## **ANNUAL STATEMENT**

#### OF THE

of	Austin	
in the state of	Texas	

## **TO THE**

**Insurance Department** 

**OF THE** 

**State of Texas** 

FOR THE YEAR ENDED

**December 31, 2015** 

#### **ANNUAL STATEMENT**

For the Year Ended December 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

			Texas FAIR Pla	n Association			
NAIC Group Code	4766	4766	NAIC Company Code	11543	Employer	r's ID Number 43-1	1982873
(0	Current Period)	(Prior Period)					=
Organized under the Laws of		•	, Sta	ate of Domicile or Port of	Entry	Texas	
Country of Domicile	US						
Incorporated/Organized _	F700 C Manage Dide	December 31, 2	2002	Commence		December 31, 200	)2
Statutory Home Office	5700 S. Mopac, Bldg	(Street and	Number)		Austin, TX, US (City	y or Town, State, Country and Zip Co	ode)
Main Administrative Office	5700 S. Mopa	1		(Ctroot and Number)		į	
	Austin, TX, US	S 78749		(Street and Number)	512-899-4900	0	
,		(City or Town, State,	Country and Zip Code)	(Area		ephone Number)	
Mail Address PO B	ox 99080	(Street and Number or I	P O Boyl	· · · · · · · · · · · · · · · · · · ·	Austin, TX, US	78709-9080 y or Town, State, Country and Zip C	ode)
Primary Location of Books	and Records	5700 S. Mopac, Bldg A	1.0. Box)	Austin, 1		512-899-4	
and the second of the second o	5		et and Number)			and Zip Code) (Area Code) (Tele	
Internet Web Site Address _	http://www.texasfa	uirplan.org/					
Statutory Statement Contac	Allen David Fu		Name)		512-899-4988 Code) (Tele	ephone Number) (Extension)	
	afulkerson@tv	,	Name)	(Alea	(Tell	512-899-4952	
			ail Address)			(Fax Number)	
			OFFIC	ERS			
			Edward Jame	s Sherlock #			
		Name	Lawara barrio	3 OHOHOGK #	Title		
1.	Corise Morrison			Vice Chairman	1100		
2.	John Miletti#			Secretary/Treasur	er		
3.	John William Pola	ak		General Manager			
			Vice Presider	nts of TEPA			
Name		T	itle		ame	7	Γitle
John Walter Morrison #		VP Underwriting		David Patrick Durden	umo	VP Legal	illo
James Colin Murphy		VP Actuary		David Scott Williams		VP Claims	
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	_						
			TFPA Governir	ng Committee			
Wendy Mueller		Debbie King#		John_Miletti		Alphonso Delaney	
Georgia Rutherford Neblett		Timothy Lawrence McCa	rthy	Alicia Corise Morrison		Cecil O. Joiner	
Edward James Sherlock		Christina Ford					2 0
-							
*							
			4.	·			
						_	
State of Texas							
County of Travis							
The officers of this reporting en	tity being duly sworn, ea	ach depose and say that	they are the described of	ficers of said reporting entity	, and that on the	reporting period stated above, all of	of the herein described
assets were the absolute prope	erty of the said reporting	g entity, free and clear fro	om any liens or claims th	ereon, except as herein stat	ted, and that this	statement, together with related ex	xhibits, schedules and
explanations therein contained,	annexed or referred to,	is a full and true statemen	nt of all the assets and liab	pilities and of the condition ar	nd affairs of the sa	aid reporting entity as of the reportin	ig period stated above,
						and Accounting Practices and Prod	
						nd procedures, according to the be c filing with the NAIC, when required	
(except for formatting difference	s due to electronic filing	) of the enclosed stateme	nt. The electronic filing m	av be requested by various r	regulators in lieu o	of or in addition to the enclosed state	ement
	()		4/ 1	- /			9
XXX . D	XX			42/1	-		
(Sign	nature)		(Sign	ature)		(Signature)	
	liam Polak		Peter Ha	arold Gise			
	d Name)			d Name)		(Printed Name)	-
	1. Manager			2.		3.	
	Manager itle)			ncial Officer itle)		/T:41_\	
(1	iuo)	,	(1)	ue)		(Title)	
Subscribed and sworn to (or affi	rmed) before me this on	this					
21Nh 1 - 1		, 2016, by					
1 1	1					n original filing?	[X]Yes []No
Any A	ey- fr					State the amendment number	
/	1 0					2. Date filed	
Particular						Number of pages attached	

AMY LOUISA BERG-FERGUSON Notary Public, State of Texas My Commission Expires March 06, 2019

## **ASSETS**

1	-		Current Year			Prior Year	
1. Bonds (Schedule D)   2. Stocks (Schedule D)   2. Stocks (Schedule D)   2. Stocks (Schedule D)   2. Stocks (Schedule D)   2. The preferred stocks   2.2 Common stocks   2.2 Common stocks   3. Mortgage leans on real estate (Schedule B):			1	2	3	4	
2. Stocks (Schedule D): 2.1 Proferred stocks 2.2 Common stocks 3. Montgage loans on real estate (Schedule B): 3.1 First lens 3.2 Other than first lains 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 the production of income (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) 4.3 Properties held for the production of income (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) 4.3 Properties held for sale (less \$ 0 encumbrances) 4.4 Properties held for sale (less \$ 0 encumbrances) 4.5 Contract loans (including \$ 0 premium notes) 6. Contract loans (including \$ 0 premium notes) 7. Derivatives (Schedule DA) 8. Read-wibelists of resourcities 9. Read-wibelist for securities 9. Read-wibelists for securities 9. Read-wibelists for securities 9. Securities lending remivested colleteral assets (Schedule DL) 11. Aggregate write-ans for invested assets (Lines 1 to 11) 12. Subtoblas, cash and invested assets (Lines 1 to 11) 13. Title plants less \$ 0 charge off ffor Title insurers only) 14. Investment income due and actured 15. Uncolledad premiums and agents' balances in the course of collection 15. Uncolledad premiums and agents' balances in the course of collection 15. Load produced premiums, agents balances and installments booked but deferred 16. Purniture and off the producing \$ 0 earned but unfolled premiums) 15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0) 16. Reinsurance (and produced premiums) 16.1 Amounts receiveable under reinsurance 16.2 Furniture and equipment, industry health premiums 17. Amounts anceivable under reinsurance conteats 18. Current federal and foreign income tax recoverable and interest thereon 18. Not deferred tax asset 19. Quarrant funds receivable on deposite develo			Assets		Assets	· · · · · · · · · · · · · · · · · · ·	
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Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA) 88,105,461 88,105,461 87,933,198 Contract loans (including \$ 0 premium notes) Their views (Schedule DB) Other invested assets (Schedule BA) Receivables for securities Contract loans (including \$ 0 premium notes) Their views (Schedule DB) Contract loans (including \$ 0 premium notes) Contract loans (including health care delivery assets (\$ 0) Contract loans (including health care delivery assets (\$ 0) Contract loans (including health care delivery assets (\$ 0) Contract loans (including health care delivery assets (\$ 0) Contract loans (including health care delivery assets (\$ 0) Contract loans (including health care deliver	5.	Cash (\$ 88,105,461, Schedule E - Part 1), cash equivalents (\$ 0,					
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Protected Cell Accounts (Lines 12 to 25)  27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  103,110,864  420,831  102,690,033  103,014,583			ან∪,∠ბბ	ანს,∠ბბ			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		D 4 4 10 11 4 10 4 0 5	102 110 064	420 024	102 600 022	103 014 503	
	27	From Senarate Accounts Segregated Accounts and Protected Cell Accounts	103,110,004	420,031	102,090,033	103,014,303	
20. Total Lines 20 and 27 102,030,033 103,014,303			103 110 864	/20 R21	102 600 033	103 014 583	
	20.	TOTAL LETTOS ZO ATTO ZI J	103,110,004	420,031	102,030,033	100,014,000	

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. Surcharge Receivable	217,453	217,453	 
2502. Due from agents	118,967	118,967	 
2503. Prepaid Expenses	13,868	13,868	 
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	350 288	350 288	

## LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	20,409,877	18,892,674
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	6,863,046	6,584,660
4.	Commissions payable, contingent commissions and other similar charges	930,615	959,950
5.	Other expenses (excluding taxes, licenses and fees)	1,272,423	718,029
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	602,429	661,061
7.1	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))  Net deferred tax liability		
7.2 8.	Borrowed money \$ 0 and interest thereon \$ 0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded		
٥.	reinsurance of \$ 22,312,000 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)	43,239,771	45,937,843
10.	Advance premium	1,663,590	1,524,770
	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	19,949,815	18,132,163
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated	67,757	285,985
16.	Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 8)	743,779	1,517,568
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	1,054,610	715,489
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	915,382	1,106,320
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	97,713,094	97,036,512
27.	Protected cell liabilities  Total liabilities (Lines 26 and 27)	07.712.004	07.026.510
20. 29.	Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds	97,713,094	97,036,512
30.	Common control stock		
31.	Desferred arcital stant.		
32.	Aggregate write-ins for other-than-special surplus funds		
33.			
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	4.976.939	5,978,071
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.		4,976,939	5,978,071
38.	Totals (Page 2, Line 28, Col. 3)	102,690,033	103,014,583
	DETAILS OF WRITE-IN LINES		
2501.	Escheat Checks	607,169	680,072
2502.	Due to policy holders	308,213	426,248
2503.	Due to policy floracis		
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	915,382	1,106,320
2901.	Totals (Lines 2001 timodyn 2000 plus 2000) (Line 20 above)	310,002	1,100,020
902.			
2002.	Summary of remaining write-ins for Line 29 from overflow page		
อดกร			
	Summary of romaining write inc for Line 20 from everflow page		
998.			
998. 1999.	Summary of remaining write-ins for Line 29 from overflow page  Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
2998. 2999. 3201.			
2998. 2999. 3201. 3202.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
2903. 2998. 2999. 3201. 3202. 3203. 3298.			

## STATEMENT OF INCOME

		1	2
		·	
		Current Year	Prior Year
1.	UNDERWRITING INCOME  Premiums earned (Part 1, Line 35, Column 4)	90,952,338	89,405,197
2	DEDUCTIONS: Losses incurred (Part 2, Line 35, Column 7)	50,839,347	30,849,671
3.	Losses incurred (Part 2, Line 35, Column 7) Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		14,220,504
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	24,675,091	24,058,241
5.	Aggregate write-ins for underwriting deductions		
6. 7.	Total underwriting deductions (Lines 2 through 5)  Net income of protected cells		69,128,416
	Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(2,316,083)	20,276,781
•	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(36,776)	(74,392)
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)	(36,776)	(74,392)
	OTHER INCOME		
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
	\$ 0 amount charged off \$ 929,183)	(929,183)	(985,630)
13.	Finance and service charges not included in premiums	400,503	408,532
	Aggregate write-ins for miscellaneous income  Total other income (Lines 12 through 14)	1,027,301 498,621	462,643 (114,455)
	Net income before dividends to policyholders, after capital gains tax and before all other	100,021	(111,100)
	federal and foreign income taxes (Lines 8 + 11 + 15)	(1,854,238)	20,087,934
	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)	(1,854,238)	20,087,934
19.	Federal and foreign income taxes incurred		20,007,304
20.	Net income (Line 18 minus Line 19) (to Line 22)		20,087,934
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		(13,421,741)
22.	Net income (from Line 20)	(1,854,238)	20,087,934
23. 24.	Net transfers (to) from Protected Cell accounts  Change in not upraglized conital gains or (lesses) less conital gains toy of \$		
24. 25.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0 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)	79,317	133,083
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	773,789	(821,205)
29. 30.	Change in surplus notes 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	32.3 Transferred to surplus Surplus adjustments:		
00.	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
0.4	33.3 Transferred from capital	1	
34. 35.	Net remittances from or (to) Home Office 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)	(1,001,132)	
39.	Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	4,976,939	5,978,071

	DETAILS OF WRITE-IN LINES		
0501.			
0502.	MANE		
0503.	N()N-		
0598.	Summary of remaining write-ins for Line 05 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		
1401.	Sales tax refund and other income	1,027,301	462,643
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)	1,027,301	462,643
3701.			
3702.	MANE		
3703.	N()NI-		
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.	Premiu	ums collected net of reinsurance	90,718,540	92,827,37
2	Net in	vestment income	(5,242)	•
2.	Miccol	language income	524,392	(48,65
٥.	Total /	laneous income		92,703,69
	,	Lines 1 through 3)	91,237,690 49.322.145	
5.		t and loss related payments		33,790,92
6.	Net tra	Insfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.		issions, expenses paid and aggregate write-ins for deductions	41,396,250	35,927,92
8.		nds paid to policyholders		
9.	Federa	al and foreign income taxes paid (recovered) net of \$		
10.	Total (	Lines 5 through 9)	90,718,395	69,718,84
11.	Net ca	sh from operations (Line 4 minus Line 10)	519,295	22,984,84
	_	Cash from Investments		
12.		eds 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	A.P. III		
40	12.8	Total investment proceeds (Lines 12.1 to 12.7)		
13.		f 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	Tital's set seed to a first fill the set of		
14.		rease (decrease) in contract loans and premium notes		
	Netin	sh from investments (Line 12.8 minus Line 13.7 minus Line 14)		
15.	Net ca	* * * * * * * * * * * * * * * * * * * *		
16	Cash r	Cash from Financing and Miscellaneous Sources provided (applied):		
	16.1	Curplus notes, conitel notes		
		Control and maid in any other transports and		
	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)	(347,032)	(152,66
17.	Net ca	sh from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5		
	plus Li	ne 16.6)	(347,032)	(152,66
		RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net ch	ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	172,263	22,832,18
19.		cash equivalents and short-term investments:		
13.		Designation of the second	07 022 400	GE 101 01
	19.1	Beginning of year	87,933,198	65,101,01
	19.2	End of year (Line 18 plus Line 19.1)	88,105,461	87,933,19

Note: Supplemental disclosures of cash flow information for non-cash transactions:	
20.0001	
20.0002	
20.0003	

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1 – PREMIUMS EARNED

		1	2	3	4
			Unearned	Unearned	
		Net	Premiums Dec. 31	Premiums Dec. 31	Premiums
		Premiums	Prior Year-	Current Year-	Earned
		Written per	per Col. 3,	per Col. 5	During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1	Fire	3,581,419	1,852,620	1,755,484	3,678,555
	Allied lines	23,415,523	11,897,328	11,342,805	23,970,046
	Farmowners multiple peril				
	Homeowners multiple peril	61,257,324	32,187,895	30,141,482	63,303,737
	Commercial multiple peril				
	Mortgage guaranty				
	Ocean marine				
	Internal accessor				
	Einanaial guaranty				
	Medical professional liability—occurrence				
	Medical professional liability—claims-made				
	Earthquake				
	Group accident and health				
14.	Credit accident and health				
	(group and individual)				
	Other accident and health				
	Workers' compensation				
	Other liability—occurrence				
	Other liability—claims-made				
17.3	Excess workers' compensation				
	Products liability—occurrence				
18.2	Products liability—claims-made				
19.1,19.2	Private passenger auto liability				
19.3,19.4	Commercial auto liability				
21.	Auto physical damage				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
	Burglary and theft				
27.	Boiler and machinery				
	Credit				
	International				
	Warranty				
	Reinsurance-nonproportional				
0	assumed property				
32	Reinsurance-nonproportional				
JZ.	assumed liability				
33	Reinsurance-nonproportional				
JJ.	assumed financial lines				
24	Aggregate write-ins for other lines				
34.					
25	of business	00.054.000	AF 007 040	40 000 774	00.000.000
<i>ა</i> 5.	TOTALS	88,254,266	45,937,843	43,239,771	90,952,338

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

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

		1	2	3	4	5
		Amount Unearned (Running One Year or Less from Date	Amount Unearned (Running More Than One Year from Date	Earned but	Reserve for Rate Credits and Retrospective	Total Reserve for Unearned
	Line of Business	of Policy) (a)	of Policy) (a)	Unbilled Premium	Adjustments Based on Experience	Premiums Cols. 1 + 2 + 3 + 4
1	Fire	1,755,484				1,755,484
	Allied lines	11,342,805				11,342,805
i	Farmowners multiple peril					
I	Homeowners multiple peril	30,141,482				30,141,482
I	Commercial multiple peril					
6.	Mortgage guaranty					
8.	Ocean marine					
9.						
10.	Financial guaranty					
11.1	Medical professional liability—occurrence					
11.2	Medical professional liablity—claims-made					
12.	Earthquake					
13.	Group accident and health					
14.	Credit accident and health					
	(group and individual)					
15.	Other accident and health					
16.	Workers' compensation					
17.1	Other liability—occurrence					
17.2	Other liability—claims-made					
17.3	Excess workers' compensation					
18.1	Products liability—occurrence					
18.2	Products liability—claims-made					
19.1,19.2	Private passenger auto liability					
19.3,19.4	Commercial auto liability					
21.	Auto physical damage					
22.	Aircraft (all perils)					
23.	Fidelity					
24.	Surety					
26.	Burglary and theft					
27.	Boiler and machinery					
28.	Credit					
29.	International					
30.	Warranty					
31.	Reinsurance-nonproportional					
	assumed property					
32.	Reinsurance-nonproportional					
	assumed liability					
33.	Reinsurance-nonproportional					
	assumed financial lines					
34.	Aggregate write-ins for other lines					
_	of business					
	TOTALS	43,239,771				43,239,771
	Accrued retrospective premiums based on exp	perience				
37.						40.000 == 1
38.	Balance (Sum of Lines 35 through 37)					43,239,771

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

<sup>(</sup>a) State here basis of computation used in each case Daily pro rata

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

		1	Reinsurand	e Assumed	Reinsurar	nce Ceded	6	
		Direct Business	2 From	3 From Non-	4 To	5 To Non-	Net Premiums Written Cols. 1 + 2 + 3 -	
	Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5	
2.	Fire Allied lines	5,812,661 34,571,734				2,231,242 11,156,211	3,581,419 23,415,523	
4.	Farmowners multiple peril  Homeowners multiple peril  Commercial multiple peril	92,494,715				31,237,391	61,257,324	
6.	Mortgage guaranty Ocean marine							
	Inland marine Financial guaranty							
11.2	Medical professional liabilityoccurrence  Medical professional liabilityclaims-made							
13.	Earthquake Group accident and health							
	Credit accident and health (group and individual) Other accident and health							
16.	Workers' compensation Other liability—occurrence							
17.3	Other liability—claims-made  Excess workers' compensation							
18.2	Products liability—occurrence Products liability—claims-made							
19.3,19.4	Private passenger auto liability  Commercial auto liability  Auto physical damage							
22.	Aircraft (all perils) Fidelity							
24.	Surety Burglary and theft							
28.	Boiler and machinery Credit							
30.	International Warranty Reinsurance-nonproportional							
	assumed property Reinsurance-nonproportional	X.X.X						
33.	assumed liability Reinsurance-nonproportional	XXX						
34.	assumed financial lines  Aggregate write-ins for other lines of business	X . X . X						
35.	TOTALS	132,879,110				44,624,844	88,254,266	

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

(a)	Does the company's direct premiums written include premiums recorded on an installment basis?	Yes[] No[X]	
	If yes: 1. The amount of such installment premiums \$ 0		
	2. Amount at which such installment premiums would have been reported had they been reco	orded on an annualized basis \$	0

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

		LOSS	es Paid Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	Reinsurance Recovered	4  Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire		131,409		4,131,409		1,492,240	3,961,473	107.691
2. Allied lines		594,609		13,594,609	4,866,590	4,540,416	13,920,783	58.076
Farmowners multiple peril								
Homeowners multiple peril	31,	596,126		31,596,126	14,220,983	12,860,018	32,957,091	52.062
Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurren	ce							
11.2 Medical professional liability—claims-m	nade							
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and i	ndividual)							
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made					1			
19.1,19.2 Private passenger auto liability					1			
19.3,19.4 Commercial auto liability					1	l	l	
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity					1			
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International					1			
30. Warranty					L	l		
31. Reinsurance-nonproportional assumed					1	l		
32. Reinsurance-nonproportional assumed	liability X X X					l		
33. Reinsurance-nonproportional assumed	financial lines XXX					l		
34. Aggregate write-ins for other lines of bu								
35. TOTALS	49,	322,144		49,322,144	20,409,877	18,892,674	50,839,347	55.897

DETAILS OF WRITE-IN LINES					
3401.					
3402.			1		
3403.		NUN			
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  1. Fire 2. Allied lines 3. Farmowners multiple peril	Direct 226,172 2,387,893	2 Reinsurance Assumed	3  Deduct Reinsurance Recoverable	4  Net Losses Excl. Incurred But Not Reported	5	6	7	Net Losses	
Fire     Allied lines     Farmowners multiple peril	226,172		Reinsurance	Losses Excl. Incurred But Not Reported				Net Losses	
Allied lines     Farmowners multiple peril	226,172 2,387,893			(Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
Farmowners multiple peril	2,307,093			226,172 2,387,893	1,096,132 2,478,697			1,322,304 4,866,590	359,88 2,203,51
				2,307,093	2,470,097			4,000,590	2,203,31
4 Hansanii maan miilkala maall	7,176,876			7,176,876				14,220,983	4,299,64
4. Homeowners multiple peril				1,170,070	7,044,107			14,220,963	4,299,04
Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liablity—occurrence									
11.2 Medical professional liablity—claims-made							1		
12. Earthquake							1		
13. Group accident and health							1	(a)	
14. Credit accident and health (group and individual)			1	l			1		
15. Other accident and health							1	(a)	
16. Workers' compensation							1		
17.1 Other liability—occurrence							1		
17.2 Other liability—claims-made							1		
17.3 Excess workers' compensation			1				1		
18.1 Products liability—occurrence			1				1		
18.2 Products liability—claims-made			1				1	1	
9.1,19.2 Private passenger auto liability									
.3,19.4 Commercial auto liability							1		
21. Auto physical damage							1		
22. Aircraft (all perils)									
23. Fidelity									
23. Fidelity									
26. Burglary and theft 27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX				
33. Reinsurance-nonproportional assumed financial lines	XXX				XXX		1		
34. Aggregate write-ins for other lines of business									
35. TOTALS	9,790,941			9,790,941	10,618,936			20,409,877	6,863,04

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

<sup>(</sup>a) Including \$ 0 for present value of life indemnity claims.

## UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1	Claim adjustment services:				
	1.1 Direct	13,035,882			13,035,882
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded				
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	13,035,882			13,035,882
2	Commission and brokerage:				
	2.1 Direct, excluding contingent		14,033,996		14,033,996
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				1,481,201
	2.4 Contingent—direct				
	2.5 Contingent—reinsurance assumed				
	2.6 Contingent—reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 +				
	2.4 + 2.5 - 2.6 + 2.7)		12,552,795		12,552,795
3	Allowances to manager and agents				
	Advertising				
5	Boards, bureaus and associations				270,030
6	Surveys and underwriting reports		1,178,997		1,178,997
7	Audit of assureds' records				
	Salary and related items:				
	8.1 Salaries	2,157,568	3,236,549		5,394,117
	8.2 Payroll taxes	00.700	218,824		312,606
9	Employee relations and welfare		1,097,415		1,561,285
	Insurance	00.405	54,751		70.040
11	Directors' fees		43,265		43,265
	Travel and travel items	20,858	11,642		32,500
	Rent and rent items	954,111	802,955		1,757,066
	Equipment	21,266	372,760		394,026
15	Cost or depreciation of EDP equipment and software				
	Printing and stationery	41,136	107,057		148,193
17	Postage, telephone and telegraph, exchange and express	399,524	530,456		929,980
18	Legal and auditing	115,940	488,314		604,254
19	Totals (Lines 3 to 18)	4,291,520	8,413,015		12,704,535
20	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty				
	association credits of \$ 0		2,581,761		2,581,761
	20.2 Insurance department licenses and fees				
	20.4 All other (excluding federal and foreign income and real estate)		6,969		6,969
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		2,588,730		2,588,730
21	Real estate expenses				
	Real estate taxes				
23	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses	426,581	1,120,551		1,749,910
25		17,753,983	24,675,091	202,778	(a) 42,631,852
26	Less unpaid expenses—current year	6,863,046	2,805,467		9,668,513
	Add unpaid expenses—prior year	6,584,660	2,339,040		8,923,700
28	Amounts receivable relating to uninsured plans, prior year				
29	Amounts receivable relating to uninsured plans, current year				
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	17,475,597	24,208,664		

DETAILS OF WRITE-IN LINES				
2401. IT Systems Support & Product Development	426,581	1,021,618		1,448,199
2402. Line of Credit Fees			202,778	202,778
2403. Disaster Recovery Expense		98,933		98,933
2498. Sum of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	426.581	1.120.551	202.778	1.749.910

(a) Includes management fees of \$ 0 to affiliates and \$ 9,505,904 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)	1	
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) 146,425	166,002
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	146,425	166,002
11.	Investment expenses		(g) 202,778
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		202,778
17.	Net investment income (Line 10 minus Line 16)		(36,776
-	DETAILS OF WRITE-IN LINES		
0901.	NIANI		
0902.	NONE		
0903.	INUINE		
0998.	Summary of remaining write-ins for Line 09 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)		
1501.			
1502.			
1503.	Summers of complete units in far Line 15 from quariforus age.		
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		ued interest on purchases.
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and		ued dividends on purchases.
(c)	Includes \$ 0 accrual of discount less \$ 0 amortization of premium and	less \$ 0 paid for accri	ued interest on purchases.

## **EXHIBIT OF CAPITAL GAINS (LOSSES)**

0 interest on surplus notes and \$ 0 interest on capital notes.
0 depreciation on real estate and \$ 0 depreciation on other invested assets.

0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
0 accrual of discount less \$ 0 amortization of premium.
0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes,

0 interest on encumbrances.

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

(d)

(g)

(h)

Includes \$

Includes \$

Includes \$

Includes \$

attributable to segregated and Separate Accounts.

		1 Realized	2	3	4	5
		Gain (Loss)	Other	Total Realized		Change in Unrealized
		on Sales or	Realized	Capital Gain (Loss)	Change in Unrealized	, ,
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	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					
	Preferred stocks of affiliates Common stocks (unaffiliated) Common stocks of affiliates		<b>\</b>			
2.21			<b>7</b> .L			
	Mortgage loans					
	Real estate					
	Contract loans					
1	Cash, cash equivalents and short-term investments					
1	Derivative instruments					
	Other invested assets					
1	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					

	DETAILS OF WRITE-IN LINES			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 09 from overflow page			
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			

## **EXHIBIT OF NONADMITTED ASSETS**

		1	2	3
		Current Year Total Nonadmitted	Prior Year Total	Change in Total Nonadmitted Assets
		Assets	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	70,543	61,953	(8,590)
	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	350,288	438,195	87,907
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	420,831	500,148	79,317
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	420,831	500,148	79,317
28.	TOTAL (LINES 20 dilu 21)	420,831	000,148	18

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. <b>N</b> () <b>N</b>			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Surcharge Receivable	217,453	276,945	59,492
2502. Due from Agents	118,967	121,611	2,644
2503. Prepaid Assets	13,868	39,639	25,771
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	350,288	438,195	87,907

#### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The accompanying financial statements of Texas FAIR Plan Association (the "Association") have been prepared on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance.

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

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

Net Income	2015	2014
Net Income as reported	(\$ 1,854,238)	\$ 20,087,934
Effect of Texas prescribed practices	-	-
Effect of Texas permitted practices		<u>-</u> _
NAIC statutory accounting practices basis	(\$ 1,854,238)	\$ 20,087,934
Policyholder's surplus	December 31, 2015	December 31, 2014
Policyholder's surplus as reported	\$ 4,676,939	\$ 5,978,071
Effect of Texas prescribed practices	-	-
Effect of Texas permitted practices	<u> </u>	<u>-</u> _
NAIC statutory accounting practices basis	\$ 4,676,939	\$ 5,978,071

#### B. Uses of Estimates

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

#### C. Accounting Policies

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

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

In addition, the company uses the following accounting policies:

- 1) Short-term investments are stated at historical cost, which approximates market value.
- 2) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports, and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

#### D. Going Concern

Management has evaluated the Association's ability to continue as a going concern. There is no substantial doubt for the Association to continue as a going concern.

#### 2. Accounting Changes and Corrections of Errors

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

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

- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable
- 7. Investment Income
  - A. Accrued Investment Income

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

- B. Amounts Non admitted None
- 8. Derivative Instruments Not Applicable
- 9. Income Taxes

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

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

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

The Association entered into a service contract with TWIA in which the Association is to reimburse TWIA for all expenditures, professional fees, and consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by TWIA on behalf of the Association. During 2015 and 2014 the Association incurred expenses from TWIA under its contract in the amounts of \$9,505,904 and \$7,493,364 respectively. As of December 31, 2015 and 2014, the Association had outstanding expenses for which it has reimbursed TWIA in the amount of \$1,054,610 and \$715,489, respectively. The amounts are recognized in the statutory statements of liabilities, surplus and other funds as a payable to Texas Windstorm Insurance Association.

- B. Detail of Transactions Greater than ½% of Admitted Assets Not Applicable
- C. Changes in Terms of Intercompany Arrangements Not Applicable
- D. Amounts Due from Related Parties- Not Applicable
- E. Guarantees or Contingencies for Related Parties Not Applicable
- F. Management, Service Contracts, Cost Sharing Arrangements See Nature of Relationship above
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets Not Applicable
- J. Write-down for Impairments of Investments in Affiliates Not Applicable
- K. Foreign Insurance Subsidiary Valued Using CARVM Not Applicable
- L. Downstream Holding Company Valued Using Look-through Method- Not Applicable
- M+N Investments in Subsidiary, Controlled and Affiliated Entities Not Applicable
- 11. Debt Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations Not Applicable
- 14. Contingencies
  - A. Contingent Commitments Not Applicable
  - B. Guaranty Fund and Other Assessments
    - (1) Liability and Related Asset
      - The Association is subject to a fire assessment by the State of Texas in which the Association writes business. The assessment is premium-based and recorded at the time the premiums are written. The Association is not subject to loss-based assessments. The Association has accrued a liability for fire assessment of \$97,000 and \$97,000 in 2015 and 2014 respectively. The amounts recorded represent management's best estimates based on assessment rate information received from the State of Texas.
    - (2) Rollforward of Related Assets
      - The assets in included in surcharge receivable have been fully non-admitted as of both 2015 and 2014. Policy surcharges collected were \$157,551 and \$65,752 in 2015 and 2014, respectively.
  - C. Gain Contingencies Not Applicable
  - D. Extra Contractual Obligation and Bad Faith Losses None
  - E. Product Warranties- Not Applicable

- F. Joint and Several Liabilities Not Applicable
- G. Other Contingencies None

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

- 15. Leases-Not Applicable
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing Federal Agents/Third Party Administrators Not Applicable
- 20. Fair Value Measurement
  - A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value Not applicable
  - B. Other Fair Value Disclosures Not Applicable Not applicable
  - C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

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

Type	or	Class	of	Fina	ancial	<b>Aggregate</b>	Admitt	<u>ed</u>	Level 1	Level 2	Lev	vel 3
Instrum	<u>nent</u>					Fair Value	Asset	<u>s</u>				
Cash,	ca	sh eq	uival	ents	and							
short	-terr	n invest	ment	S		\$88,105,461	\$	-	\$88,105,461	\$ -	\$	-

D. Items for which Not Practicable to Estimate Fair Values – Not Applicable

#### 21. Other Items

- A. Extraordinary Items Not Applicable
- Troubled Debt Restructuring for Debtors Not Applicable
- C. Other Disclosures Not Applicable
- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable Tax Credits Not Applicable
  F. Subprime Mortgage Related Exposure Not Apr Subprime Mortgage Related Exposure - Not Applicable
- G. Insurance Linked Securities Not Applicable

#### 22. Subsequent Events

The Association has evaluated subsequent events occurring after December 31, 2015, the date of the most recent balance sheet date, through February 24, 2016, the date the annual statement was issued. The Association does not believe any subsequent events have occurred that would require further disclosure or adjustment to the statutory financial statements

#### 23. Reinsurance

A. Unsecured Reinsurance Recoverables - The Association has unsecured reinsurance recoverables which exceed 3% of the Association's surplus with the following reinsurers as of December 31, 2015.

Federal ID #	NAIC Code	Name of Reinsurer	<u>2015</u>
AA-1464104		Allianz Risk Transfer	\$ 161,215
AA-3194130		Endurance Speciality Ins Ltd	191 747

#### B. Reinsurance Recoverables in Dispute

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

C. Reinsurance Assumed and Ceded and Protected Cells The following table summarizes ceded unearned premiums and the related commission equity at the end of the current year.

											Α	ssumed
	Ass	umed	Ass	umed	(	Ceded	C	Ceded		Net	Le	ss Ceded
	Une	arned	Cor	mmission	Ur	nearned	Com	nmission	U	nearned	Co	mmission
	Pren	niums	Ес	uity	Pre	emiums	Е	quity	P	remiums		Equity
Affiliates All	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Others		-		-	\$22	,312,010	\$669	9,360	(\$22	2,312,010)	(\$6	69,360)
Total	\$	-	\$	-	\$22,	312,010	\$669	9,360	(\$22	,312,010)	(\$6	69,360)

Direct unearned premium reserves at the end of the current year \$65,551,781.

The amount of return commission that would have been due the reinsurers if they or the Association had cancelled the Association's excess of loss reinsurance agreement would have been approximately \$2,231,201 for the fiscal year ended December 31, 2015.

- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit Not Applicable
- H. Run-off Agreements Not Applicable
- I. Certified Reinsurance Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable
- 24. Retrospectively Rated Contracts and Contacts Subject to Redetermination Not Applicable
- 25. Changes in Incurred Losses and Loss Adjustment Expenses

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

	2015	2014
Beginning Balance	\$25,477,334	\$25,879,288
Less: reinsurance recoverables	-	
Net beginning balance	\$25,477,334	\$25,879,288
Net incurred related to:		
Current loss year	\$70,173,760	\$50,038,433
Prior loss years	(1,580,430)	(4,968,258)
Net losses and loss adjustment expense		_
incurred	68,593,330	45,070,175
Net paid related to:		
Current loss year	(54,700,301)	(34,325,540)
Prior loss years	(12,097,440)	(11,146,589)
Net paid losses and loss adjustment expense	(66,797,741)	(45,472,129)
Net ending balance	\$27,272,923	\$25,477,334
Plus: reinsurance recoverables	-	
Ending balance	\$27,272,923	\$25,477,334

The Company attempts to consider all significant facts and circumstances known at the time loss reserves are established. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. Therefore, actual paid damages in the future may yield a material different favorable or unfavorable amount than currently reserved. While the Company believes that the estimated for loss and loss adjustment expense reserves are adequate as of December 31, 2015, there can be no assurance that the estimates and the extended period of time that it can take to settle claims may change the results of operations.

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

- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable

- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves

  The Association evaluated the need to record a premium deficiency reserve as of the end of the current year. No such reserve was required. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- $33.\ Asbestos\ /\ Environmental\ Reserves-Not\ Applicable$
- 34. Subscriber Savings Account Not Applicable
- 35. Multiple Peril Crop Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

#### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

	persons, one or more of which is an insurer?	, , ,	Yes[]No[X]
ŀ	f yes, complete Schedule Y, Parts 1, 1A and 2.		
S A	If yes, did the reporting entity register and file with its domiciliary Superintendent or with such regulatory official of the state of don System, a registration statement providing disclosure substantial Association of Insurance Commissioners (NAIC) in its Model Instant model regulations pertaining thereto, or is the reporting entity substantially similar to those required by such Act and regulation	nicile of the principal insurer in the Holding Company lly similar to the standards adopted by the National urance Holding Company System Regulatory Act y subject to standards and disclosure requirements	Yes[] No[] N/A [X]
1.3 \$	State Regulating?		
	Has any change been made during the year of this statement in settlement of the reporting entity?	the charter, by-laws, articles of incorporation, or deed of	Yes[]No[X]
2.2 l	f yes, date of change:		
3.1 §	State as of what date the latest financial examination of the repo	rting entity was made or is being made.	12/31/2012
t	State the as of date that the latest financial examination report be the reporting entity. This date should be the date of the examine completed or released.		12/31/2012
t	State as of what date the latest financial examination report because the state of domicile or the reporting entity. This is the release do not the date of the examination (balance sheet date).	·	10/24/2012
	By what department or departments? Texas Department of Insurance		
	Have all financial statement adjustments within the latest financial subsequent financial statement filed with departments?	al examination report been accounted for in a	Yes[X] No[] N/A[]
3.6 F	Have all of the recommendations within the latest financial exam	ination report been complied with?	Yes [X ] No [ ] N/A [ ]
, , .	During the period covered by this statement, did any agent, brok		
s	sales/service organization or any combination thereof under comreporting entity) receive credit or commissions for or control a su of business measured on direct premiums) of:	nmon control (other than salaried employees of the bstantial part (more than 20 percent of any major line 4.11 sales of new business?	Yes[]No[X]
s r c 4.2 [	sales/service organization or any combination thereof under correporting entity) receive credit or commissions for or control a su	amon control (other than salaried employees of the bstantial part (more than 20 percent of any major line  4.11 sales of new business?  4.12 renewals?  be organization owned in whole or in part by the or control a substantial part (more than 20 percent of  4.21 sales of new business?	Yes[] No[X] Yes[] No[X] Yes[] No[X]
s r c	sales/service organization or any combination thereof under comprehence of the comprehenc	amon control (other than salaried employees of the bstantial part (more than 20 percent of any major line  4.11 sales of new business?  4.12 renewals?  be organization owned in whole or in part by the or control a substantial part (more than 20 percent of  4.21 sales of new business?  4.22 renewals?	Yes[] No[X] Yes[] No[X]  Yes[] No[X] Yes[] No[X]
4.2 E r a a 5.1 H	sales/service organization or any combination thereof under com- reporting entity) receive credit or commissions for or control a su- of business measured on direct premiums) of:  During the period covered by this statement, did any sales/service reporting entity or an affiliate, receive credit or commissions for commissions for commissions.	Annon control (other than salaried employees of the bstantial part (more than 20 percent of any major line  4.11 sales of new business? 4.12 renewals?  De organization owned in whole or in part by the or control a substantial part (more than 20 percent of  4.21 sales of new business?  4.22 renewals?  In during the period covered by this statement?	Yes[] No[X] Yes[] No[X]  Yes[] No[X]
4.2 E r a a 5.1 H	sales/service organization or any combination thereof under comprehence of the comprehenc	Annon control (other than salaried employees of the bstantial part (more than 20 percent of any major line  4.11 sales of new business? 4.12 renewals?  De organization owned in whole or in part by the or control a substantial part (more than 20 percent of  4.21 sales of new business?  4.22 renewals?  In during the period covered by this statement?	Yes[] No[X] Yes[] No[X]  Yes[] No[X] Yes[] No[X]

	f applicable) sus	Y	Yes[]No[X]				
.2	f yes, give full in						
	Doos any foroign	(non-United States) person or entity directly or indirectly or	ontrol 10% or more of the reporting on	tity?	· · · · · ·	es[]No[X	· 1
		(non-orned states) person or entity directly or indirectly of	orthor 10% or more or the reporting en	uty ?	T ·	es[]NO[A	· ]
	f 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				
		NauOrianty	туре от Епису				
	s the company a	subsidiary of a bank holding company regulated by the Fe	deral Reserve Board?		Y	es[]No[X	[]
	f response to 8.	I is yes, please identify the name of the bank holding compa	any.				
	s the company s	iffiliated with one or more banks, thrifts or securities firms?			v	es[]No[X	1
	=xchange Comm	nission (SEC)] and identify the affiliate's primary federal regression (SEC)	ulator.			_	
		1	2	3	4	5	6
		Affiliate	Location		4 OCC		
		·		3 FRB	4 OCC	5 FDIC	6 SEC
		Affiliate	Location		0CC		
	conduct the annu	Affiliate Name  e and address of the independent certified public accountar	Location (City, State)		4 OCC		
	conduct the annu	Affiliate Name  Name  and address of the independent certified public accountarial audit?	Location (City, State)		4 OCC		
	conduct the annu Calhoun, Thomson Has the insurer b Dublic accountan	Affiliate Name  Name  and address of the independent certified public accountarial audit?	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independent	FRB			SEC
	Conduct the annu Calhoun, Thomso Has the insurer b Dublic accountan Audit Rule), or su	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, where a granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independent	FRB		FDIC	SEC
	Conduct the annu Calhoun, Thomso Has the insurer b Dublic accountan Audit Rule), or su	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, eeen granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independent	FRB		FDIC	SEC
	Conduct the annu Calhoun, Thoms  Has the insurer boublic accountan Audit Rule), or su  f response to 10	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, eeen granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independential Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC
	conduct the annu Calhoun, Thomso Has the insurer b bublic accountan Audit Rule), or su f response to 10 Has the insurer b	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, been granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina abstantially similar state law or regulation?  1 is yes, provide information related to this exemption:	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independential Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC
	conduct the annu Calhoun, Thomso Has the insurer b bublic accountan Audit Rule), or su f response to 10 Has the insurer b	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, even granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina abstantially similar state law or regulation?  1 is yes, provide information related to this exemption:	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independential Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC
	conduct the annu Calhoun, Thomso Has the insurer b bublic accountan Audit Rule), or su f response to 10 Has the insurer b	Affiliate Name  e and address of the independent certified public accountar all audit? on & Matza, LLP, 9500 Arboretum Blvd., Suite 120 Austin, even granted any exemptions to the prohibited non-audit se t requirements as allowed in Section 7H of the Annual Fina abstantially similar state law or regulation?  1 is yes, provide information related to this exemption:	Location (City, State)  Int or accounting firm retained to Texas 78759  Invices provided by the certified independential Reporting Model Regulation (Model Regulation)	FRB	Y	FDIC	SEC

10.5	Has the reporting entity established an Audit Committee in compliance with the domiliciary state insurance laws?	Yes[X] No[] N/A[]
10.6	If the response to 10.5 is no or n/a, please explain.	
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant	
	associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?	
	James Colin Murphy, FCAS, MAA, 5700 S MoPac Expy, Austin, TX 78749, In-house Actuary	
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes[] No[X]
	12.11 Name of real estate holding company	
	12.12 Number of parcels involved	
	12.13 Total book/adjusted carrying value	\$
	, , ,	
12.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
10.2	risks wherever located?	Yes [ ] No [ ]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes [ ] No [ ]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes [ ] No [ ] N/A [ ]
14.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	
	<ul> <li>Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;</li> </ul>	
	b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
	c. Compliance with applicable governmental laws, rules, and regulations;	
	d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	e. Accountability for adherence to the code.	Yes [X] No []
4.11	If the response to 14.1 is no, please explain:	
14.2	Has the code of ethics for senior managers been amended?	Yes[]No[X]
4.21	If the response to 14.2 is yes, provide information related to amendment(s).	

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

22 A	If ancyon is voc	
<i>LL.L</i>	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]
00.0		•
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$
	INVESTMENT	
24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has	
	exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs	Van I Na IVI
	addressed in 24.03)	Yes[]No[X]
24.02	If no, give full and complete information, relating thereto:	
	TFPA does not hold any stocks, bonds, or other securities. TFPA only holds cash bank accounts and CD's	
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned	
	securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this	
	information is also provided) TFPA has no security lending program	
	TITY THE TO SOCIALLY CHANGE PROGRAM	
24 04	Does the company's security lending program meet the requirements for a conforming program as outlined in the	
24.04	Risk-Based Capital Instructions?	Yes[] No[] N/A [X]
	Thick busined dupling mondations:	100[]110[]11//[//
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$
24.06	If answer to 24.04 is no, report amount of collateral for other programs.	\$
24.07	Doce your convities lending program require 1000/ (demostic convities) and 1050/ (foreign convities) from the	
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes[] No[] N/A [X]
	counterparty at the outset of the contract:	ics[] No[] NA[A]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ ] No [ ] N/A [X]
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending	
	Agreement (MSLA) to conduct securities lending?	Yes[] No[] N/A [X]
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	
	24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
	24.101 Total fall Value of fellivested collateral assets reported off collection DL, 1 and 2	Ψ
	24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
	, , , , , , , , , , , , , , , , , , , ,	•
	24.103 Total payable for securities lending reported on the liability page	\$
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not	
	exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to	

Yes[]No[X]

a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

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

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

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[]No[X]

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

28.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held
	physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities,
	owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in
	$accordance\ with\ Section\ 1,\ III-General\ Examination\ Considerations,\ F.\ Outsourcing\ of\ Critical\ Functions,\ Custodial$
	or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[]No[X]

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[]No[X]

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

Ī	1	2	3	4												
l	Old Custodian	New Custodian	Date of Change	Reason												
Ī																
Ì																
ł																
L																

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes[]No[X]

29.2 If yes, complete the following schedule:

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

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

1	2	3	4										
		Amount of Mutual Fund's											
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value											
(from above table)	of the Mutual Fund	Attributable to the Helding	Data at Valuation										
(ITOTTI ADOVC TADIC)	Of the Mutual Fullu	Attributable to the Holding	Date of Valuation										
(Horri above table)	or the Mutual Fullu	Altributable to the Holding	Date of Valuation										
	Of the Mutual Fund	Authorizable to the Holding	Date of Valuation										

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

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

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

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

Yes[]No[X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[]No[X]

31.3	If the answer to 31.2 is no, describe the reporting entity's process for determining a source for purposes of disclosure of fair value for Schedule D:	reliable pricing	
32.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAI been followed?	C Investment Analysis Office been	Yes[]No[X]
32.2	If no, list exceptions: The TFPA had nothing to file with the SVO		
	ОТН	IER	
33.1	Amount of payments to trade associations, service organizations and statistical or F	Rating Bureaus, if any?	5220,162_
33.2	List the name of the organization and the amount paid if any such payment represe total payments to trade associations, service organizations and statistical or rating to covered by this statement.		
	1	2	
	Name	Amount Paid	
	Insurance Services Office, Inc	\$	76
		\$	
34.1	Amount of payments for legal expenses, if any?	3	3229,942_
34.2	List the name of the firm and the amount paid if any such payment represented 25% payments for legal expenses during the period covered by this statement.	6 or more of the total	
	1	2	
	Name	Amount Paid	
	Sneed, Vine & Perry	\$ 75,88	1.
		\$ <b>s</b>	
35.1	Amount of payments for expenditures in connection with matters before legislative to government, if any?	podies, officers or departments	3
35.2	List the name of the firm and the amount paid if any such payment represented 25% payment expenditures in connection with matters before legislative bodies, officers during the period covered by this statement.		
	1	2	
	Name	Amount Paid	
		\$	
		\$	
		\$	

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the	reporting entity have any direct Medica	are Sup	plement Insurance in force?	Yes [	] No [ X ]
1.2 If yes, indi	icate premium earned on U.S. busines	ss only.		\$	
•	ion of Item (1.2) is not reported on the leason for excluding	Medica	re Supplement Insurance Experience Exhibit?	\$	
	-				
			adian and/or Other Alien not included in Item (1.2) above.	\$	
1.5 Indicate to 1.6 Individual	otal incurred claims on all Medicare Su policies:	ıppleme	nt insurance.	\$	
1.0 marriada	policios.	Most	current three years:		
		1.61	Total premium earned	\$	
		1.62		\$	
		1.63	Number of covered lives		
		All yea	ars prior to most current three years:		
			Total premium earned	\$	
		1.65	Total incurred claims	\$	
1.7 Group pol	icies:	1.66	Number of covered lives		
Group por	10100.	Most	current three years:		
		1.71	Total premium earned	\$	
		1.72	Total incurred claims	\$	
		1.73	Number of covered lives		
		All yea	ars prior to most current three years:		
		1.74	Total premium earned	\$	
		1.75	Total incurred claims	\$	
2. Health Te	et·	1.76	Number of covered lives 1 2		
Z. Health Te	o.		Current Year Prior Year		
		2.1	Premium Numerator         \$		
		2.2	Premium Denominator         \$		
		2.3 2.4	Premium Ratio (2.1 / 2.2) Reserve Numerator \$ \$		
		2.5	Reserve Denominator \$ 70,512,694 \$		
		2.6	Reserve Ratio (2.4 / 2.5)		
	reporting entity issue both participating			Yes [	] No [ X ]
3.2 If yes, stat	te the amount of calendar year premiu				
		3.21	Participating policies	\$	
		3.22	Non-participating policies	\$	
4. For Mutua	al reporting entities and Reciprocal Exc	changes	only:		
4.1 Does the	reporting entity issue assessable police	ies?		Yes [	] No [ X ]
4.2 Does the	reporting entity issue non-assessable	policies <sup>6</sup>	?	Yes [	] No [ X ]
4.3 If assessa	ble policies are issued, what is the ex	tent of th	ne contingent liability of the policyholders?		9
4.4 Total amo	unt of assessments paid or ordered to	be paid	I during the year on deposit notes or contingent premiums.	\$	
5. For Recip	rocal Exchanges Only:				
5.1 Does the	exchange appoint local agents?			Yes [	] No [ X ]
5.2 If yes, is the	he commission paid:				
•		5.21	Out of Attorney's-in-fact compensation	Yes [	] No [ X ] N/A [
		5.22	As a direct expense of the exchange		] No [ X ] N/A [
•	• .		compensation of the Attorney-in-fact?		
5.4 Has any A	Attorney-in-fact compensation, conting	ent on f	ulfillment of certain conditions, been deferred?	Yes [	] No [ X ]
5.5 If yes, give	e full information				
			itself from an excessive loss in the event of a catastrophe under a workers'		
compensa	ation contract issued without limit loss: r Plan does not write Workers Compe				

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures

	comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  TFPA estimates its probably maximum loss using the AIR CLASIC/2 and RMS RiskLink software models, modeling the risk of Hurricane and other wind hazards. The PML is comprised of residental property exposure in and around the Houston, Texas greater metropolitan area.	
	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  The XOL agreement provides the Assn. with two layers of coverage and one underlying layer totaling \$300M xs of \$10M. The \$30M xs \$10M underlying layer does not respond until the second event. The Assn. also has a RPP reinsurance coverage with a limit of \$38M to provide recoveries of reinstatement premium due the reinsurers incurred in conjunction with the first two layers of reinsurance coverage.	
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X]No[]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [ ] No [X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes[]No[X]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes[]No[X]
8.2	If yes, give full information	
	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes [X] No []
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes [X] No [ ]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes[]No[X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	V ,
	<ul><li>(a) The entity does not utilize reinsurance; or,</li><li>(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation</li></ul>	Yes[]No[X]
	supplement; or  (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an	Yes[]No[X]
	attestation supplement.	Yes[]No[X]

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

		entity has assumed risks from a e original entity would have been	•	-		erve equal	Yes[]No	o[]N/A[X]
	Has the reportin If yes, give full in	g entity guaranteed policies issinformation	ued by any other entity and no	w in force:			Yes[]No	p[X]
		entity recorded accrued retrospe sponding liabilities recorded for		contracts on Line 15.3 o	f the asset schedule, P	age 2, state the		
	amount or corre	sportaing habilities recorded for	12.11 Unpaid losses				\$	
			12.12 Unpaid underwriting	expenses (including los	s adjustment expenses	3)	\$	
12.2	Of the amount of	n Line 15.3, Page 2, state the a	amount that is secured by lette	rs of credit, collateral an	d other funds?		\$	
		entity underwrites commercial in s insureds covering unpaid pre		s' compensation, are pr	emium notes or promis	sory notes	Yes[]No	o[]N/A[X]
12.4	If yes, provide th	ne range of interest rates charge	ed under such notes during the	e period covered by this	statement:			
			12.41 From 12.42 To					%
	promissory note	edit or collateral and other funds s taken by a reporting entity or s deductible features of comme	to secure any of the reporting				Yes[]No	p[X]
12.6	If yes, state the	amount thereof at December 3	•					
			<ul><li>12.61 Letters of Credit</li><li>12.62 Collateral and other</li></ul>	funds			\$ \$	
12 1	Largost not agg	regate amount insured in any o	no risk (oveluding workers' oor	anoncation):			•	1,900,000
							Ψ	1,900,000
	Does any reinsureinstatement pr	rance contract considered in the rovision?	e calculation of this amount in	clude an aggregate limit	of recovery without als	o including a	Yes [ ] No	p[X]
		er of reinsurance contracts (exclative obligatory contracts) cons	_		ng facultative programs	s, automatic		
14.1	Is the company	a cedant in a multiple cedant re	insurance contract?				Yes [ ] No	[X]
14.2	If yes, please de	escribe the method of allocating	and recording reinsurance an	ong the cedants:				
14.3	If the answer to contracts?	14.1 is yes, are the methods de	escribed in item 14.2 entirely o	ontained in the respectiv	e multiple cedant reins	urance	Yes[]No	»[]
1//	If the answer to	14.3 is no, are all the methods	described in 14.2 entirely cont	ained in written agreeme	ante?		Yes[]No	\[ 1
			described in 14.2 entirely cont	anied in writteri agreem	into:		163[]140	, [ ]
14.5	If the answer to	14.4 is no, please explain:						
45.4							V	
15.1	Has the reportin	g entity guaranteed any finance	ed premium accounts?				Yes [ ] No	)[X]
15.2	If yes, give full in	ıformation						
	•	ng entity write any warranty bus he following information for eac		ranty coverage:			Yes [ ] No	)[X]
		1			4	E		
		Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	Direct Premium Unearned	5 Direct Premium Earned		
	16.11 Home 16.12 Product	\$	\$	\$ \$	\$			
	16.12 Product 16.13 Automotion 16.14 Other*	*	\$ \$ \$	\$ \$ \$	\$ 			
				·	· · · · · · · · · · · · · · · · · · ·			
	* Disclose type	or coverage:						

#### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1	1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.							
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:							
	17.12 17.13 17.14	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 Unfunded portion of Interrogatory 17.11 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 Case reserves portion of Interrogatory 17.11 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	\$					
	Š	cluded in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included about Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	ve.					
	17.19	Unfunded portion of Interrogatory 17.18	\$ \$					
	17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$					
		Case reserves portion of Interrogatory 17.18 Incurred but not reported portion of Interrogatory 17.18	\$					
		Unearned premium portion of Interrogatory 17.18	\$					
		Contingent commission portion of Interrogatory 17.18	\$					
18.1	Do you act as a custodian for health savings accounts?		Yes[]No[X]					
18.2	If yes, please provide the amount of custodial funds held	as of the reporting date.	\$					
18.3	Do you act as an administrator for health savings accour	nts?	Yes[]No[X]					
18.4	If yes, please provide the balance of the funds adminster	red as of the reporting date.	\$					

## FIVE - YEAR HISTORICAL DATA

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

		1	2	3	4	5
		2015	2014	2013	2012	2011
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	40,384,395	40,272,807	36,695,273	30,180,990	24,483,890
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	92,494,715	92,932,744	85,987,402	72,202,203	58,582,135
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	132,879,110	133,205,551	122,682,675	102,383,193	83,066,025
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	26,996,942	27,914,356	25,118,219	19,321,664	14,084,287
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	61,257,324	64,096,359	58,974,276	46,863,778	33,699,203
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)	88,254,266	92,010,715	84,092,495	66,185,442	47,783,490
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	(2,316,083)	20,276,780	13,294,960	8,081,339	(22,065,209
14.	Net investment gain (loss) (Line 11)	(36,776)	(74,392)	(149,789)	(137,153)	(18,369
15.	Total other income (Line 15)	498,621	(114,454)	84,872	(590,018)	(199,081
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)					
18.	Net income (Line 20)	(1,854,238)	20,087,934	13,230,043	7,354,168	(22,282,659
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	102,690,033	103,014,582	80,944,521	56,707,383	47,203,436
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	2,607,574	2,358,708	60,017	51,812	59,913
	20.2 Deferred and not yet due (Line 15.2)	11,946,240	12,711,495	15,771,970	14,966,753	11,446,110
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	97,713,094	97,036,512	94,366,260	82,429,478	81,063,505
22.	Losses (Page 3, Line 1)	20,409,877	18,892,674	21,833,930	21,132,145	23,669,104
23.	Loss adjustment expenses (Page 3, Line 3)	6,863,046	6,584,660	4,045,359	4,161,216	11,704,526
24.	Unearned premiums (Page 3, Line 9)	43,239,771	45,937,843	43,332,325	34,582,801	25,277,753
25.	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)	4,976,939	5,978,071	(13,421,739)	(25,722,095)	(33,860,069
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	519,295	22,984,845	23,336,541	6,624,970	(2,662,902
	Risk-Based Capital Analysis					
28.	Total adjusted capital	4,976,939	5,978,071	(13,421,739)	(25,722,095)	(33,860,069
29.	Authorized control level risk-based capital	9,075,506	8,393,934	7,611,602	7,027,358	5,669,180
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)					
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.		100.0	100.0	100.0	100.0	100.0
35.						
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.						
44.	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45.						
	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)					
		<u> </u>	<u> </u>		<u> </u>	L

## FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2015	2014	2013	2012	2011
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52. 53.	Dividends to stockholders (Line 35)  Change in surplus as regards policyholders for the year (Line 38)	(1,001,132)	19,399,812	12,300,354	8,137,974	(16,411,388)
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	17,726,018	10,643,562	9,912,215	9,665,807	17,652,048
56. 57	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)  All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	31,596,126	23,147,365	19,293,924	21,498,774	74,182,367
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	Total (Line 35)	49,322,144	33,790,927	29,206,139	31,164,581	91,834,415
	Net Losses Paid (Page 9, Part 2, Col. 4)					
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	47.700.040	40.040.500			
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	17,726,018 31,596,126	10,643,562 23,147,365	9,912,215	9,665,807 21,498,774	4,471,241 29,352,127
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		20,111,000	10,200,021		20,002,121
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)	49,322,144	33,790,927	29,206,139	31,164,581	33,823,368
	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
	Losses incurred (Line 2)	55.9	34.5	39.7	50.3	85.0
68. 69.	Loss expenses incurred (Line 3) Other underwriting expenses incurred (Line 4)	19.5 27.1	15.9 26.9	12.6	(0.3)	27.6 34.2
70.	Net underwriting gain (loss) (Line 8)	(2.5)		17.6	14.2	(46.9)
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
72	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0  Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3	27.4	26.3	26.8	31.6	34.1
12.	divided by Page 4, Line 1 x 100.0)	75.4	50.4	52.3	50.0	112.6
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35					
	divided by Page 3, Line 37, Col. 1 x 100.0)	1773.3	1539.1	(626.5)	(257.3)	(141.1)
	One Year Loss Development (000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(2 157)	(8,125)	(7.057)	/7 EFO\	11.000
75.	Percent of development of losses and loss expenses incurred to policyholders'	(3,457)	(0,125)	(7,957)	(7,559)	11,066
	surplus of prior year end (Line 74 above divided by Page 4, Line 21,					
	Col. 1 x 100.0)	(57.8)	60.5	30.9	22.3	(63.4)
	Two Year Loss Development (000 omitted)					
76.	Development in estimated losses and loss expenses incurred 2 years before					
	the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	(8,883)	(8,846)	(9,407)	7,998	7,143
77.	Percent of development of losses and loss expenses incurred to reported	(0,000)	(0,0+0)	· · · · · · · · · · · · · · · · · · ·	1,330	
	policyholders' surplus of second prior year end (Line 76 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)	66.2	34.4	27.8	(45.8)	(73.2)

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2015

**NAIC Group Code** 4766

NAIC Company Code

11543

NAIC Group Code 4766				THE STATE OF TEX	AS DUKING THE TE	AR 2013				NAIC Company Cod		
		icy and Membership Fees, Less niums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	5,812,661	5,823,889	l	2,871,085	4,131,409	3,961,473	1,322,304				613,903	113,24
2.1 Allied Lines	34,571,734	34,696,716		16,920,808	13,594,609	13,920,783	4,866,590				3,651,286	673,52
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop	l											
Farmowners Multiple Peril	l											
Homeowners Multiple Peril	92,494,715	93,338,417		45,759,889	31,596,127	32,957,092	14,220,983				9,768,807	1,801,90
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)	l											
15.1 Collectively Renewable A & H (b)	l											
15.2 Non-Cancelable A & H (b)	l											
15.3 Guaranteed Renewable A & H (b)	l	l	1	l		l	1	l	1	l		
15.4 Non-Renewable for Stated Reasons Only (b)	l	l	l	l		l	1	l	1	l		
15.5 Other Accident Only		l	l	l		l	l	l	1			
15.6 Medicare Title XVIII Exempt from State Taxes or Fees							l					
15.7 All Other A & H (b)		l	l	l		1	l	l	1	l		
15.8 Federal Employees Health Benefits Plan Premium (b)			I				I					
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)						1						
19.2 Other Private Passenger Auto Liability			I			1	I					
19.3 Commercial Auto No-Fault (Personal Injury Protection)			I			1	I					
19.4 Other Commercial Auto Liability			I			1	I					
21.1 Private Passenger Auto Physical Damage			1			1	I					
21.2 Commercial Auto Physical Damage		[	I	I	l	1	I	l	I			
22. Aircraft (all perils)						1			1	1		
23. Fidelity			1			1	1			1		
24. Surety			1			1	1		1	1		
26. Burglary and Theft	1	[	I	I	l	1	I	l	I	]		
27. Boiler and Machinery			I	I	[	1	1		I			
28. Credit			I	I	[	1	I	l	I	]		
30. Warranty			I			1	I					
34. Aggregate Write-Ins for Other Lines of Business			I	I		1	I		1			
35. TOTALS (a)	132,879,110	133,859,022		65,551,782	49,322,145	50,839,348	20,409,877				14,033,996	2,588,73
DETAILS OF WRITE-INS												
3401.												
3402.						1	1		1			
3403.				IN THE		1	1		1			
3498. Summary of remaining write-ins for Line 34 from overflow page			· · · · · · · · · ·	NON	<del></del>	1	1		1			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			-	<del>                                     </del>								

(a) Finance and service charges not included in Lines 1 to 35 \$ 400,503

(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

11543201543059100

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2015

**NAIC Company Code** 

11543

NAIC Group Code 4766 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2015 NAIC Company Code					11543	11543						
		licy and Membership Fees, Less miums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	5,812,661	5,823,889		2,871,085	4,131,409	3,961,473	1,322,304				613,903	113,241
2.1 Allied lines     2.2 Multiple Peril Crop	34,571,734	34,696,716		16,920,808	13,594,609	13,920,783	4,866,590				3,651,286	673,521
2.3 Federal Flood 2.4 Private Crop												
3. Farmowners Multiple Peril												
Homeowners Multiple Peril	92.494.715	93.338.417		45,759,889	31,596,127	32.957.092	14,220,983				9.768.807	1,801,968
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine						1						
9. Inland Marine												
10. Financial Guaranty												,
11. Medical Professional Liability												,
12. Earthquake												,
13. Group Accident and Health (b)												,
14. Credit A & H (Group and Individual)												,
15.1 Collectively Renewable A & H (b) 15.2 Non-Cancelable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made					l	1				l		
17.3 Excess Workers' Compensation					l							
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												,
19.2 Other Private Passenger Auto Liability												,
19.3 Commercial Auto No-Fault (Personal Injury Protection)												,
19.4 Other Commercial Auto Liability												,
21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage												,
21.2 Commercial Auto Physical Damage 22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business					L	<u> </u>			1	<u> </u>		
35. TOTALS (a)	132,879,110	133,859,022		65,551,782	49,322,145	50,839,348	20,409,877				14,033,996	2,588,730
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page				NON	<u> </u>							
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 400,503

(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

3

#### SCHEDULE F - PART 3

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

1	2	3	1	5	6				Poins	urance Recovera	hlo On				Poincuran	ce Payable	18	19
'	1		"	Reinsurance	١	7	Q	9	10	11	12	13	14	15	16	17	10	19
		+				,	0	9	10	''	12	13	14	15	10	''	Not Amount	Funda Hald
				Contracts													Net Amount	Funds Held
				Ceding 75%													Recoverable	by
				or More of												Other	From	Company
	NAIC	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
22-2005057	26921	Everest Reinsurance Company	DE.		2,707							1,353		1,353	1,209		144	
47-0698507	23680	Odyssey Reinsurance Company	СТ	1	1,356			1			1	678		678	607		71	
13-5616275	19453	Transatlantic Reinsurance Company	NY	1	1,440			1			1	720		720	644		76	
			1															
0999998	Total Authorized	- Other U.S. Unaffiliated Insurers (Under \$100,0	000)															
0999999	T				5.503							2.751		2.751	2.460		291	
0999999	Total Authorized	- Other U.S. Unaffiliated Insurers			5,503							2,751		2,751	2,460		291	
AA-3194168		Aspen Bermuda Ltd	l		948							474		474	424		50	
AA-3194139	0	Axis Specialty Ltd	BMU		2.435							1.218		1.218	1.091		127	
AA-3194122	0	DaVinci Reins Ltd	BMU		1,254							627		627	562		65	
AA-1340125	0	Hannover Rueck SE	DEU		1,041							521		521	461			
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033	GBR		496										222			
	0	1										248		248				
AA-1126623	0	Lloyd's Underwriter Syndicate No. 0623	GBR		80							40		40	36		4	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183	GBR		3/9							190		190	1/0		20	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274	GBR		29									14	13		1	
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414	GBR		1,094							547		547	490		57	
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458	GBR	1	893							446		446	399		47	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910	GBR	1	2,532		1	1	l	1	1	1,266	1	1,266	1,127		139	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955	GBR	I	213		l	I	l	l	I	109	1	109	98	l	11	l
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001	GBR	1	1,924			L			I	962		962	859		103	
AA-1120071	0	Lloyd's Underwriter Syndicate No. 2007	GBR		272							136		136	121		15	
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010	GBR	1	408							204	1	204	183		21	
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2623	GBR		366							183		183	164		19	
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791	GBR		620							310		310	278		32	
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020	GBR		363							181		181	161		20	
AA-3190686	0	Partner Reins Co Ltd	BMU		1,808							904		904	810		94	
AA-3190339	Ĭ,	RENAISSANCE REINS LTD	BMU		1,881							940		940	842		98	
AA-3190339 AA-3190870		Validus Reins Ltd	BMU		1.990							995		995	891		104	
AA-3190870	Į v	validus keins Līd	I RIVIU	L	1,990		L	L	L		L	995	L	995	891	L	104	L

NOTE:

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	1		3
	Name of Reinsurer	Commission Rate	Name of Reinsurer		Ceded Premium
1)					
2)					
3)					
4)					
5)	<u> </u>			-	•

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

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) ACE TEMPEST REINS CO LTD	1,418	2,836	Yes [ ] No [ X ]
2) Allianz Risk Transfer	1,516	3,033	Yes [ ] No [X]
Endurance Specialty Ins Ltd	1,819	3,638	Yes [ ] No [X]
4) Everest Reinsurance Company	1,353_	2,707	Yes [ ] No [X]
5) Lloyd's Underwriter Syndicate No. 1910	1,266	2,532_	Yes [ ] No [ X ]

#### SCHEDULE F - PART 3

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

1	2	3	4	5	6			_	Reins	surance Recovera	able On		_		Reinsurar	ce Pavable	18	19
	_	-		Reinsurance		7	8	9	10	11	12	13	14	15	16	17	1	
				Contracts													Net Amount	Funds Held
				Ceding 75%													Recoverable	by
				or More of												Other	From	Company
	NAIC	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
1299998	Total Authorized	- Other Non-U.S. Insurers# (Under \$100,000)																
1299999	Total Authorized	- Other Non-U.S. Insurers#		-	21,026							10,515		10,515	9,402		1,113	
1399999	Total Authorized	- Total Authorized			26,529							13,266		13,266	11,862		1,404	
AA-3190770	0	ACE TEMPEST REINS CO LTD	BMU		2,836							1,418		1,418	1,269		149	
AA-1464104	0	Allianz Risk Transfer	CHE		3,033							1,516		1,516	1,355		161	
AA-3190978	0	Alphacat Reins Ltd	BMU		347							173		173	152		21	
AA-1460019	0	American International Reinsurance Company Amlin AG	BMU CHE		1.090							252		252	225		21	
AA-1400019 AA-3194126	0	Arch Reinsurance, Ltd.	BMU		246							123		123	110		13	
AA-3194120 AA-3194130	0	Endurance Specialty Ins Ltd	BMU		3,641							1,819		1,819	1.627		192	
AA-3190875	0	Hiscox Ins Co (Bermuda) Ltd	BMU		2,165							1,083		1,083	968		115	
AA-3190829	0	Markel Bermuda Ltd	BMU		758							379		379	340		39	
AA-5320039		Peak Reinsurance Company, Ltd.	HKG		284							142		142	127		15	
AA-1320031	1	SCOR Global P & C	FRA		1,990							995		995	891		104	
AA-5324100	0	Taiping Reinsurance Company, Ltd.	HKG		190			1			1	95		95	85		10	
AA-1460023	0	Tokio Millenium Re Ltd.	CHE		211						1	105		105	92		13	
AA-3190757	0	XL Re Ltd	BMU		802							401		401	359		42	
2599998	Total Unauthorize	ed - Other non-U.S. Insurers# (under \$100,000)																
2599999	Total Unauthoriza	ed - Other non-U.S. Insurers#			18,096							9.046		9.046	8.088		958	
2099999	Total Offauthorize	eu - Other Horr-O.S. Insurers#			10,090							9,040		9,040	0,000		930	
2699999	Total Unauthorize	ed - Total Unauthorized			18,096							9,046		9,046	8,088		958	
4099999	Total Authorized,	Unauthorized and Certified			44,625							22,312		22,312	19,950		2,362	
9999999	Totals				44,625							22,312		22,312	19,950		2.362	

NOTE:

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

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

	1	2
	Name of Reinsurer	Commission Rate
1)		
2)		
3)		<u> </u>
4)		
5)		

3	
Ceded Premium	

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

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) ACE TEMPEST REINS CO LTD	1,418	2,836	Yes [ ] No [ X ]
2) Allianz Risk Transfer	1,516	3,033	Yes[]No[X]
3) Endurance Specialty Ins Ltd	1,819	3,638	Yes [ ] No [ X ]
4) Everest Reinsurance Company	1,353	2,707	Yes[]No[X]
5) Lloyd's Underwriter Syndicate No. 1910	1,266	2,532	Yes[]No[X]

# NONE Schedule F - Part 4 Aging of Ceded Reinsurance

### SCHEDULE F – PART 5

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

NAIC   Con-   Con-	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AA-146101   0		Com- pany			Recoverable all Items Schedule F Part 3,	By Company Under Reinsurance		Confirming Bank Reference	Balances	Balances	and Other Allowed	Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of	Unauthorized Reinsurance (Col. 5 minus	Paid Losses & LAE Expenses Over 90 Days past Due not	Amount in	Amount in Dispute Included in	Overdue Reinsurance (Col. 15 plus	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
1399999   Total Affiliates and Others   9,046   983   XXX   8,088   3,404   8,301   745	AA-1464104 AA-3190978 AA-3190005 AA-1460019 AA-3194126 AA-3194130 AA-3190875 AA-3190829 AA-5320039 AA-1320031 AA-5324100 AA-1460023	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Allianz Risk Transfer (Bermuda) Limited AlphaCat Reinsurance Ltd. American International Reinsurance Company Amlin AG Arch Reinsurance, Ltd. Endurance Speciality Ins Ltd. Hiscox Insurance Company Ltd (Bermuda) Markel Bermuda Ltd f/k/a Alterra Bermuda Limit Peak Reinsurance Company, Ltd. SCOR Global P&C S.E Lirma S7300 Taiping Reinsurance Company, Ltd. Tokio Millenium Re Ltd.	CHE BMU BMU CHE BMU BMU BMU HKG FRA HKG CHE	1,516 173 252 545 123 1,819 1,083 379 142 995 95		983	0001	1,355 152 225 488 110 1,627 968 340 127 891 85		3,404	1,355 173 225 488 110 1,819 968 340 127 891 85						149 161 27 57 13 115 39 15 104 10 13
	1299999	Total Oth	er Non-U.S. Insurers #		9,046		983	XXX	8,088		3,404	8,301	745					745
	1300000	Total Affili	ates and Others		9 046		983	YYY	8 088		3 404	8 301	745				+	745
999999 Totals 9,046 983 XXX 8,088 3,404 8,301 745	1000000	Total 7 tilli		1	3,040		300	XXX	0,000		0,101	0,001	140					140
9999999 Totals 9,046 983 X X 8,088 3,404 8,301 745																		
	9999999	Totals	I.	1	9,046		983	XXX	8,088		3,404	8.301	745					745

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

<sup>0</sup> are included in Column 5.

<sup>0</sup> are excluded from Column 14.

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001		021000021	JPMorgan Chase Bank, N.A.	

NONE Schedule F - Part 6 - Section 1

NONE Schedule F - Part 6 - Section 2

NONE Schedule F - Part 7

### SCHEDULE F - PART 8

#### Provision for Overdue Reinsurance as of December 31, Current Year

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

1. Total	
2. Line 1 x .20	
3. Schedule F-Part 7 Col. 11	1
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)	
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F-Part 5, Col. 18 x 1000)	745,000
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6, Section 1, Col. 21 x 1000)	
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6, Section 2, Col. 15 x 1000)	
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)	745,000

# **SCHEDULE F - PART 9**

#### Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	88,105,461		88,105,461
2.	Premiums and considerations (Line 15)	14,553,814		14,553,814
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	30,758		30,758
6.	Net amount recoverable from reinsurers		1,618,416	1,618,416
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	102,690,033	1,618,416	104,308,449
LIABIL	ITIES (Page 3)			
	Losses and loss adjustment expenses (Lines 1 through 3)	27,272,923		27,272,923
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	2,805,467		2,805,467
11.		43,239,771	22,312,010	65,551,781
12.	Advance premiums (Line 10)	1,663,590	,	1,663,590
13.	5::1			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	19,949,815	(19,949,815)	
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)	743,779	(743,779)	
18.	Other liabilities	2,037,749		2,037,749
19.	Total liabilities excluding protected cell business (Line 26)	97,713,094	1,618,416	99,331,510
20.	Destructed cell link little (1 inc. 97)			
21.	Surplus as regards policyholders (Line 37)	4,976,939	XXX	4,976,939
22.	Totals (Line 38)	102,690,033	1,618,416	104,308,449

If yes, give full explanation:

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 ]

NONE Schedule H - Part 1

NONE Schedule H - Part 2, 3 and 4

NONE Schedule H - Part 5

# SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

	Pr	emiums Earne	ed			Lo	ss and Loss E	xpense Payme	nts			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2006	57,066	11,199	45,867	17,896		14		3,591		167	21,501	XXX
3. 2007	67,995	15,040	52,955	18,703		45		3,785		120	22,533	XXX
4. 2008	69,720	21,357	48,363	300,250	234,511	2,072	2,072	45,853	23,417	311	88,175	XXX
5. 2009	60,884	32,748	28,136	22,052				3,598		177	25,650	XXX
6. 2010	67,214	26,309	40,905	16,493				2,663		46	19,156	XXX
7. 2011	78,866	31,803	47,063	23,731				4,308		60	28,039	XXX
8. 2012	92,027	35,147	56,880	29,427				9,279		64	38,706	XXX
9. 2013	112,737	37,394	75,343	28,274				9,845		78	38,119	XXX
10. 2014	129,302	39,896	89,406	32,770				10,383		102	43,153	XXX
11. 2015	133,859	42,907	90,952	41,868				12,832		181	54,700	XXX
12. Totals	XXX	XXX	XXX	531,464	234,511	2,131	2,072	106,137	23,417	1,306	379,732	XXX

		Losses	Unpaid	•	Defer	se and Cost	Containment L	Jnpaid	Adjusti	ng and	23	24	25
	Case E	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													XXX
2. 2006													XXX
3. 2007	4								1			5	XXX
4. 2008	5		62						41			108	XXX
5. 2009			57						9			66	XXX
6. 2010			68						12			80	XXX
7. 2011	6		167						51			224	XXX
8. 2012	2,046		229						1,414			3,689	XXX
9. 2013	1,276		556						980			2,812	XXX
10. 2014	1,767		1,739						1,307			4,813	XXX
11. 2015	4,687		7,741						3,048			15,476	XXX
12. Totals	9,791		10,619						6,863			27,273	XXX

		To	otal Losses and		Loss and L	oss Expense Pe	ercentage			34	Net Bala	nce Sheet
		Loss	Expenses Incur	red	(Incurre	ed/Premiums Ea	arned)	Nontabul	ar Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2006	21,501		21,501	37.677		46.877					
3.	2007	22,538		22,538	33.147		42.561				4	
4.	2008	348,283	260,000	88,283	499.545	1217.399	182.542				67	4
5.	2009	25,716		25,716	42.238		91.399				57	!
6.	2010	19,236		19,236	28.619		47.026				68	1:
7.	2011	28,263		28,263	35.837		60.054				173	5
8.	2012	42,395		42,395	46.068		74.534				2,275	1,41
9.	2013	40,931		40,931	36.307		54.326				1,832	980
10.	2014	47,966		47,966	37.096		53.650				3,506	1,30
11.	2015	70,176		70,176	52.425		77.157				12,428	3,04
12.	Totals	XXX	xxx	XXX	XXX	XXX	XXX			XXX	20,410	6,863

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

# SCHEDULE P - PART 2 - SUMMARY

	INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	IMENT EXPEN	SES REPORT	ED AT YEAR E	END (\$000 OM	ITTED)	DEVEL	OPMENT
Years in	1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	3,526	2,258	2,134	1,979	2,286	2,157	1,720	1,718	1,363	1,363		(355)
2. 2006	23,705	18,528	17,936	18,076	18,168	18,116	18,012	18,009	17,910	17,910		(99)
3. 2007	XXX	19,500	19,887	19,387	19,481	18,907	18,779	18,789	18,793	18,752	(41)	(37)
4. 2008	XXX	XXX	63,380	62,243	56,075	71,442	69,132	67,810	65,846	65,806	(40)	(2,004)
5. 2009	XXX	XXX	XXX	23,722	21,800	21,928	22,337	22,251	22,162	22,109	(53)	(142)
6. 2010	XXX	XXX	XXX	XXX	20,724	17,050	16,552	16,461	16,654	16,561	(93)	100
7. 2011	XXX	XXX	XXX	XXX	XXX	28,959	24,468	24,114	24,076	23,904	(172)	(210)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	36,188	30,079	31,538	31,702	164	1,623
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,865	30,629	30,106	(523)	(7,759)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,975	36,276	(2,699)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54,296	XXX	XXX
									12. Totals		(3,457)	(8,883)

# **SCHEDULE P - PART 3 - SUMMARY**

	CUMULAT	VE PAID NET	LOSSES AND	DEFENSE AN	D COST CON	TAINMENT EX	PENSES REP	ORTED AT YE	AR END (\$000	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	000	466	1,101	1,231	1,359	1,361	1,361	1,371	1,363	1,363	XXX	XXX
2. 2006	14,027	17,320	17,558	17,785	17,908	17,909	17,909	17,910	17,910	17,910	XXX	XXX
3. 2007	XXX	15,003	18,150	18,323	18,612	18,594	18,624	18,623	18,748	18,748	XXX	XXX
4. 2008	XXX	XXX	62,922	63,804	50,888	61,256	65,151	65,865	65,744	65,739	XXX	XXX
5. 2009	XXX	XXX	XXX	14,693	19,841	21,116	21,966	22,038	22,052	22,052	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	12,459	15,886	16,027	16,087	16,477	16,493	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	18,769	22,731	23,103	23,655	23,731	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	22,287	27,464	28,870	29,427	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,801	27,577	28,274	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,657	32,770	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41,868	XXX	XXX

# SCHEDULE P - PART 4 - SUMMARY

	BULK	AND IBNR RESEI	RVES ON NET LO	SSES AND DEF	ENSE AND COST	CONTAINMENT	EXPENSES REF	PORTED AT YEAR	R END (\$000 OM	TTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1,430	810	605	480	371	294	261	249		
2. 2006	5,619	775	238	230	135	107	103	99		
3. 2007	XXX	6,579	653	411	201	151	151	112	41	
4. 2008	XXX	XXX	19,159	7,647	314	5,346	2,389	1,757	98	62
5. 2009	XXX	XXX	XXX	4,660	508	276	237	191	109	5.
6. 2010	XXX	XXX	XXX	XXX	5,559	713	313	224	177	6
7. 2011	XXX	XXX	XXX	XXX	XXX	7,466	923	432	341	16
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	9,191	1,086	423	229
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,592	1,231	550
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,416	1,739
11. 2015	XXX	xxx	XXX	XXX	xxx	xxx	XXX	xxx	xxx	7,741

### SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

#### (\$000 omitted)

	Pr	emiums Earn	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2006	45,739	8,958	36,781	15,031		14		2,991		167	18,036	2,479
3. 2007	54,593	12,103	42,490	13,994		45		3,211		69	17,250	3,159
4. 2008	55,037	16,859	38,178	237,989	182,617	2,072	2,072	35,315	17,687	216	73,000	20,494
5. 2009	45,302	24,367	20,935	16,918				2,894		77	19,812	2,711
6. 2010	48,358	19,083	29,275	13,571				2,114		17	15,685	2,299
7. 2011	56,042	22,943	33,099	19,080				3,266		26	22,346	2,933
8. 2012	64,771	24,792	39,979	18,829				5,675		62	24,504	3,809
9. 2013	79,685	26,176	53,509	19,010				6,592		21	25,602	4,107
10. 2014	90,161	27,927	62,234	22,096				6,518		69	28,614	3,810
11. 2015	93,338	30,035	63,303	26,317				5,761		167	32,078	5,431
12. Totals	XXX	XXX	XXX	402,835	182,617	2,131	2,072	74,337	17,687	891	276,927	XXX

		Losses	Unpaid		Defens	se and Cost (	Containment	Unpaid	Adjust	ing and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior													
2. 2006													
3. 2007	4								1			5	3
4. 2008	5		44						33			82	4
5. 2009			38						6			44	1
6. 2010			45						8			53	3
7. 2011	6		111						38			155	29
8. 2012	1,022		152						586			1,760	248
9. 2013	900		369						640			1,909	207
10. 2014	1,564		1,153						973			3,690	240
11. 2015	3,676		5,133						2,016			10,825	391
12. Totals	7,177		7,045						4,301			18,523	1,126

			otal Losses and			oss Expense F	•			34		nce Sheet
		Loss	Expenses Incu	rred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2006	18,036		18,036	39.432		49.036					
3.	2007	17,255		17,255	31.607		40.610				4	1
4.	2008	275,458	202,376	73,082	500.496	1200.403	191.424				49	33
5.	2009	19,856		19,856	43.830		94.846				38	6
6.	2010	15,738		15,738	32.545		53.759				45	8
7.	2011	22,501		22,501	40.150		67.981				117	38
8.	2012	26,264		26,264	40.549		65.694				1,174	586
9.	2013	27,511		27,511	34.525		51.414				1,269	640
10.	2014	32,304		32,304	35.829		51.907				2,717	973
11.	2015	42,903		42,903	45.965		67.774				8,809	2,016
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14,222	4,301

NONE Schedule P - Part 1B Private Passenger

NONE Schedule P - Part 1C Commercial Auto

NONE Schedule P - Part 1D Workers Compensation

NONE Schedule P - Part 1E Commercial Multiple Peril

NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurence

NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made

NONE Schedule P - Part 1G Special Liability

NONE Schedule P - Part 1H - Section 1 Other Liab. Occurence

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

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

(\$000 omitted)

	Pr	emiums Earn	ed			Lo	ss and Loss E	xpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	474				803		1	1,277	XXX
2. 2014	39,141	11,969	27,172	10,674				3,865		33	14,539	XXX
3. 2015	40,521	12,872	27,649	15,551				7,071		14	22,622	XXX
4. Totals	XXX	XXX	XXX	26,699				11,739		48	38,438	XXX

		Losses	Unpaid		Defens	se and Cost (	Containment (	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	1,400		380						1,196			2,976	60
2. 2014	203		586						334			1,123	13
3. 2015	1,011		2,608						1,032			4,651	122
4. Totals	2,614		3,574						2,562	, in the second		8,750	195

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Inci	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,780	1,196
2.	2014	15,662		15,662	40.014		57.640				789	334
3.	2015	27,273		27,273	67.306		98.640				3,619	1,032
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,188	2,562

NONE Schedule P - Part 1J Auto Physical Damage

NONE Schedule P - Part 1K Fidelity/Surety

NONE Schedule P - Part 1L Other

NONE Schedule P - Part 1M International

**NONE** Schedule P - Part 1N Nonproportional Assumed Prop.

**NONE** Schedule P - Part 10 Nonproportional Assumed Liab.

NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines

NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurence

NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made

NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty

NONE Schedule P - Part 1T - Warranty

#### SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in	INCURRE	D NET LOSS	S AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	3,252	2,100	2,001	1,885	2,097	1,991	1,637	1,638	1,345	1,345		(293)
2. 2006	19,815	15,518	15,041	15,185	15,253	15,209	15,121	15,119	15,045	15,045		(74)
3. 2007	XXX	20,178	14,593	14,126	14,612	14,136	14,032	14,052	14,071	14,043	(28) (29)	(9)
4. 2008	XXX	XXX	53,544	48,205	48,659	60,068	58,074	57,129	55,450	55,421	(29)	(1,708)
5. 2009	XXX	XXX	XXX	18,384	16,615	16,693	17,115	17,069	16,993	16,956	(37)	(113)
6. 2010	XXX	XXX	XXX	XXX	16,849	13,908	13,598	13,499	13,691	13,616	(75)	117
7. 2011	XXX	XXX	XXX	XXX	XXX	23,097	19,749	19,453	19,327	19,197	(130)	(256)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	24,869	19,541	19,920	20,003	83	462
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,457	20,519	20,279	(240)	(6,178)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,525	24,813	(1,712)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,126	XXX	XXX
						•	•	12. Totals			(2,168)	(8.052)

#### SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX			NRIL					
7. 2011	XXX	XXX	XXX	XXX	XXX		JINE					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
			•									

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX				·	L				
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX		JINF					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
				-	-			12. Totals				

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

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX						L				
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX			) IN F					
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
						-		12. Totals	•			

#### SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPEN	ISES REPOR	TED AT YEAF	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX			) NI H					
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	X_X		<del></del>				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,770	4,241	3,939	(302)	(831)
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,450	11,463	(987)	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,170	XXX	XXX
				(1 289)	(831)							

#### SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2014	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

#### SCHEDULE P - PART 2K - FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2014	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2014	XXX	XXX	XXX	XXX	XXX	N X		XXX				XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX
		4. Totals										

#### SCHEDULE P - PART 2M - INTERNATIONAL

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	ST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Year	Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX		N(	)NF					
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	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

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXP	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss Payment	Payment
1. Prior	000	493	1,106	1,237	1,341	1,343	1,343	1,353	1,345	1,345		
2. 2006	11,451	14,482	14,715	14,942	15,043	15,044	15,044	15,045	15,045	15,045	1,441	1,038
3. 2007	XXX	10,953	13,496	13,663	13,900	13,885	13,915	13,914	14,039	14,039	1,891	1,265
4. 2008	XXX	XXX	48,199	50,084	57,517	51,545	54,905	55,498	55,377	55,372	17,446	3,044
5. 2009	XXX	XXX	XXX	10,792	15,012	16,030	16,832	16,904	16,918	16,918	1,756	954
6. 2010	XXX	XXX	XXX	XXX	10,212	12,988	13,122	13,181	13,571	13,571	1,309	987
7. 2011	XXX	XXX	XXX	XXX	XXX	15,176	18,275	18,620	19,016	19,080	1,807	1,097
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	14,138	17,452	18,489	18,829	1,977	1,584
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,926	18,542	19,010	2,120	1,780
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,684	22,096	1,841	1,729
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,317	2,683	2,357

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

	CUMUL	ATIVE PAID N	T LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss Payment	Payment
1. Prior	000											
2. 2006	1											
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX			7 1 1					
7. 2011	XXX	XXX	XXX	XXX	XXX	INC	JINI					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

		CUMUL	ATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Ye	ars in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
W	/hich											Claims	Claims Closed
Losse	es Were											Closed With	Without Loss
Inc	curred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss Payment	Payment
1. F	Prior	000											
2. 2	2006												
3. 2	2007	XXX											
4. 2	2008	XXX	XXX										
5. 2	2009	XXX	XXX	XXX				L					
6. 2	2010	XXX	XXX	XXX	XXX								
7. 2	2011	XXX	XXX	XXX	XXX	XXX							
8. 2	2012	XXX	XXX	XXX	XXX	XXX	X X X						
9. 2	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				l	
10. 2	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) 11 12 Years in Number of Number of Which Claims Claims Closed Losses Were Closed With Without Loss 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 Incurred Loss Payment Payment Prior 000 2006 3. 2007 XXX2008 XXX XXX 2009 XXX XXXXXX 2010 XXX XXX XXX XXX 2011 XXX XXX XXX XXX XXXXXX XXX8. 9. 2012 XXXX X XXXXXXX XXX 2013 XXX XXX XXX XXX XXX XXX XXX XXX XXX 10. 2014 XXX XXX

#### SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

	CUMUL	ATIVE PAID N	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss Payment	Payment
1. Prior	000											
2. 2006												
3. 2007	XXX							1				
4. 2008	XXX	XXX						1				
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX		N						
7. 2011	XXX	XXX	XXX	XXX	XXX	146						
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	1,685	2,159	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,973	10,674	XXX	XXX
3. 2015	xxx	XXX	xxx	XXX	xxx	xxx	xxx	xxx	xxx	15.551	XXX	XXX

#### SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. X:	000				
2. 2014	XXX	XXX	XXX	XXX	XXX	. XX	JNE	XXX				
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

#### SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	END (\$000 OM	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. XXX	000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	. X X	) N +	XXX			XXX	XXX
3. 2015	XXX	xxx	XXX	l xxx	XXX	XXX		- xxx	XXX		xxx	xxx

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X. I.	000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	A XX	) N F	XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx		xxx	xxx

#### SCHEDULE P - PART 3M - INTERNATIONAL

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Payment	Payment
1. Prior	000										XXX	XXX
2. 2006											XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX									XXX	XXX
5. 2009	XXX	XXX	XXX			A.I.	N. N. I. F				XXX	XXX
6. 2010	XXX	XXX	XXX	XXX		N(	)N				XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	110					XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

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

#### SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

	BULK ANI	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	NSE AND COST	CONTAINMENT	EXPENSES RE	PORTED AT YE	AR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which										
Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1,176	631	470	380	295	220	196	187		
2. 2006	4,621	603	186	182	106	80	77	74		
3. 2007	XXX	5,120	508	325	159	113	113	84	28	
4. 2008	XXX	XXX	14,904	5,974	144	4,403	1,964	1,443	69	44
5. 2009	XXX	XXX	XXX	3,685	402	207	149	143	74	38
6. 2010	XXX	XXX	XXX	XXX	4,396	536	264	168	120	45
7. 2011	XXX	XXX	XXX	XXX	XXX	5,603	693	324	231	111
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	6,896	815	287	152
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,449	835	369
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,709	1,153
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,133

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

	BULK ANI	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COS	CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior		•				1				1
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX						
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFI	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 )	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior										
2. 2006										
3. 2007	XXX				1	1				
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX		1					
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	X X					
8. 2012	XXX	XXX	XXX	XXX	XXX	XX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior 2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

	-	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	AR END (\$000 (	OMITTED)
		1	2	3	4	5	6	7	8	9	10
Loss	ears in Which ses Were curred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior										
2.	2006										
3.	2007	XXX									
4.	2008	XXX	XXX								
5.	2009	XXX	XXX	XXX							
6.	2010	XXX	XXX	XXX	XXX						
7.	2011	XXX	XXX	XXX	XXX	$\mathbf{x}$					
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,993	776	380
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,707	586
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,608

#### SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XIX	- XXK	XXX			
2. 2014	XXX	XXX	XXX	XXX		)	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### SCHEDULE P - PART 4K - FIDELITY/SURETY

	BULK AN	D IBNR RESER\	/ES ON NET LOS	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	, XX <del>Y</del>	XXX			
2. 2014	XXX	XXX	XXX	XXX		) X X +	XXX	XXX		
3. 2015	xxx	xxx	XXX	xxx	XXXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESER\	/ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XIX	. XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX		N X ₹	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	

#### SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	D IBNR RESER\	/ES ON NET LOS	SSES AND DEF	ENSE AND COST	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX							l	
5. 2009	XXX	XXX	XXX		NIA					
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

# SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS SECTION 1

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1,669	624	124	124	59	4	1		5	
2. 2006	660	821	965	1,399	1,434	1,434	1,437	1,437	1,441	1,441
3. 2007	XXX	996	1,342	1,798	1,856	1,884	1,888	1,888	1,891	1,891
4. 2008	XXX	XXX	7,276	8,375	16,439	16,690	17,014	17,039	17,445	17,446
5. 2009	XXX	XXX	XXX	894	1,595	1,724	1,742	1,750	1,756	1,756
6. 2010	XXX	XXX	XXX	XXX	886	1,232	1,300	1,304	1,306	1,309
7. 2011	XXX	XXX	XXX	XXX	XXX	1,144	1,756	1,786	1,799	1,807
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,506	1,901	1,959	1,977
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,665	2,081	2,120
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,492	1,841
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,683

### **SECTION 2**

Yea	ırs in			NUMBE	ER OF CLAIMS (	OUTSTANDING I	DIRECT AND AS	SUMED AT YEA	R END		
Wh	nich	1	2	3	4	5	6	7	8	9	10
Prem	niums										
Were E	Earned										
and L	.osses										
Were Ir	ncurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Pi	rior	375	510	2	2	12	8	6	6		
2. 20	006	236	250	1		10		6	6		
3. 20	007	XXX	244	27	27	39	10		6	3	3
4. 20	800	XXX	XXX	4,815	4,815	1,004	775	444	414	5	4
5. 20	009	XXX	XXX	XXX		150	32	18	8	1	1
6. 20	010	XXX	XXX	XXX	XXX	369	71	10		6	
7. 20	011	XXX	XXX	XXX	XXX	XXX	578	53	38	32	29
8. 20	012	XXX	XXX	XXX	XXX	XXX	XXX	539	284	265	248
9. 20	013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	467	225	207
10. 20	014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	349	240
11. 20	015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	391

# **SECTION 3**

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ID ASSUMED AT	YEAR END		
Which	1 1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	(108)	23	125	223	38	2	3			
2. 2006	2,208	2,356	2,408	2,468	2,477	2,477	2,479	2,479	2,479	2,479
3. 2007	XXX	2,341	2,896	3,012	3,155	3,156	3,157	3,159	3,159	3,159
4. 2008	XXX	XXX	4,039	4,116	20,456	20,481	20,491	20,493	20,493	20,494
5. 2009	XXX	XXX	XXX	263	2,673	2,703	2,709	2,710	2,711	2,71
6. 2010	XXX	XXX	XXX	XXX	2,086	2,277	2,293	2,294	2,298	2,299
7. 2011	XXX	XXX	XXX	XXX	XXX	2,669	2,901	2,919	2,928	2,933
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,423	3,765	3,805	3,809
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,727	4,076	4,107
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,412	3,810
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,431

NONE Schedule P - Part 5B - Section 1-3

NONE Schedule P - Part 5C - Section 1-3

NONE Schedule P - Part 5D - Section 1-3

NONE Schedule P - Part 5E - Section 1-3

NONE Schedule P - Part 5F - Section 1A-3A

NONE Schedule P - Part 5F - Section 1B-3B

NONE Schedule P - Part 5H - Section 1A-3A

NONE Schedule P - Part 5H - Section 1B-3B

NONE Schedule P - Part 5R - Section 1A-3A

NONE Schedule P - Part 5R - Section 1B-3B

NONE Schedule P - Part 5T - Warranty

NONE Schedule P - Part 6C Sec. 1 and 2, 6D Sec. 1 and 2

NONE Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A

NONE Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B

NONE Schedule P - Part 6N Sec. 1 and 2, 60 Sec. 1 and 2

NONE Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B

NONE Schedule P - Part 7A

NONE Schedule P - Part 7A (Continued)

NONE Schedule P - Part 7B

NONE Schedule P - Part 7B (Continued)

#### SCHEDULE PINTERROGATORIES

	SCHEDU	ILE P INTERROGAT	ORIES	
1.	The following questions relate to yet-to-be-issued Extended Report provisions in Medical Professional Liability Claims Made insurance			
1.1	Does the company issue Medical Professional Liability Claims Madendorsement, or "ERE") benefits in the event of Death, Disability,		, -	Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions by	blank. If the answer to question 1.1 is "y	yes", please answer the following questions	<b>S</b> :
1.2	What is the total amount of the reserve for that provision (DDR Res	serve), as reported, explicitly or not, else	ewhere in this statement (in dollars)?	\$
1.3	Does the company report any DDR reserve as Unearned Premium	Reserve per SSAP #65?		Yes[]No[X]
1.4	Does the company report any DDR reserve as loss or loss adjustment	nent expense reserve?		Yes[]No[X]
1.5	If the company reports DDR reserve as Unearned Premium Reserve Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines		n the Underwriting and Investment Exhibit,	Yes[]No[]N/A[X
1.6	If the company reports DDR reserve as loss or loss adjustment expreserves are reported in Schedule P:	pense reserve, please complete the follo	owing table corresponding to where these	
		Schedule P, Part 1F, Me	ve Included in dical Professional Liability ses and Expenses Unpaid	
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made	
	1.601 Prior 1.602 2006 1.603 2007	5500011.5500110110	Substitution 2. Statistic mate	
	1.604 2008 1.605 2009 1.606 2010 1.607 2011			
	1.608 2012 1.609 2013 1.610 2014			
	1.611 2015 1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, t January 1, 1998. This change in definition applies to both paid and Containment" and "Adjusting and Other") reported in compliance w	d unpaid expenses. Are these expenses		Yes[X] No[]
3.	The Adjusting and Other expense payments and reserves should be of claims reported, closed and outstanding in those years. When a the Adjusting and Other expense should be allocated in the same payments and Other expense assumed should be reported according reinsurers, or in those situations where suitable claim count informations reasonable method determined by the company and described in latest and the same payments and other expenses assumed should be reported according to the same payments and reserves should be allocated in the same payments and reserves should be allocated in the same payments and reserves should be allocated in the same payments.	allocating Adjusting and Other expense to percentage used for the loss amounts and ing to the reinsurance contract. For Adju ation is not available, Adjusting and Oth	petween companies in a group or a pool, and the claim counts. For reinsurers, usting and Other expense incurred by er expense should be allocated by a	Yes[X] No[]
4.	Do any lines in Schedule P include reserves that are reported grosnet of such discounts on Page 10?			Yes[] No[X]
	If yes, proper disclosure must be made in the Notes to Financial St in Schedule P - Part 1, Columns 32 and 33.	tatements, as specified in the Instruction	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. V upon request.	Vork papers relating to discount calculat	ions must be available for examination	
	Discounting is allowed only if expressly permitted by the state insur	rance department to which this Annual S	Statement is being filed.	
5.	What were the net premiums in force at the end of the year for: (in thousands of dollars)		Fidelity Surety	\$ \$
6.	Claim count information is reported per claim or per claimant. (indic	cate which).		Per Claim
	If not the same in all years, explain in Interrogatory 7.			
7.1	The information provided in Schedule P will be used by many personant things. Are there any especially significant events, coverage, when making such analyses?			Yes[]No[X]
7.2	An extended statement may be attached			

#### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Allocated By States and Territories** 

		1 Active	and Members Return Premiun	s, Including Policy ship Fees Less as and Premiums s Not Taken 3 Direct Premiums	4 Dividends Paid or Credited to Policyholders on Direct	5 Direct Losses Paid (Deducting	6 Direct Losses	7 Direct Losses	8 Finance and Service Charges Not Included in	9 Direct Premium Written for Federal Purchasing Groups (Included
	States, Etc.	Status	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	in Col. 2)
	Alabama AL Alaska AK	. N								
3.	Arizona AZ	N N								
4.	Arkansas AR	N								
5.	California CA	. N								
6. 7.	Colorado CO Connecticut CT	N N								
8.		N								
9.	District of Columbia DC	N								
	Florida FL	. N								
	Georgia GA Hawaii HI	N N								
1	Idaho ID	N N								
14.	Illinois IL	N								
15.	Indiana IN	. N								
16. 17	lowa IA Kansas KS	N N								
	Kentucky KY	N								
	Louisiana LA	N								
	Maine ME	. N								
	Maryland MD Massachusetts MA	N								
	Michigan MI	N								
	Minnesota MN	N								
	Mississippi MS	. N								
	Missouri MO Montana MT	N								
	Nebraska NE	N								
29.	Nevada NV	N								
30.	New Hampshire NH	N								
1	New Jersey NJ New Mexico NM	N								
	New York NY	N N								
	North Carolina NC	N								
1	North Dakota ND	N								
36.	Ohio OH Oklahoma OK	. N								
37. 38.	Oklahoma OK Oregon OR	N								
1	Pennsylvania PA	N								
40.	Rhode Island RI	N								
41.		. N								
42. 43.	South Dakota SD Tennessee TN	N N								
44.	Texas TX	L	132,879,110	133,859,022		49,322,145	50,839,348	20,409,877	400,503	
45.	Utah UT	N								
46.	Vermont VT	. N								
47. 48.	Virginia VA Washington WA	N N								
49.	West Virginia WV	N N								
50.	Wisconsin WI	N								
	Wyoming WY	. N								
52. 53.	American Samoa AS Guam GU	N N								
54.	Puerto Rico PR	N N								
55.	U.S. Virgin Islands VI	N								
56.	Northern Mariana Islands MP	N								
57. 58.	Canada CAN Aggregate Other Alien OT	XXX								
1	Totals	(a) 1	132,879,110	133,859,022		49,322,145	50,839,348	20,409,877	400,503	
	;		. ,,	,,		.,,	,,	.,,		<u>!</u>
	DETAILS OF WRITE-INS									
58001.		XXX								
58002.		XXX			NI C					
58003.		XXX				)NE				
58998.	Summary of remaining write-ins	XXX								

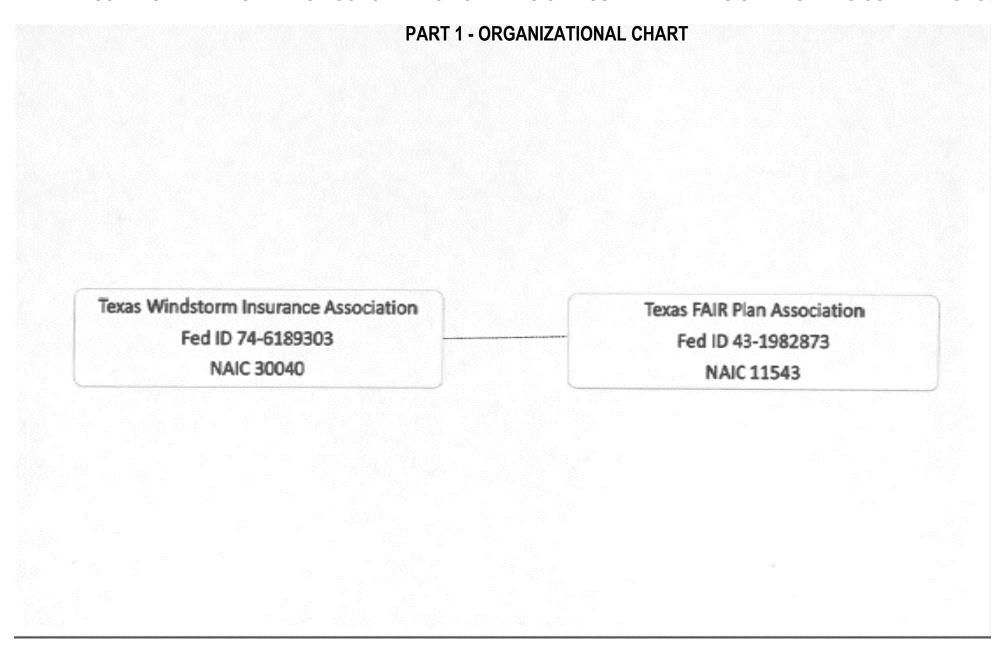
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines In the state; (N) None of the above - Not allowed to write business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

	exa	as I	FA	IR	Pla	an .	As	soc	iat	ion	on	ıly	wri	te	s p	oli	cie	es i	in -	Ге	xas	S.																		ate															
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for Line 58 from overflow page 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)

### NONE Schedule T - Part 2

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



### **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

Asterik	Explanation

#### **SCHEDULE Y**

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

1	1 2	3	4	E		7	0	9	10	11	10	12
	2	3	4	5	6 Purchases, Sales or	7 Income/	8	9	10	11 Any Other	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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					(9,505,904) 9,505,904				(9,505,904) 9,505,904	
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		1										
9999999	Control Totals								XXX			
פפפפפפ	Control Totals								^ ^ ^			

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	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?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	See Explanation
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	See Explanation
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
type code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does n 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 "NON will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and wing the interrogatory questions.	E" report and a bar
40	MARCH FILING	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Exp	lanation:	
Explanatio	on 2: No employees of Texas FAIR Plan Association. All employees are of the Texas Windstorm Insurance Association.	

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 8:	Not Applicable.
Explanation 9:	Texas FAIR Plan Association is not required to file until June 30.
Explanation 10:	Texas FAIR Plan Association is not required to file until June 30.
Explanation 13:	Not Applicable.
Explanation 14:	Not Applicable.
<b>F</b>	Not replicable.
Explanation 15:	Not Applicable.
Explanation 15.	Not Applicable.
Explanation 16:	Not Applicable.
Explanation 17:	Not Applicable.
Explanation 19:	Not Applicable.
Explanation 22:	Not Applicable.
Explanation 23:	Not Applicable.
Explanation 24:	Not Applicable.
·	
Explanation 25:	Not Applicable.
Explanation 20.	(ACC) Application
Fundametica OC:	Net 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.
Explanation 32:	Not Applicable.
Explanation of:	
Evalenation 22:	Not Applicable
Explanation 33:	Not Applicable.
Explanation 34:	Not Applicable.

Bar Code:





#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES













































# **OVERFLOW PAGE FOR WRITE-INS**

# **SUMMARY INVESTMENT SCHEDULE**

			Gross Investment Admitted Assets a Holdings the Annual S					
		1	2	3	4 Securities Lending Reinvested Collateral	5 Total (Col. 3 + 4)	6	
	Investment Categories	Amount	Percentage	Amount	Amount	Amount	Percentage	
1. Bond								
	U.S. treasury securities U.S. government agency obligations (excluding mortgage-backed securities):							
	1.21 Issued by U.S. government agencies     1.22 Issued by U.S. government sponsored agencies							
1.3	Non-U.S. government (including Canada, excluding mortgage-backed securities)							
1.4	Securities issued by states, territories, and possessions							
	and political subdivisions in the U.S.:							
	1.41 States, territories and possessions general obligations							
	1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations							
	1.43 Revenue and assessment obligations							
	1.44 Industrial development and similar obligations							
1.5	Mortgage-backed securities (includes residential and commercial MBS):							
	1.51 Pass-through securities:							
	1.511 Issued or guaranteed by GNMA							
	1.512 Issued or guaranteed by FNMA and FHLMC  1.513 All other							
	1.52 CMOs and REMICs:							
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA							
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-							
	backed securities issued or guaranteed by agencies shown in Line 1.521							
2 Oth	1.523 All other or debt and other fixed income securities (excluding short term):							
2. 0116	Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)			! 				
2.2								
2.3	Affiliated securities							
	ty interests:							
	Investments in mutual funds							
3.2	Preferred stocks: 3.21 Affiliated							
	3.21 Affiliated 3.22 Unaffiliated							
3.3	Publicly traded equity securities (excluding preferred stocks):							
	3.31 Affiliated							
	3.32 Unaffiliated							
3.4	Other equity securities:						-	
	3.41 Affiliated 3.42 Unaffiliated							
3.5	Other equity interests including tangible personal property under lease:							
	3.51 Affiliated							
	3.52 Unaffiliated							
	gage loans:							
4.1	Construction and land development							
4.2	Agricultural Single family residential properties							
4.4	Multifamily residential properties							
4.5	Commercial loans							
4.6	Mezzanine real estate loans							
	estate investments:							
	Property held for production of income (including \$ 0 of property							
5.2	Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)							
5.3	Property held for sale (including \$ 0 property acquired in							
	satisfaction of debt)							
	tract loans							
7. Deri	tract loans vatives							
7. Deri	tract loans vatives eivables for securities						XXX	
7. Deri	tract loans vatives eivables for securities urities Lending (Line 10, Asset Page reinvested collateral)			88,105,461		XXX	X X X 100.00	
<ol> <li>7. Deri</li> <li>8. Reco</li> <li>9. Seco</li> <li>10. Casi</li> </ol>	tract loans vatives eivables for securities			88,105,461			XXX 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

NONE Schedule E Verification

NONE Schedule A - Part 1

NONE Schedule A - Part 2

NONE Schedule A - Part 3

NONE Schedule B - Part 1

NONE Schedule B - Part 2

NONE Schedule B - Part 3

NONE Schedule BA - Part 1

NONE Schedule BA - Part 2

NONE Schedule BA - Part 3

NONE Schedule D - Part 1

NONE Schedule D - Part 2 - Section 1

NONE Schedule D - Part 2 - Section 2

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule D - Part 5

NONE Schedule D - Part 6 - Section 1 and 2

NONE Schedule DA - Part 1

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part A - Section 2

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part B - Section 2

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

NONE Schedule E - Part 1

NONE Schedule E - Part 2

NONE Schedule E - Part 3

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Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68	•	