YES	
AA-1120083	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's Underwriter Syndicat																YES	
AA-1120171	IQUW Agency Bermuda (o/b/o Lloyd's Syndicate No. 1856)																YES	
AA-1128001	Leadenhall Capital Partners o/b/o AML 2001																YES	
AA-3190686	Partner Reinsurance Company Ltd. (2017)	1					1			1							YES	
AA-1120157	Lloyd's Syndicate No. 1729 Dale																YES	
AA-1126004	Lloyd's Syndicate No. 4444 CMA																YES	
AA-1120171	Lloyd's Syndicate No.1856 IQUW																YES	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS																YES	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB																YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL																YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL																YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL																YES	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
AA-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO Formerly Lloyd's Under																YES
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC																YES
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR																YES
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	14					14			14							YES
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR																YES
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	1					1			1							YES
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX																YES
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO																YES
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB																YES
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP																YES
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK																YES
1299999	Total Authorized - Other Non-U.S. Insurers#	33					33			33							XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells	37					37			37							XXX
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	1					1			1							YES
AA-3190978	AlphaCat Reinsurance Ltd. (2017)	10					10			10							YES
AA-3191352	Ascot Underwriting (Bermuda) Ltd o/b/o American International Rein																YES
AA-3190770	Chubb Tempest Reinsurance Ltd. (2017)	1					1			1							YES
AA-3191289	Fidelis Insurance Bermuda Limited (2017)																YES
AA-3191190	Hamilton Re, Ltd. (2017)																YES
AA-3190875	Hiscox Insurance Company Ltd (Bermuda) (2017)	1					1			1							YES
AA-3191315	XL Bermuda Ltd (2017)																YES
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton (2017)																YES
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquil																YES
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	1					1			1							YES
AA-5324100	K2 CAT Limited o/b/o Taiping Reinsurance 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 Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue														43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
2699999	Total Unauthorized - Other non-U.S. Insurers#	14				14		14							XXX		
2799999	Total Unauthorized - Protected Cells														XXX		
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	14				14		14							XXX		
RJ-3194126	Arch Reinsurance Ltd. (Securis)														YES		
RJ-3194126	Arch Reinsurance, Ltd.														YES		
RJ-3194168	Aspen Bermuda Ltd.														YES		
RJ-3190770	Chubb Tempest Reinsurance Ltd.														YES		
RJ-3194122	DaVinci Reins thru Renaissance U/W														YES		
RJ-3191289	Fidelis Insurance Bermuda Limited														YES		
RJ-3191190	Hamilton Re, Ltd.														YES		
RJ-3190875	Hiscox Insurance Company Ltd (Bermuda)														YES		
RJ-3190686	Partner Reinsurance Company Ltd.														YES		
RJ-3190339	Renaissance Reinsurance Ltd.														YES		
RJ-3190870	Validus Reinsurance, Ltd.														YES		
RJ-3190870	Vermeer Reinsurance Ltd.														YES		
RJ-1340125	Hannover Re (Chard Re)														YES		
RJ-1340125	Hannover Ruck SE (Pillar)														YES		
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#														XXX		
5599999	Total Reciprocal Jurisdiction - Protected Cells														XXX		
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Ce														XXX		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C	51				51		51							XXX		
9999999	Totals	51				51		51							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 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to 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	
75-1444207	Scor Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507	Odyssey Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	Everest Reinsurance Company (Blue Water)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194168	Aspen Bermuda Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DaVinci Reins thru Renaissance U/W (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Speciality Ins Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Limited (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	Renaissance Reinsurance Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance, Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rück SE (Pillar business) (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's Underwriter Syndicate	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	IQUW Agency Bermuda (o/b/o Lloyd's Syndicate No. 1856)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Leadenhall Capital Partners o/b/o AML 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686	Partner Reinsurance Company Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157	Lloyd's Syndicate No. 1729 Dale	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's Syndicate No. 4444 CMA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	Lloyd's Syndicate No.1856 IQUW	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AJL	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 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to 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 Lose % 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-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO Formerly Lloyd's Under	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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
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 (Bermuda) Ltd. (Nephila business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190978	AlphaCat Reinsurance Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191352	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. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191289	Fidelis Insurance Bermuda Limited (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re, Ltd. (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875	Hiscox Insurance Company Ltd (Bermuda) (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191315	XL Bermuda Ltd (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton (2017)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-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-5324100	K2 CAT Limited o/b/o Taiping Reinsurance 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 Catastrophic Recoverables Qualifying for Collateral Deferral	58 Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses % LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Gross of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 Col.24; not to Exceed Col. 6	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 6	68 20% of Amount in Col. 67	
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194126	Arch Reinsurance Ltd. (Securis)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194126	Arch Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194168	Aspen Bermuda Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190770	Chubb Tempest Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194122	DaVinci Reins thru Renaissance U/W	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191289	Fidelis Insurance Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190875	Hiscox Insurance Company Ltd (Bermuda)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190686	Partner Reinsurance Company Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190870	Validus Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190870	Vermeer Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Re (Chard Re)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Ruck SE (Pillar)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5599999	Total Reciprocal Jurisdiction - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cell				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells							XXX	XXX								
9999999	Totals							XXX	XXX								

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized 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)	
75-1444207	Scor Reinsurance Company		XXX	XXX					XXX	XXX	
47-0698507	Odyssey Reinsurance Company		XXX	XXX					XXX	XXX	
22-2005057	Everest Reinsurance Company (Blue Water)		XXX	XXX					XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.		XXX	XXX					XXX	XXX	
13-5616275	Transatlantic Reinsurance Company		XXX	XXX					XXX	XXX	
31-0542366	The Cincinnati Insurance Company		XXX	XXX					XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX					XXX	XXX	
AA-3194168	Aspen Bermuda Ltd.		XXX	XXX					XXX	XXX	
AA-3194122	DaVinci Reins thru Renaissance U/W (2017)		XXX	XXX					XXX	XXX	
AA-3194130	Endurance Speciality Ins Ltd. (2017)		XXX	XXX					XXX	XXX	
AA-3190829	Markel Bermuda Limited (2017)		XXX	XXX					XXX	XXX	
AA-3190339	Renaissance Reinsurance Ltd. (2017)		XXX	XXX					XXX	XXX	
AA-3190870	Validus Reinsurance, Ltd. (2017)		XXX	XXX					XXX	XXX	
AA-1340125	Hannover Rück SE (Pillar business) (2017)		XXX	XXX					XXX	XXX	
AA-1120083	Ariel Re Bda Limited obo Argo Re Ltd (Lloyd's Underwriter Syndicate No.		XXX	XXX					XXX	XXX	
AA-1120171	IQUW Agency Bermuda (o/b/o Lloyd's Syndicate No. 1856)		XXX	XXX					XXX	XXX	
AA-1128001	Leadenhall Capital Partners o/b/o AML 2001		XXX	XXX					XXX	XXX	
AA-3190686	Partner Reinsurance Company Ltd. (2017)		XXX	XXX					XXX	XXX	
AA-1120157	Lloyd's Syndicate No. 1729 Dale		XXX	XXX					XXX	XXX	
AA-1126004	Lloyd's Syndicate No. 4444 CMA		XXX	XXX					XXX	XXX	
AA-1120171	Lloyd's Syndicate No. 1856 IQUW		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	

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-1127301	Lloyd's Underwriter Syndicate No. 1301 IGO Formerly Lloyd's Underwrite		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-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	
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	
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 (Bermuda) Ltd. (Nephila business)				XXX	XXX	XXX	XXX		XXX	
AA-3190978	AlphaCat Reinsurance Ltd. (2017)				XXX	XXX	XXX	XXX		XXX	
AA-3191352	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsura				XXX	XXX	XXX	XXX		XXX	
AA-3190770	Chubb Tempest Reinsurance Ltd. (2017)				XXX	XXX	XXX	XXX		XXX	
AA-3191289	Fidelis Insurance Bermuda Limited (2017)				XXX	XXX	XXX	XXX		XXX	
AA-3191190	Hamilton Re, Ltd. (2017)				XXX	XXX	XXX	XXX		XXX	
AA-3190875	Hiscox Insurance Company Ltd (Bermuda) (2017)				XXX	XXX	XXX	XXX		XXX	
AA-3191315	XL Bermuda Ltd (2017)				XXX	XXX	XXX	XXX		XXX	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton (2017)				XXX	XXX	XXX	XXX		XXX	
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo bus				XXX	XXX	XXX	XXX		XXX	
AA-1320031	SCOR Global P&C S.E. - Lima S7300				XXX	XXX	XXX	XXX		XXX	
AA-5324100	K2 CAT Limited o/b/o Taiping Reinsurance Company Ltd				XXX	XXX	XXX	XXX		XXX	

SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized 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)
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX		XXX	
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		XXX	
RJ-3194126	Arch Reinsurance Ltd. (Securis)		XXX	XXX				XXX	XXX	
RJ-3194126	Arch Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
RJ-3194168	Aspen Bermuda Ltd.		XXX	XXX				XXX	XXX	
RJ-3190770	Chubb Tempest Reinsurance Ltd.		XXX	XXX				XXX	XXX	
RJ-3194122	DaVinci Reins thru Renaissance U/W		XXX	XXX				XXX	XXX	
RJ-3191289	Fidelis Insurance Bermuda Limited		XXX	XXX				XXX	XXX	
RJ-3191190	Hamilton Re, Ltd.		XXX	XXX				XXX	XXX	
RJ-3190875	Hiscox Insurance Company Ltd (Bermuda)		XXX	XXX				XXX	XXX	
RJ-3190686	Partner Reinsurance Company Ltd.		XXX	XXX				XXX	XXX	
RJ-3190339	Renaissance Reinsurance Ltd.		XXX	XXX				XXX	XXX	
RJ-3190870	Validus Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
RJ-3190870	Vermeer Reinsurance Ltd.		XXX	XXX				XXX	XXX	
RJ-1340125	Hannover Re (Chard Re)		XXX	XXX				XXX	XXX	
RJ-1340125	Hannover Ruck SE (Pillar)		XXX	XXX				XXX	XXX	
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
5599999	Total Reciprocal Jurisdiction - Protected Cells		XXX	XXX				XXX	XXX	
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cells		XXX	XXX				XXX	XXX	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells									
9999999	Totals									

SCHEDULE F – PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
1	1	26007993	UBS AG	39
2	1	26001591	Standard Chartered Bank	32
3	1	21000089	Citibank, N.A.	25
4	1	21000089	Citibank, N.A.	9
5	1	26005092	Wells Fargo Bank, N.A.	3
6	1	26008044	Commerzbank	21
7	1	21000089	Citibank, N.A.	20
8	1	26002574	Barclays Bank PLC	2
8	1	981390502	Lloyds Bank Corporate PLC	2
8	1	26007728	National Australia Bank Limited	1
8	1	26007689	BNP Paribas	1
8	1	26008044	Commerzbank	1
9	1	21000089	Citibank, N.A.	2
10	1	21000089	Citibank, N.A.	16
11	1	26009632	Bank of Tokyo	1
11	1	26002574	Barclays Bank PLC	1
11	1	21000089	Citibank NA	1
11	1	26009179	Credit Suisse	1
11	1	21001033	Deutsche Bank AG	1
11	1	21001088	HSBC Bank USA	1
11	1	21000248	Wells Fargo Bank NA	1
9999999 Total				181
9999999 Total				181

SCHEDULE F – PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premium	Affiliated
6.	Everest Reinsurance Company	2,633	5,210	Yes [] No [X]
7.	Fidelis Insurance Bermuda Limited	2,165	4,263	Yes [] No [X]
8.	Lloyd's Underwriter Syndicate No. 1910 ARE	1,932	3,832	Yes [] No [X]
9.	Chubb Tempest Reinsurance Ltd.	1,219	2,484	Yes [] No [X]
10.	Hannover Ruck SE	1,132	2,128	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)	52,886,813		52,886,813
2. Premiums and considerations (Line 15)	11,643,991		11,643,991
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	50,901	(50,901)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	137,814		137,814
6. Net amount recoverable from reinsurers		2,085,263	2,085,263
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	64,719,519	2,034,362	66,753,881
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	16,605,083	308,769	16,913,852
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,859,272		3,859,272
11. Unearned premiums (Line 9)	37,297,646	22,759,059	60,056,705
12. Advance premiums (Line 10)	1,334,778		1,334,778
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	21,033,466	(21,033,466)	
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)			
18. Other liabilities	2,244,456		2,244,456
19. Total liabilities excluding protected cell business (Line 26)	82,374,701	2,034,362	84,409,063
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	(17,655,182)	X X X	(17,655,182)
22. Totals (Line 38)	64,719,519	2,034,362	66,753,881

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

If yes, give full explanation:

.....

.....

.....

NONE **Schedule H - Part 1**

NONE **Schedule H - Part 2, 3 and 4**

NONE **Schedule H - Part 5**

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1–2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X								X X X		
2. 2014	129,302	39,896	89,406	34,586					12,059	147	46,645	X X X	
3. 2015	133,859	42,907	90,952	52,760		76			16,847	513	69,683	X X X	
4. 2016	127,762	43,361	84,401	59,939			127		17,325	360	77,391	X X X	
5. 2017	116,941	40,103	76,838	68,080	18,775		999	867	53,841	21,349	81,929	X X X	
6. 2018	104,488	35,249	69,239	21,775					7,556	182	29,371	X X X	
7. 2019	90,423	30,798	59,625	33,591			694		9,607	290	43,892	X X X	
8. 2020	82,159	29,067	53,092	25,407			955		8,014	333	34,376	X X X	
9. 2021	77,565	28,151	49,414	25,717			469		8,087	83	34,273	X X X	
10. 2022	75,433	29,812	45,621	18,892			197		5,532	35	24,621	X X X	
11. 2023	92,201	38,885	53,316	31,280			88		7,084	46	38,452	X X X	
12. Totals	X X X	X X X	X X X	372,027	18,775		3,645	867	145,952	21,349	2,226	480,633	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior						10		30				40	X X X
2. 2014						10		31				41	X X X
3. 2015					2	2		7				11	X X X
4. 2016					3	3		9				15	X X X
5. 2017	78	63	93	92	168	147		30	7	90		150	X X X
6. 2018			16					5		15		36	X X X
7. 2019	156		39		60			11		43		309	X X X
8. 2020	274		115		157			10		46		602	X X X
9. 2021	286		500		278			31		108		1,203	X X X
10. 2022	672		921		180			56		188		2,017	X X X
11. 2023	3,313		6,840		270			405		1,353		12,181	X X X
12. Totals	4,779	63	8,524	92	1,118	147		573	7	1,920		16,605	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		40
2. 2014	46,686		46,686	36.106		52.218					41
3. 2015	69,694		69,694	52.065		76.627					11
4. 2016	77,406		77,406	60.586		91.712					15
5. 2017	123,379	41,300	82,079	105.505	102.985	106.821					16
6. 2018	29,407		29,407	28.144		42.472					16
7. 2019	44,201		44,201	48.882		74.132					195
8. 2020	34,978		34,978	42.574		65.882					389
9. 2021	35,476		35,476	45.737		71.793					786
10. 2022	26,638		26,638	35.313		58.390					1,593
11. 2023	50,633		50,633	54.916		94.968					10,153
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		13,148

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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year	
1. Prior	6,575	5,817	4,290	4,296	3,834	3,794	3,834	3,771	3,771	3,781	10	10	
2. 2014	38,975	36,276	35,662	35,280	34,777	34,618	34,625	34,609	34,586	34,596	10	(13)	
3. 2015	XXX	54,296	55,345	53,958	53,166	52,693	52,815	52,874	52,870	52,840	(30)	(34)	
4. 2016	XXX	XXX	62,811	61,402	60,423	60,001	59,891	59,848	60,062	60,072	10	224	
5. 2017	XXX	XXX	XXX	56,342	51,717	50,602	49,721	49,460	49,657	49,497	(160)	37	
6. 2018	XXX	XXX	XXX	XXX	25,486	22,252	22,068	22,080	21,928	21,836	(92)	(244)	
7. 2019	XXX	XXX	XXX	XXX	XXX	35,542	34,449	33,914	34,361	34,551	190	637	
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	28,629	26,179	26,841	26,918	77	739	
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,099	27,447	27,281	(166)	(818)	
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,363	20,918	(1,445)	XXX	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,196	XXX	XXX	
											12. Totals	(1,596)	538

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000	1,341	3,104	3,634	3,732	3,741	3,770	3,771	3,771	3,771	XXX	XXX
2. 2014	26,657	32,770	33,952	34,341	34,564	34,586	34,586	34,586	34,586	34,586	XXX	XXX
3. 2015	XXX	41,868	51,330	52,195	52,540	52,579	52,680	52,680	52,691	52,836	XXX	XXX
4. 2016	XXX	XXX	51,685	58,075	59,281	59,607	59,783	59,814	60,035	60,066	XXX	XXX
5. 2017	XXX	XXX	XXX	45,519	49,288	49,710	49,374	49,381	49,403	49,437	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	17,233	20,262	21,358	21,618	21,813	21,815	XXX	XXX
7. 2019	XXX	XXX	XXX	XXX	XXX	27,285	32,611	33,388	33,915	34,285	XXX	XXX
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	20,149	24,534	25,544	26,362	XXX	XXX
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,387	25,319	26,186	XXX	XXX
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,077	19,089	XXX	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,368	XXX	XXX

SCHEDULE P – PART 4 – SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)											
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	2,420	1,139	755	535	48	12	64					10
2. 2014	8,416	1,739	958	679	105	11	39	23				10
3. 2015	XXX	7,741	2,593	1,352	518	113	35	19				2
4. 2016	XXX	XXX	6,967	2,067	760	216	69	22	4			3
5. 2017	XXX	XXX	XXX	7,309	1,698	480	239	69	183			24
6. 2018	XXX	XXX	XXX	XXX	6,607	970	303	98	108			21
7. 2019	XXX	XXX	XXX	XXX	XXX	6,393	1,145	208	93			50
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	5,616	922	182			125
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,076	1,304			531
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,362			977
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			7,245

SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X								X X X		
2. 2014	90,161	27,927	62,234	23,759					8,020	114	31,779	3,850	
3. 2015	93,338	30,035	63,303	33,916		76			8,605	403	42,597	6,010	
4. 2016	87,877	30,484	57,393	35,781		92			10,332	90	46,205	6,394	
5. 2017	78,293	27,854	50,439	41,322	10,700	472	430		34,186	13,246	51,604	13,780	
6. 2018	67,830	23,453	44,377	14,635		16			5,433	114	20,084	3,156	
7. 2019	57,130	19,571	37,559	20,650		301			5,988	267	26,939	3,774	
8. 2020	50,868	18,799	32,069	14,194		726			4,361	332	19,281	2,521	
9. 2021	47,891	17,435	30,456	16,800		203			5,151	80	22,154	3,950	
10. 2022	46,941	18,394	28,547	10,496		89			3,070	33	13,655	1,707	
11. 2023	58,987	24,167	34,820	19,016		61			3,987	15	23,064	2,259	
12. Totals	X X X	X X X	X X X	230,569	10,700	2,036	430		89,133	13,246	1,572	297,362	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior							6		18			24	
2. 2014							6		19			25	
3. 2015					2		1		4			7	1
4. 2016					3		2		6			11	1
5. 2017	55	40	60	60	143	127	19	7	58			101	5
6. 2018			10				3		9			22	
7. 2019	156		24		35		7		29			251	9
8. 2020	274		72		65		6		29			446	18
9. 2021	286		311		172		19		64			852	21
10. 2022	667		560		52		34		113			1,426	71
11. 2023	2,883		4,162		189		246		830			8,310	500
12. Totals	4,321	40	5,199	60	661	127	349	7	1,179			11,475	626

	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		24
2. 2014	31,804		31,804	35,275		51,104					25
3. 2015	42,604		42,604	45,645		67,302					7
4. 2016	46,216		46,216	52,592		80,525					11
5. 2017	76,315	24,610	51,705	97,474	88,354	102,510					15
6. 2018	20,106		20,106	29,642		45,307					10
7. 2019	27,190		27,190	47,593		72,393					180
8. 2020	19,727		19,727	38,781		61,514					346
9. 2021	23,006		23,006	48,038		75,538					597
10. 2022	15,081		15,081	32,128		52,829					1,227
11. 2023	31,374		31,374	53,188		90,103					7,045
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		9,420

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1-2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	X X X	X X X	X X X	425	20	551	135	197	(15)	2	1,033	X X X
2. 2022	28,492	11,418	17,074	8,396		108		2,462		2	10,966	X X X
3. 2023	33,214	14,718	18,496	12,264		27		3,097		31	15,388	X X X
4. Totals	X X X	X X X	X X X	21,085	20	686	135	5,756	(15)	35	27,387	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	23	23	286	32	248	20	43		143		668	41	
2. 2022	5		361		128		22		75		591	14	
3. 2023	430		2,678		81		159		523		3,871	66	
4. Totals	458	23	3,325	32	457	20	224		741		5,130	121	

	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	254	414
2. 2022	11,557		11,557	40,562		67,688				366	225
3. 2023	19,259		19,259	57,985		104,125				3,108	763
4. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	3,728	1,402

- 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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior	4,019	3,563	2,778	2,990	2,733	2,701	2,721	2,682	2,682	2,688	6	6
2. 2014	26,525	24,813	24,406	24,192	23,893	23,767	23,783	23,773	23,759	23,765	6	(8)
3. 2015	XXX	35,126	35,450	34,579	34,147	33,818	33,958	34,022	34,026	33,995	(31)	(27)
4. 2016	XXX	XXX	37,804	36,788	36,131	35,827	35,708	35,674	35,846	35,878	32	204
5. 2017	XXX	XXX	XXX	35,094	32,136	31,341	30,903	30,724	30,794	30,707	(87)	(17)
6. 2018	XXX	XXX	XXX	XXX	16,726	14,789	14,751	14,873	14,723	14,664	(59)	(209)
7. 2019	XXX	XXX	XXX	XXX	XXX	21,895	21,207	20,923	21,161	21,173	12	250
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	17,093	15,011	15,301	15,337	36	326
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,465	17,784	17,791	7	(674)
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,999	11,898	(1,101)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,557	XXX	XXX
12. Totals											(1,179)	(149)

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
NONE												
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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
NONE												
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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
NONE												
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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior												
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
NONE												
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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,945	3,705	3,632	(73)	687
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,364	9,020	(344)	XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,639	XXX	XXX
4. Totals											(417)	687

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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2022	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

SCHEDULE P – PART 2K – FIDELITY, SURETY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2022	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year	
1. Prior	XXX	XXX	XXX	XXX	XXX	NONE							
2. 2022	XXX	XXX	XXX	XXX	XXX	NONE							XXX
3. 2023	XXX	XXX	XXX	XXX	XXX	NONE						XXX	XXX
4. Totals													

SCHEDULE P – PART 2M – INTERNATIONAL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	One Year	Two Year	
1. Prior						NONE							
2. 2014						NONE							
3. 2015	XXX					NONE							
4. 2016	XXX	XXX				NONE							
5. 2017	XXX	XXX	XXX			NONE							
6. 2018	XXX	XXX	XXX	XXX		NONE							
7. 2019	XXX	XXX	XXX	XXX	XXX	NONE							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	NONE						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	NONE					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals													

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

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

SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000	867	2,079	2,570	2,648	2,652	2,681	2,682	2,682	2,682		
2. 2014	17,684	22,096	23,185	23,514	23,737	23,759	23,759	23,759	23,759	23,759	1,922	1,755
3. 2015	XXX	26,317	32,630	33,445	33,706	33,745	33,836	33,836	33,847	33,992	3,289	2,683
4. 2016	XXX	XXX	30,018	34,446	35,365	35,565	35,645	35,656	35,844	35,873	3,703	2,638
5. 2017	XXX	XXX	XXX	27,726	30,420	30,852	30,669	30,673	30,648	30,664	4,502	9,030
6. 2018	XXX	XXX	XXX	XXX	11,380	13,233	14,238	14,492	14,649	14,651	1,240	1,837
7. 2019	XXX	XXX	XXX	XXX	XXX	16,294	19,844	20,560	20,821	20,951	1,570	2,013
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	11,088	13,669	14,350	14,920	1,123	1,348
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,090	16,449	17,003	1,595	2,334
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,334	10,585	763	873
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,077	793	966

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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior	000											
2. 2014												
3. 2015	XXX											
4. 2016	XXX	XXX										
5. 2017	XXX	XXX	XXX									
6. 2018	XXX	XXX	XXX	XXX								
7. 2019	XXX	XXX	XXX	XXX	XXX							
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000	2,286	3,107	X X X	X X X
2. 2022	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	6,743	8,504	X X X	X X X
3. 2023	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	12,291	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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000				
2. 2022	X X X	X X X	X X X	X X X	X X X	NONE		X X X				
3. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

SCHEDULE P – PART 3K – FIDELITY/SURETY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000			X X X	X X X
2. 2022	X X X	X X X	X X X	X X X	X X X	NONE		X X X			X X X	X X X
3. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior	X X X	X X X	X X X	X X X	X X X	NONE		000			X X X	X X X
2. 2022	X X X	X X X	X X X	X X X	X X X	NONE		X X X			X X X	X X X
3. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

SCHEDULE P – PART 3M – INTERNATIONAL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023		
1. Prior	000										X X X	X X X
2. 2014											X X X	X X X
3. 2015	X X X										X X X	X X X
4. 2016	X X X	X X X									X X X	X X X
5. 2017	X X X	X X X	X X X								X X X	X X X
6. 2018	X X X	X X X	X X X	X X X							X X X	X X X
7. 2019	X X X	X X X	X X X	X X X	X X X						X X X	X X X
8. 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. 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
10. 2022	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. 2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

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

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

SCHEDULE P – PART 4A – HOMEOWNERS/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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	1,644	759	518	345	31	8	40			6
2. 2014	5,709	1,153	644	438	68	7	24	14		6
3. 2015	XXX	5,133	1,744	872	335	72	22	11		1
4. 2016	XXX	XXX	4,687	1,333	492	138	43	13	2	2
5. 2017	XXX	XXX	XXX	4,713	1,099	173	168	41	105	12
6. 2018	XXX	XXX	XXX	XXX	4,276	621	188	58	67	13
7. 2019	XXX	XXX	XXX	XXX	XXX	4,091	711	124	57	31
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	3,486	549	113	78
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,022	808	330
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,196	594
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,408

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P – PART 4E – COMMERCIAL MULTIPLE PERIL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX						
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,605	722	297
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,166	383
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,837

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4K – FIDELITY/SURETY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 4M – INTERNATIONAL

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

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

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	913	69	57	8	5	16	2	1		
2. 2014	1,492	1,841	1,892	1,905	1,912	1,921	1,922	1,922	1,922	1,922
3. 2015	XXX	2,683	3,227	3,264	3,277	3,289	3,289	3,289	3,289	3,289
4. 2016	XXX	XXX	3,045	3,563	3,670	3,690	3,698	3,702	3,703	3,703
5. 2017	XXX	XXX	XXX	3,724	4,284	4,386	4,407	4,493	4,496	4,502
6. 2018	XXX	XXX	XXX	XXX	978	1,209	1,222	1,239	1,239	1,240
7. 2019	XXX	XXX	XXX	XXX	XXX	1,283	1,460	1,561	1,563	1,570
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	606	1,097	1,104	1,123
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,376	1,490	1,595
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	423	763
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	793

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	537	495	441	434	430	412				
2. 2014	349	240	204	189	183	174				
3. 2015	XXX	391	87	62	48	37	1	1	1	1
4. 2016	XXX	XXX	448	154	69	57	2	1		1
5. 2017	XXX	XXX	XXX	638	273	248	140	42	7	5
6. 2018	XXX	XXX	XXX	XXX	214	76	19	6	1	
7. 2019	XXX	XXX	XXX	XXX	XXX	262	147	31	16	9
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	473	118	32	18
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	379	84	21
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311	71
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	500

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	403	42	11	6	3	4	3	1		
2. 2014	3,412	3,810	3,834	3,842	3,847	3,848	3,850	3,850	3,850	3,850
3. 2015	XXX	5,431	5,971	5,993	6,001	6,006	6,009	6,010	6,010	6,010
4. 2016	XXX	XXX	5,821	6,331	6,363	6,375	6,388	6,393	6,393	6,394
5. 2017	XXX	XXX	XXX	12,827	13,470	13,549	13,766	13,774	13,774	13,780
6. 2018	XXX	XXX	XXX	XXX	2,762	3,091	3,146	3,153	3,153	3,156
7. 2019	XXX	XXX	XXX	XXX	XXX	3,253	3,716	3,769	3,769	3,774
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	2,188	2,498	2,498	2,521
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,882	3,882	3,950
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,442	1,707
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,259

- 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 2014		
1.603 2015		
1.604 2016		
1.605 2017		
1.606 2018		
1.607 2019		
1.608 2020		
1.609 2021		
1.610 2022		
1.611 2023		
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 was historically reported in adjusting and other only due to legacy system limitations. Beginning in calendar year 2022, DCC calendar year paid have been reported in the annual statement and going forward. Inception to date paid info will accumulate over time.

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	113,460,197	92,200,633	36,391,297	38,650,303	13,302,370	564,294	
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		113,460,197	92,200,633	36,391,297	38,650,303	13,302,370	564,294	

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

NONE

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

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

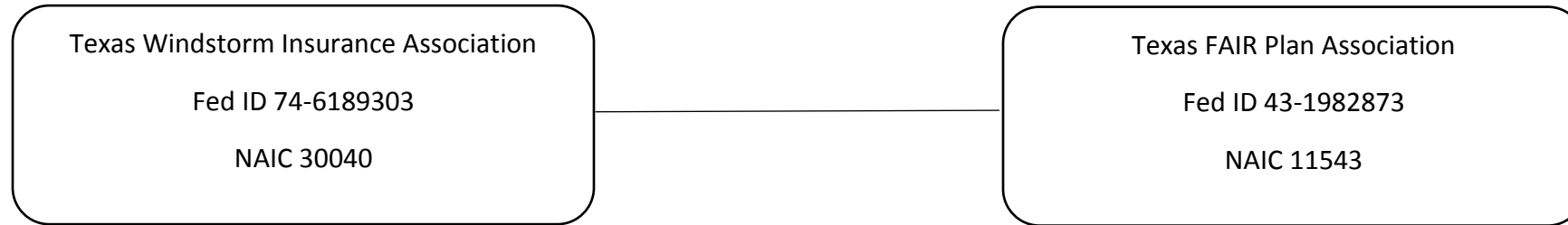
Explanation of basis of allocation of premiums by states, etc.

The Texas FAIR plan Association only writes policies in Texas

NONE Schedule T - Part 2

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

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
11543 30040	43-1982873 74-6189303	Texas FAIR Plan Association Texas Windstorm Insurance Association					(15,270,086) 15,270,086				(15,270,086) 15,270,086	
9999999	Control Totals								XXX			

NONE Schedule Y - Part 3

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

SUPPLEMENTAL FILINGS

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
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	NO
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	NO
APRIL FILING	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April?	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

AUGUST FILING

38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanation 2: Texas FAIR Plan Association has no employees. TFPA reimburses costs of personnel employed by the Texas Windstorm Insurance Association that perform work for TFPA.

Explanation 4: Not required.

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

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

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

Explanation 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.
- Explanation 38: Not applicable.

Bar Code:



1154320234600000



1154320233900000



11543202320100000



11543202322000000



11543202322100000



11543202342000000



11543202324000000



11543202336000000



11543202345500000



11543202349000000



11543202338500000



11543202340100000



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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



11543202322300000

OVERFLOW PAGE FOR WRITE-INS

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

REMAINING WRITE-INS AGGREGATED AT LINE 24 FOR OTHER LINES OF BUSINESS	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Disaster Recovery Expense		3,786		3,786
2497. Totals (Lines 2404 through 2496) (Page 11, Line 24)		3,786		3,786

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Unaffiliated certificates of deposit						
1.12 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 Exchange traded funds						
3.09 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)	21,910,949	41.43	21,910,949		21,910,949	41.43
6.02 Cash equivalents (Schedule E, Part 2)	30,975,864	58.57	30,975,864		30,975,864	58.57
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	52,886,813	100.00	52,886,813		52,886,813	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	52,886,813	100.00	52,886,813		52,886,813	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	17,556,895		17,556,895	
2. Cost of cash equivalents acquired	13,418,969		13,418,969	
3. Accrual of discount				
4. Unrealized valuation increase/(decrease)				
5. Total gain (loss) on disposals				
6. Deduct consideration received on disposals				
7. Deduct amortization of premium				
8. Total foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other-than-temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	30,975,864		30,975,864	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Line 10 minus Line 11)	30,975,864		30,975,864	

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

NONE Schedule A - Part 1

NONE Schedule A - Part 2

NONE Schedule A - Part 3

NONE Schedule B - Part 1

NONE Schedule B - Part 2

NONE Schedule B - Part 3

NONE Schedule BA - Part 1

NONE Schedule BA - Part 2

NONE Schedule BA - Part 3

NONE Schedule D - Part 1

NONE Schedule D - Part 2 - Section 1

NONE Schedule D - Part 2 - Section 2

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule D - Part 5

NONE Schedule D - Part 6 - Section 1 and 2

NONE Schedule DA - Part 1

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part A - Section 2

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part B - Section 2

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
OPEN DEPOSITORIES						
Bank of America, N.A. Austin, TX					5,236,351	
Citibank, N.A. Dallas, TX					208,169	
Citibank, N.A. - IMMA Dallas, TX	O	1.750	62,671		109,226	
JP Morgan Chase Bank, N.A. San Antonio, TX		3.550	49,884		16,357,203	
0199998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	X X X	X X X				X X X
0199999 Totals - Open Depositories	X X X	X X X	112,555		21,910,949	X X X
SUSPENDED DEPOSITORIES						
0299998 Deposits in () depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	X X X	X X X				X X X
0299999 Totals - Suspended Depositories	X X X	X X X				X X X
0399999 Total Cash on Deposit	X X X	X X X	112,555		21,910,949	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X		X X X
0599999 Total Cash	X X X	X X X	112,555		21,910,949	X X X

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

1. January	29,017,734	4. April	18,540,194	7. July	21,089,828	10. October	17,063,723
2. February	30,867,517	5. May	13,581,799	8. August	15,961,224	11. November	19,065,948
3. March	25,945,456	6. June	17,009,918	9. September	20,476,383	12. December	21,910,949

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
31607A-80-2	FIMM Treasury Only Portfolio - INST Class		12/01/2023	5.281	X X X	9,465,289	42,444	249,051
38142B-50-0	Goldman Sachs Fin'l SQ Treas Instruments - INST Shares - Fund 506		12/01/2023	5.206	X X X	10,375,354	45,972	375,354
4812C2-23-9	JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110		12/01/2023	5.225	X X X	11,135,221	49,398	578,326
8209999999	Exempt Money Market Mutual Funds – as Identified by SVO					30,975,864	137,814	1,202,731
8609999999	Total Cash Equivalents					30,975,864	137,814	1,202,731

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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