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# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## Texas FAIR Plan Association

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

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

Country of Domicile US

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

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

Main Administrative Office 5700 S. Mopac, Bldg A, Austin, TX, US 78749, 512-899-4900  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Web Site Address https://www.texasfairplan.org/

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

### OFFICERS

Alicia Corise Morrison

Name	Title
1. John Miletta	Vice Chairman
2. Mark Solomon	Secretary/Treasurer
3. John William Polak	General Manager

### Vice Presidents of TFFA

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

### TFFA Governing Committee

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

State of Texas  
County of Travis ss

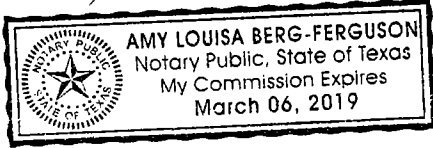
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

<p><u>[Signature]</u> (Signature) <u>John William Polak</u> (Printed Name) 1. General Manager (Title)</p>	<p><u>[Signature]</u> (Signature) <u>Jerome Tonra Fadden</u> (Printed Name) 2. Chief Financial Officer (Title)</p>	<p><u>[Signature]</u> (Signature) <u>[Printed Name]</u> (Printed Name) 3.  (Title)</p>
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Subscribed and sworn to (or affirmed) before me this on this 1<sup>st</sup> day of February, 2019, by

[Signature]

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



## ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 51,381,435, Schedule E - Part 1), cash equivalents (\$ 21,300,924, Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	72,682,359		72,682,359	44,893,759
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	72,682,359		72,682,359	44,893,759
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	81,754		81,754	42,972
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,092,307	26,483	1,065,824	2,129,019
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	7,680,670		7,680,670	9,307,629
15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,487,092		1,487,092	16,757,962
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	412,395	412,395		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	83,436,577	438,878	82,997,699	73,131,341
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	83,436,577	438,878	82,997,699	73,131,341

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	175,033	175,033		
2502. Prepaid Expenses	138,222	138,222		
2503. Due from Agents	99,140	99,140		
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	412,395	412,395		

NONE

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	12,763,910	17,513,381
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	3,980,698	5,071,838
4. Commissions payable, contingent commissions and other similar charges	675,679	775,332
5. Other expenses (excluding taxes, licenses and fees)	1,803,437	3,918,777
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	71,000	306,562
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ 0 and interest thereon \$ 0		40,123,200
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 16,195,766 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)	30,848,311	36,597,531
10. Advance premium	1,420,839	1,259,270
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	14,324,350	18,098,952
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated	68,730	32,043
16. Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)	46,000	2,252,000
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,029,066	1,426,589
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	877,241	696,902
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	67,909,261	128,072,377
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	67,909,261	128,072,377
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	15,088,438	(54,941,036)
36. Less treasury stock, at cost:		
36.1 0 shares common (value included in Line 30 \$ 0)		
36.2 0 shares preferred (value included in Line 31 \$ 0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	15,088,438	(54,941,036)
38. Totals (Page 2, Line 28, Col. 3)	82,997,699	73,131,341

DETAILS OF WRITE-IN LINES		
2501. Escheat Checks	816,140	626,494
2502. Due to policy holders	61,101	70,408
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	877,241	696,902
2901.		
2902.		
2903.	<b>NONE</b>	
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.	<b>NONE</b>	
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

## STATEMENT OF INCOME

	1	2
	Current Year	Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4)	69,239,192	76,837,163
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	18,124,169	53,171,126
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	8,608,805	31,693,107
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	29,564,298	29,738,690
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	56,297,272	114,602,923
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	12,941,920	(37,765,760)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	198,014	102,715
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)	198,014	102,715
<b>OTHER INCOME</b>		
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 712,556)	(712,556)	(870,810)
13. Finance and service charges not included in premiums	270,783	312,959
14. Aggregate write-ins for miscellaneous income	55,340,806	
15. Total other income (Lines 12 through 14)	54,899,033	(557,851)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	68,038,967	(38,220,896)
17. Dividends to policyholders		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	68,038,967	(38,220,896)
19. Federal and foreign income taxes incurred		
20. Net income (Line 18 minus Line 19) (to Line 22)	68,038,967	(38,220,896)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	(54,941,036)	(15,203,132)
22. Net income (from Line 20)	68,038,967	(38,220,896)
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(215,493)	106,267
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	2,206,000	(1,623,275)
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 Transferred from surplus (Stock Dividend)		
32.3 Transferred to surplus		
33. Surplus adjustments:		
33.1 Paid in		
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	70,029,474	(39,737,904)
39. Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	15,088,438	(54,941,036)

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

**CASH FLOW**

	1	2
<b>Cash from Operations</b>	Current Year	Prior Year
1. Premiums collected net of reinsurance	62,568,555	74,442,312
2. Net investment income	172,510	111,054
3. Miscellaneous income	54,899,031	(557,850)
4. Total (Lines 1 through 3)	117,640,096	73,995,516
5. Benefit and loss related payments	7,602,772	70,434,414
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	42,238,612	59,411,165
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		
10. Total (Lines 5 through 9)	49,841,384	129,845,579
11. Net cash from operations (Line 4 minus Line 10)	67,798,712	(55,850,063)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds	(40,123,200)	40,123,200
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	113,088	39,312
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(40,010,112)	40,162,512
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	27,788,600	(15,687,551)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	44,893,759	60,581,310
19.2 End of year (Line 18 plus Line 19.1)	72,682,359	44,893,759

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

20.0001		
20.0002		
20.0003		

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 – PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	4,062,634	2,089,427	1,922,795	4,229,266
2. Allied lines	19,144,052	10,681,579	9,192,687	20,632,944
3. Farmowners multiple peril				
4. Homeowners multiple peril	40,283,286	23,826,525	19,732,829	44,376,982
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability—occurrence				
11.2 Medical professional liability—claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health (group and individual)				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability—occurrence				
17.2 Other liability—claims-made				
17.3 Excess workers' compensation				
18.1 Products liability—occurrence				
18.2 Products liability—claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability				
33. Reinsurance-nonproportional assumed financial lines				
34. Aggregate write-ins for other lines of business				
35. TOTALS	63,489,972	36,597,531	30,848,311	69,239,192

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

NONE

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1A – RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire	1,922,795				1,922,795
2. Allied lines	9,192,687				9,192,687
3. Farmowners multiple peril					
4. Homeowners multiple peril	19,732,829				19,732,829
5. Commercial multiple peril					
6. Mortgage guaranty					
8. Ocean marine					
9. Inland marine					
10. Financial guaranty					
11.1 Medical professional liability—occurrence					
11.2 Medical professional liability—claims-made					
12. Earthquake					
13. Group accident and health					
14. Credit accident and health (group and individual)					
15. Other accident and health					
16. Workers' compensation					
17.1 Other liability—occurrence					
17.2 Other liability—claims-made					
17.3 Excess workers' compensation					
18.1 Products liability—occurrence					
18.2 Products liability—claims-made					
19.1,19.2 Private passenger auto liability					
19.3,19.4 Commercial auto liability					
21. Auto physical damage					
22. Aircraft (all perils)					
23. Fidelity					
24. Surety					
26. Burglary and theft					
27. Boiler and machinery					
28. Credit					
29. International					
30. Warranty					
31. Reinsurance-nonproportional assumed property					
32. Reinsurance-nonproportional assumed liability					
33. Reinsurance-nonproportional assumed financial lines					
34. Aggregate write-ins for other lines of business					
35. TOTALS	30,848,311				30,848,311
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					30,848,311

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

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





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

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	3,887,805			3,887,805	1,150,769	1,585,499	3,453,075	81.647
2. Allied lines	5,315,014		1,885,120	3,429,894	3,104,537	3,987,079	2,547,352	12.346
3. Farmowners multiple peril								
4. Homeowners multiple peril	17,977,262		2,421,319	15,555,943	8,508,603	11,940,803	12,123,743	27.320
5. Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1,19.2 Private passenger auto liability								
19.3,19.4 Commercial auto liability								
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-nonproportional assumed property	X X X							
32. Reinsurance-nonproportional assumed liability	X X X							
33. Reinsurance-nonproportional assumed financial lines	X X X							
34. Aggregate write-ins for other lines of business								
35. TOTALS	27,180,081		4,306,439	22,873,642	12,763,909	17,513,381	18,124,170	26.176

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

NONE

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2A – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	678,409			678,409	472,360			1,150,769	429,943
2. Allied lines	1,019,776		877,896	141,880	4,842,373		1,879,715	3,104,538	985,145
3. Farmowners multiple peril									
4. Homeowners multiple peril	3,445,523		1,237,521	2,208,002	11,169,788		4,869,186	8,508,604	2,565,610
5. Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability									
19.3,19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	X X X				X X X				
32. Reinsurance-nonproportional assumed liability	X X X				X X X				
33. Reinsurance-nonproportional assumed financial lines	X X X				X X X				
34. Aggregate write-ins for other lines of business									
35. TOTALS	5,143,708		2,115,417	3,028,291	16,484,521		6,748,901	12,763,911	3,980,698
<b>DETAILS OF WRITE-IN LINES</b>									
3401.									
3402.									
3403.									
3498. Sum of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									

NONE

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

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	1,922,749			1,922,749
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	159,786			159,786
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	1,762,963			1,762,963
2. Commission and brokerage:				
2.1 Direct, excluding contingent		9,851,706		9,851,706
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		869,577		869,577
2.4 Contingent—direct				
2.5 Contingent—reinsurance assumed				
2.6 Contingent—reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		8,982,129		8,982,129
3. Allowances to manager and agents				
4. Advertising		952		952
5. Boards, bureaus and associations		180,149		180,149
6. Surveys and underwriting reports		920,121		920,121
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries	4,512,402	7,607,662		12,120,064
8.2 Payroll taxes	113,816	376,759		490,575
9. Employee relations and welfare	546,919	1,967,664		2,514,583
10. Insurance	24,094	56,218		80,312
11. Directors' fees				
12. Travel and travel items	15,020	58,579		73,599
13. Rent and rent items	110,091	441,074		551,165
14. Equipment	170,510	1,327,911		1,498,421
15. Cost or depreciation of EDP equipment and software				
16. Printing and stationery	52,362	93,490		145,852
17. Postage, telephone and telegraph, exchange and express	165,758	437,529		603,287
18. Legal and auditing	147,678	409,491		557,169
19. Totals (Lines 3 to 18)	5,858,650	13,877,599		19,736,249
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ 0		1,781,214		1,781,214
20.2 Insurance department licenses and fees		50,242		50,242
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		1,831,456		1,831,456
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses	987,192	4,873,114	84,056	5,944,362
25. Total expenses incurred	8,608,805	29,564,298	84,056	(a) 38,257,159
26. Less unpaid expenses—current year	3,980,698	2,550,116		6,530,814
27. Add unpaid expenses—prior year	5,071,838	5,000,671		10,072,509
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	9,699,945	32,014,853	84,056	41,798,854

DETAILS OF WRITE-IN LINES				
2401. IT systems Support & Product development	741,721	4,367,643		5,109,364
2402. Outside Professional Services	245,471	464,426		709,897
2403. Line of Credit Fees			84,056	84,056
2498. Sum of remaining write-ins for Line 24 from overflow page		41,045		41,045
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	987,192	4,873,114	84,056	5,944,362

(a) Includes management fees of \$ 13,786,972 to affiliates and \$ 0 to non-affiliates.

### EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 583,000	621,779
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	583,000	621,779
11. Investment expenses		(g) 84,056
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 339,709
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)		423,765
17. Net investment income (Line 10 minus Line 16)		198,014

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

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

### EXHIBIT OF CAPITAL GAINS (LOSSES)

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

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

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First lines			
3.2 Other than first lines			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	26,483	27,944	1,461
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	412,395	195,441	(216,954)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	438,878	223,385	(215,493)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	438,878	223,385	(215,493)

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	175,033	92,101	(82,932)
2502. Due from Agents	138,222	78,131	(60,091)
2503. Prepaid Assets	99,140	25,209	(73,931)
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	412,395	195,441	(216,954)

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices, Impact of NAIC/State Differences

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

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

Net Income	SSAP #	F/S Page	F/S Line #	2018	2017
1. Company state basis (P 4, Line 20, Columns 1&2)	XXX	XXX	XXX	\$ 68,038,967	(\$ 38,220,896)
2. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
3. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
4. NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 68,038,967	(\$ 38,220,896)

Surplus	SSAP #	F/S Page	F/S Line #	2018	2017
5. Company state basis (Page 3, Line 37, Columns 11 & 2)	XXX	XXX	XXX	\$ 15,088,438	(\$ 54,941,036)
6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP				-	-
7. State Permitted Practices that is an increase / (decrease) from NAIC SAP				-	-
8. NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 15,088,438	(\$ 54,941,036)

#### B. Use of Estimates

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

#### C. Accounting Policy

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 policy:

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

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## NOTES TO FINANCIAL STATEMENTS

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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.

**Note 2 – Accounting Changes and Correction of Errors**

A. Material Changes in Accounting Principal

There were no material changes in accounting principles.

B. Correction of Errors

Not applicable

**Note 3 – Business Combinations and Goodwill**

A. Not applicable

**Note 4 – Discontinued Operations**

A. Not applicable

**Note 5 – Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

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

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits

None



## NOTES TO FINANCIAL STATEMENTS

**L. Restricted Assets**

1. The Association holds minimum maturity time deposits which have withdrawal provisions in that notice to withdrawal is given in advance of availability which is generally 90 days or less.

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						Current Year				
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase / (Decrease) (5 minus 6)	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. to m. None											
n. Other restricted assets	-				-	1,111,291	(1,111,291)	-	-	-	-
o. Total restricted assets	-				-	1,111,291	(1,111,291)	-	-	-	-

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of assets pledged as collateral not captured in other categories (reported on line m above)

None

3. Detail of other restricted assets (reported on line n above)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						Percentage			
	Current Year					6	7	8	9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase / (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Non-admitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Minimum Maturity Time Deposits	-				-	\$ 1,111,291	(\$1,111,291)	-	-	-
Total other restricted assets	-				-	\$ 1,111,291	(\$1,111,291)	-	-	-

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively

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

None

**M. Working Capital Finance Investments**

None

**N. Offsetting and Netting of Assets and Liabilities**

None

**O. Structured Notes**

None

## NOTES TO FINANCIAL STATEMENTS

- P. 5GI\* Securities  
None
- Q. Short Sales  
None
- R. Prepayment Penalty and Acceleration Fees  
None

### **Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

- A. Not applicable

### **Note 7 – Investment Income**

- A. There was no due and accrued income excluded from surplus.

### **Note 8 – Derivative Instruments**

- A. Not applicable

### **Note 9 – Income Taxes**

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

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

- A. Nature of Relationships  
  
On October 10, 2002, the Texas Commissioner of Insurance enacted Article 21.49A of the Texas Insurance Code implementing the creation of the Texas FAIR Plan Association. The commissioner then instructed the Texas Windstorm Insurance Association (“TWIA”) to manage the Association.
- B. Detail of Transactions Greater than ½% of Admitted Assets  
  
None
- C. Change in Terms of Intercompany Arrangements  
  
None
- D. Amounts Due to or from Related Parties  
  
The Association entered into a service contract with TWIA in which the Association is to reimburse TWIA for all expenditures, professional fees, and consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by TWIA on behalf of the Association. During 2018 and 2017 the Association incurred expenses from TWIA under its contract in the amounts of \$13,786,972 and \$14,033,559 respectively. As of December 31, 2018 and 2017, the Association held an intercompany payable of \$1,029,066 and \$1,426,589, respectively with TWIA. The payables are reported on line 19 within the statements of liabilities, surplus and other funds. This arrangement is subject to a written agreement which requires that balances be settled within 30 days.
- E. Guarantees or Undertakings for Related Parties  
  
Not applicable
- F. Management, Service Contracts, Cost Sharing Arrangements  
  
See Nature of Relationship above
- G. Nature of Relationships that Could Affect Operations  
  
None
- H. Amount Deducted for Investment in Upstream Company  
  
Not applicable

## NOTES TO FINANCIAL STATEMENTS

- I. Detail of Investments in Affiliates Great than 10% of Admitted Assets  
Not applicable
- J. Write-downs for Impairment of Investments in Affiliates  
Not applicable
- K. Foreign Insurance Subsidiary Valued Using CARVM  
Not applicable
- L. Downstream Holding Company valued Using Look-Through method  
Not applicable
- M. All SCA Investments  
Not applicable
- N. Investment in Insurance SCAs  
Not applicable
- O. SCA Loss Tracking  
Not applicable

### **Note 11 – Debt**

- A. The Association has a \$40,000,000 line of credit with a bank. \$40,000,000 was drawn on the line of credit on November 17, 2017 and was repaid in full as of April 24, 2018. Funds were used for liquidity and for paying claims that resulted from Hurricane Harvey. Accrued interest is \$0 and \$123,200 as of December 31, 2018 and December 31, 2017, respectively. Interest paid is \$462,908 and \$0 for the period ending December 31, 2018 and for the year ending December 31, 2017. Interest expense is \$339,708 and \$123,200 for the period ending December 31, 2018 and for the year ending December 31, 2017, respectively. Interest on the line of credit accrued at a variable rate between 2.48% and 3.40%. During 2018, the effective interest rate was 2.67%. The Association pays the lender a 0.3% commitment fee against the unused portion of the line of credit.
- B. FHLB (Federal Home Loan Bank) Agreements  
Not applicable

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

- A. Defined Benefit Plan  
Not Applicable
- B. Description of Investment Policies  
Not Applicable
- C. Fair Value Measurements of Plan Assets at Reporting Date  
Not Applicable
- D. Rate of Return Assumptions  
Not Applicable
- E. Defined Contribution Plan  
Not Applicable
- F. Multiemployer Plans  
Not applicable
- G. Consolidated/Holding Company Plans  
Not applicable

## NOTES TO FINANCIAL STATEMENTS

### H. Postemployment Benefits and Compensated Absences

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

### I. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

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

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

### **Note 14 – Liabilities, Contingencies and Assessments**

#### A. Capital Commitments

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

#### B. Assessments

##### 1. Liability and Related Asset

The Association is subject to a fire assessment by the State of Texas 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 \$71,000 and \$73,000 in 2018 and 2017 respectively. The amounts recorded represent management's best estimates based on assessment rate information received from the State of Texas. The assets included in surcharge receivable have been fully non-admitted as of both 2018 and 2017. Policy surcharges collected were \$4,856 and \$131,304 in 2018 and 2017, respectively.

##### 2. Rollforward of Related Asset

Description	Amount
a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$92,101
b. Decreases current year:	
Premium tax offsets applied	-
Premium tax offsets charged off	-
Policy surcharges collected	4,856
Policy surcharges charged off	-
c. Increases current year:	
Premium tax offsets accrued	-
Policy surcharges accrued	87,788
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$ 175,033

##### 3. Long-term Care Insolvencies

None

#### C. Gain Contingencies

Not applicable

## NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

(f) Per Claim  (g) Per Claimant

### E. Product Warranties

Not applicable

### F. Joint and Several Liabilities

Not applicable

### G. Other Contingencies

The Association is subject to various investigations, claims and legal proceedings covering a wide range of matters that arise in the ordinary course of business 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.

### Note 15 – Leases

#### A. Lessee Leasing Arrangements

Not applicable

#### B. Lessor Leasing Arrangements

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

### Note 20 – Fair Value Measurements

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

Not applicable

## NOTES TO FINANCIAL STATEMENTS

B. Other Fair Value Disclosures

Not applicable

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

The table below reflects the fair values and admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. Cash, cash equivalents and short-term investments are the only financial instruments held by the Association. It is not believed that the exempt money market mutual funds held as of December 31, 2018 have any significant restrictions to liquidate the investments held at Net Assets Value (NAV) or to be sold for less than NAV.

<u>Type or Class of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Net Asset Value</u>	<u>Admitted Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash, cash equivalents and short-term investments	\$51,381,435	\$ -	\$51,381,435	\$51,381,435	\$ -	\$ -
Exempt Money Market Mutual Funds – as Identified by SVO	\$ -	\$21,300,924	\$21,300,924	\$ -	\$ -	\$ -
Total Cash Equivalents	\$51,381,425	\$21,300,924	\$72,682,459	\$51,381,435	\$ -	\$ -

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

### Note 21 – Other Items

A. Unusual or Infrequent Items

See Note 13

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

G. Insurance Linked Securities

Not applicable

### Note 22 – Events Subsequent

The Association does not believe any subsequent events have occurred that would require further disclosure or adjustment to the statutory financial statements.

The Association does not write health insurance and not subject to assessment under section 9010 of the Affordable Care Act.

## NOTES TO FINANCIAL STATEMENTS

### Note 23 - Reinsurance

#### A. Unsecured Reinsurance Recoverables

The Association has unsecured reinsurance recoverables which exceed 3% of the Association's surplus with the following reinsurers as of December 31, 2018.

NAIC Code	Federal ID #	Name of Reinsurer	Amount
	AA-3194168	Aspen Bermuda Ltd.	\$ 472,478
	AA-3194122	DaVinci Reins thru Renaissance U/W	602,069
	AA-3194130	Endurance Specialty Ins Ltd.	1,015,854
<b>26921</b>	22-2005057	Everest Reinsurance Company	1,521,701
	AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	631,257
	AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	1,241,489
	AA-3190686	Partner Reinsurance Company Ltd.	931,348
	AA-3190339	Renaissance Reinsurance Ltd.	916,666
<b>19453</b>	13-5616275	Transatlantic Reinsurance Company	755,965
	AA-3190870	Validus Reinsurance, Ltd.	1,049,059

#### B. Reinsurance Recoverables in Dispute

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

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

#### C. Reinsurance Assumed and Ceded

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

	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates						
b. All other			\$ 16,195,766	\$ 485,873	( \$ 16,195,766)	( \$ 485,873)
c. Totals			\$ 16,195,766	\$ 485,873	( \$ 16,195,766)	( \$ 485,873)
d. Direct Unearned Premium Reserve		\$47,044,077				

2. The amount of return commission that would have been due the reinsurers if they or the Association had cancelled the Association's excess of loss reinsurance agreement is \$1,619,577 as of December 31, 2018.

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

#### D. Uncollectible Reinsurance

None

#### E. Commutation of Ceded Reinsurance

Not applicable

#### F. Retroactive Reinsurance

Not applicable

#### G. Reinsurance Accounted for as a Deposit

Not applicable

## NOTES TO FINANCIAL STATEMENTS

- H. Run-off Agreements  
Not applicable
- I. Certified Reinsurer Downgrades or Status Subject to Revocation  
Not applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation  
Not applicable

### **Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not applicable

### **Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses**

- A. The estimated cost of loss and loss adjustment expense (LAE) attributable to insured events of prior years decreased by approximately \$6,400,000 during 2018 and decreased by approximately \$1,700,000 during 2017. 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.

	FY 2018	FY 2017
Balance as of January 1,	\$ 49,628,579	\$ 23,630,717
Less: Reinsurance Recoverable	27,043,360	-
Net Balance at January 1,	22,585,220	23,630,717
Incurred, net of reinsurance, related to:		
Current year	33,094,281	86,598,724
Prior years	(6,361,308)	(1,734,491)
Net Incurred	26,732,973	84,864,233
Paid, net of reinsurance, related to:		
Current year	(22,994,501)	(73,133,000)
Prior years	(9,579,084)	(12,776,726)
Net Paid Losses	(32,573,585)	(85,909,726)
Net Balance at December 31,	16,744,607	22,585,219
Plus: Reinsurance Recoverable	17,463,842	27,043,360
Balance at December 31,	\$ 34,208,449	\$ 49,628,579

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. During August 2017, the Association was impacted by Hurricane Harvey. Gross and net of reinsurance ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$85,000,000 and \$41,198,680, respectively and included in the figures above. The appointed actuary for the Association has opined that the loss and LAE as of December 31, 2018 make a reasonable provision for the Association's claims liabilities.

- B. Not applicable

### **Note 26 – Intercompany Pooling Arrangements**

Not applicable

### **Note 27 – Structured Settlements**

Not applicable

### **Note 28 – Health Care Receivables**

Not applicable

### **Note 29 – Participating Policies**

Not applicable



## NOTES TO FINANCIAL STATEMENTS

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### **Note 30 – Premium Deficiency Reserves**

The Association did not record a premium deficiency reserve for 2018.

### **Note 31 – High Deductibles**

Not applicable

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

Not applicable

### **Note 33 – Asbestos and Environmental Reserves**

Not applicable

### **Note 34 – Subscriber Savings Accounts**

Not applicable

### **Note 35 – Multiple Peril Crop Insurance**

Not applicable

### **Note 36 – Financial Guaranty Insurance**

A. and B. Not applicable

# GENERAL INTERROGATORIES

## PART 1 – COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ ] No [X]
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ ] No [ ] N/A [X]
- 1.3 State Regulating? \_\_\_\_\_
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. \_\_\_\_\_ 12/31/2017 \_\_\_\_\_
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_ 12/31/2017 \_\_\_\_\_
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). \_\_\_\_\_ 02/12/2019 \_\_\_\_\_
- 3.4 By what department or departments?  
 Texas Department of Insurance  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [X]
- 4.12 renewals? Yes [ ] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [X]
- 4.22 renewals? Yes [ ] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- If yes, complete and file the merger history data file with the NAIC.

## GENERAL INTERROGATORIES

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

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

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

6.2 If yes, give full information:

.....  
 .....  
 .....

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

7.2 If yes,

7.21 State the percentage of foreign control. \_\_\_\_\_ %

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

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

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

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

.....  
 .....  
 .....

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Calhoun Thomson & Matza LLP; 9500 Arboretum Blvd #120, Austin, TX 78759  
 .....  
 .....

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

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

.....  
 .....  
 .....

## GENERAL INTERROGATORIES

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

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

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

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

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

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

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

12.2 If yes, provide explanation:  
 .....  
 .....  
 .....

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

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

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

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

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [X] 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?  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules, and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code. Yes [X] No [ ]

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

## GENERAL INTERROGATORIES

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

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

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

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

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

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

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

## BOARD OF DIRECTORS

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

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

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

## FINANCIAL

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

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

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

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

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

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

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

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

## GENERAL INTERROGATORIES

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

## INVESTMENT

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

## GENERAL INTERROGATORIES

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

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

25.3 For category (25.26) provide the following:

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

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

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

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

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

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

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

## GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

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



## GENERAL INTERROGATORIES

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

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

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

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

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

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

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

32.2 If no, list exceptions:  
.....  
.....  
.....

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

34 By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

### OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or Rating Bureaus, if any? \$ 187,849

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

1 Name	2 Amount Paid
Insurance Services Office Inc	\$ 164,640
Texas Insurance Checking Office Inc	\$ 23,209
	\$

## GENERAL INTERROGATORIES

36.1 Amount of payments for legal expenses, if any? \$ 346,992

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

1 Name	2 Amount Paid
Hicks Thomas LLP .....	\$ ..... 159,981
.....	\$ .....
.....	\$ .....

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

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

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

# GENERAL INTERROGATORIES

## PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

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

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

1.31 Reason for excluding

.....  
 .....  
 .....

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ \_\_\_\_\_

1.62 Total incurred claims \$ \_\_\_\_\_

1.63 Number of covered lives \_\_\_\_\_

All years prior to most current three years:

1.64 Total premium earned \$ \_\_\_\_\_

1.65 Total incurred claims \$ \_\_\_\_\_

1.66 Number of covered lives \_\_\_\_\_

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ \_\_\_\_\_

1.72 Total incurred claims \$ \_\_\_\_\_

1.73 Number of covered lives \_\_\_\_\_

All years prior to most current three years:

1.74 Total premium earned \$ \_\_\_\_\_

1.75 Total incurred claims \$ \_\_\_\_\_

1.76 Number of covered lives \_\_\_\_\_

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ _____	\$ _____
2.2 Premium Denominator	\$ <u>69,239,192</u>	\$ <u>76,837,163</u>
2.3 Premium Ratio (2.1 / 2.2)	_____	_____
2.4 Reserve Numerator	\$ _____	\$ _____
2.5 Reserve Denominator	\$ <u>47,592,918</u>	\$ <u>59,182,750</u>
2.6 Reserve Ratio (2.4 / 2.5)	_____	_____

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [ ] No [X]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ \_\_\_\_\_

3.22 Non-participating policies \$ \_\_\_\_\_

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes [ ] No [X]

4.2 Does the reporting entity issue non-assessable policies? Yes [ ] No [X]

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

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

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [ ] No [X]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [ ] No [X] N/A [ ]

5.22 As a direct expense of the exchange Yes [ ] No [X] N/A [ ]

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

.....  
 .....  
 .....

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

5.5 If yes, give full information

.....  
 .....  
 .....

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

Texas Fair Plan does not write Workers Compensation Insurance

.....  
 .....

## GENERAL INTERROGATORIES

### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  
 TFPA estimates its probably maximum loss using the AIR Touchstone and RMS RiskLink software models, modeling the risk of Hurricane and other wind hazards. The PML is comprised of residential property exposure in and around the Houston, Texas greater metropolitan area.
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
 The XOL agreement provides the Assn. with two layers of coverage and one underlying layer totaling \$565M 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 \$29M to provide recoveries of reinstatement premium due the reinsurers incurred in conjunction with the first two layers of reinsurance coverage.
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes  No
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss
- 6.6
- 6.7 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes  No
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes  No
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes  No
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
 (c) Aggregate stop loss reinsurance coverage;  
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes  No
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes  No
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 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
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
 (a) The entity does not utilize reinsurance; or, Yes  No   
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes  No   
 (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes  No

## GENERAL INTERROGATORIES

### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [ ] No [ ] N/A [X]
- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [ ] No [X]
- 11.2 If yes, give full information  
 .....  
 .....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- |   |          |
|---|----------|
| 12.11 Unpaid losses   | \$ _____ |
| 12.12 Unpaid underwriting expenses (including loss adjustment expenses) | \$ _____ |
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$ \_\_\_\_\_
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] N/A [X]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- |            |         |
|------------|---------|
| 12.41 From | _____ % |
| 12.42 To   | _____ % |
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [X]
- 12.6 If yes, state the amount thereof at December 31 of current year:
- |                                  |          |
|----------------------------------|----------|
| 12.61 Letters of Credit          | \$ _____ |
| 12.62 Collateral and other funds | \$ _____ |
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 1,900,000
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. \_\_\_\_\_
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [ ] No [X]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
 .....  
 .....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]
- 14.5 If the answer to 14.4 is no, please explain:  
 .....  
 .....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [X]
- 15.2 If yes, give full information  
 .....  
 .....
- 16.1 Does the reporting entity write any warranty business? Yes [ ] No [X]  
 If yes, disclose the following information for each of the following types of warranty coverage:
- |                  |    | 1<br>Direct Losses<br>Incurred | 2<br>Direct Losses<br>Unpaid | 3<br>Direct Written<br>Premium | 4<br>Direct Premium<br>Unearned | 5<br>Direct Premium<br>Earned |
|------------------|----|--------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 16.11 Home       | \$ | _____                          | \$                           | _____                          | \$                              | _____                         |
| 16.12 Products   | \$ | _____                          | \$                           | _____                          | \$                              | _____                         |
| 16.13 Automobile | \$ | _____                          | \$                           | _____                          | \$                              | _____                         |
| 16.14 Other*     | \$ | _____                          | \$                           | _____                          | \$                              | _____                         |

\* Disclose type of coverage: \_\_\_\_\_

## GENERAL INTERROGATORIES

### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

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

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

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

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

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

## FIVE – YEAR HISTORICAL DATA

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

	1	2	3	4	5
	2018	2017	2016	2015	2014
<b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>					
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)	34,604,211	38,094,381	39,483,156	40,384,395	40,272,807
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	61,277,292	74,221,966	83,002,947	92,494,715	92,932,744
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	95,881,503	112,316,347	122,486,103	132,879,110	133,205,551
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
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)	23,206,685	25,963,631	27,115,474	26,996,942	27,914,356
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	40,283,286	48,245,782	53,271,099	61,257,324	64,096,359
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)	63,489,971	74,209,413	80,386,573	88,254,266	92,010,715
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	12,941,920	(37,765,760)	(20,025,669)	(2,316,083)	20,276,780
14. Net investment gain (loss) (Line 11)	198,014	102,715	53,446	(36,776)	(74,392)
15. Total other income (Line 15)	54,899,033	(557,851)	(414,081)	498,621	(114,454)
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	68,038,967	(38,220,896)	(20,386,304)	(1,854,238)	20,087,934
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	82,997,699	73,131,341	73,296,769	102,690,033	103,014,582
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	1,065,824	2,129,019	2,205,441	2,607,574	2,358,708
20.2 Deferred and not yet due (Line 15.2)	7,680,670	9,307,629	10,444,596	11,946,240	12,711,495
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	67,909,261	128,072,377	88,500,196	97,713,094	97,036,512
22. Losses (Page 3, Line 1)	12,763,910	17,513,381	18,035,329	20,409,877	18,892,674
23. Loss adjustment expenses (Page 3, Line 3)	3,980,698	5,071,838	5,595,388	6,863,046	6,584,660
24. Unearned premiums (Page 3, Line 9)	30,848,311	36,597,531	39,225,281	43,239,771	45,937,843
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	15,088,438	(54,941,036)	(15,203,132)	4,976,939	5,978,071
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	67,798,712	(55,850,063)	(27,396,829)	519,295	22,984,845
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	15,088,438	(54,941,036)	(15,203,132)	4,976,939	5,978,071
29. Authorized control level risk-based capital	26,216,175	27,052,334	11,407,101	9,075,506	8,393,934
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	100.0	100.0	100.0	100.0	100.0
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

## FIVE – YEAR HISTORICAL DATA (Continued)

	1	2	3	4	5
	2018	2017	2016	2015	2014
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	70,029,474	(39,737,904)	(20,180,071)	(1,001,132)	19,399,812
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	9,202,819	23,620,531	25,460,895	17,726,018	10,643,562
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	17,977,262	38,655,609	38,631,523	31,596,126	23,147,365
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	27,180,081	62,276,140	64,092,418	49,322,144	33,790,927
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	7,317,699	19,902,439	25,460,895	17,726,018	10,643,562
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	15,555,943	33,790,635	38,631,523	31,596,126	23,147,365
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	22,873,642	53,693,074	64,092,418	49,322,144	33,790,927
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	26.2	69.2	73.1	55.9	34.5
68. Loss expenses incurred (Line 3)	12.4	41.2	19.3	19.5	15.9
69. Other underwriting expenses incurred (Line 4)	42.7	38.7	31.3	27.1	26.9
70. Net underwriting gain (loss) (Line 8)	18.7	(49.2)	(23.7)	(2.5)	22.7
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	(39.9)	40.8	33.4	27.4	26.3
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	38.6	110.4	92.4	75.4	50.4
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	420.8	(135.1)	(528.8)	1773.3	1539.1
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(7,361)	(3,172)	(1,092)	(3,457)	(8,125)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	13.4	20.9	(21.9)	(57.8)	60.5
<b>Two Year Loss Development (\$000 omitted)</b>					
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)	(5,908)	(2,855)	(5,598)	(8,883)	(8,846)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	38.9	(57.4)	(93.6)	66.2	34.4

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

Yes [ ] No [ ]

If no, please explain:

.....  
 .....  
 .....





11543201843044100

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2018

NAIC Group Code 4766

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	5,682,211	5,991,729		2,732,583	3,887,805	3,453,075	1,150,769				583,840	108,537
2.1 Allied Lines	28,922,000	30,666,354		14,049,928	5,315,014	3,169,350	5,862,149				2,971,700	552,446
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril	61,277,292	67,830,342		30,261,566	17,977,261	11,341,957	14,615,310				6,296,165	1,170,473
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	95,881,503	104,488,425		47,044,077	27,180,080	17,964,382	21,628,228				9,851,705	1,831,456
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

**NONE**

(a) Finance and service charges not included in Lines 1 to 35 \$ 270,783  
 (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.

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**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 4766

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2018

NAIC Company Code 11543

	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	5,682,211	5,991,729		2,732,583	3,887,805	3,453,075	1,150,769				583,840	108,537
2.1 Allied lines	28,922,000	30,666,354		14,049,928	5,315,014	3,169,350	5,862,149				2,971,700	552,446
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril	61,277,292	67,830,342		30,261,566	17,977,261	11,341,957	14,615,310				6,296,165	1,170,473
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)												
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)												
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence												
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	95,881,503	104,488,425		47,044,077	27,180,080	17,964,382	21,628,228				9,851,705	1,831,456
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

**NONE**

(a) Finance and service charges not included in Lines 1 to 35 \$ 270,783

(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.

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

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

### SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
22-200507	26921	Everest Reinsurance Company (Blue Water)	DE		2,340	51	53	148	117	472	485	1,170		2,496		975		1,521	
47-0698507	23680	Odyssey Reinsurance Company	CT		525	7	8	21	17	67	69	262		451		249		202	
31-0542366	10677	The Cincinnati Insurance Company	OH		574	15	15	42	33	135	139	287		666		288		378	
13-5616275	19453	Transatlantic Reinsurance Company	NY		1,148	29	30	85	67	270	277	574		1,332		576		756	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				4,587	102	106	296	234	944	970	2,293		4,945		2,088		2,857	
AA-3194168	0	Aspen Bermuda Ltd.	BMU		717	18	19	53	42	169	173	359		833		360		473	
AA-3194139	0	AXIS Specialty Limited	BMU		547							273		273		242		31	
AA-3194122	0	DaVinci Reins thru Renaissance U/W	BMU		867	23	24	68	53	216	222	433		1,039		438		601	
AA-3194130	0	Endurance Specialty Ins Ltd.	BMU		1,197	36	38	106	83	337	346	598		1,544		530		1,014	
AA-3194130	0	Endurance Specialty Insurance (Blue Water Re b	BMU		142							71		71		62		9	
AA-1340125	0	Hannover Rück SE (Pillar business)	DEU		579							290		290		(1)		291	
AA-1126033	0	Lloyd's Underwriter Syndicate No. 0033 HIS	GBR		475	25	27	74	58	236	243	237		900		269		631	
AA-1126623	0	Lloyd's Underwriter Syndicate No. 0623 AFB	GBR		85	2	2	6	5	18	19	42		94		42		52	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1084 CSL	GBR		168	5	5	14	11	44	45	84		208		85		123	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL	GBR		387	10	10	29	23	91	94	194		451		194		257	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		76							38		38		34		4	
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		846							423		423		375		48	
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458 RNR	GBR		648	15	15	42	33	135	139	324		703		286		417	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE	GBR		370	29	30	85	67	270	277	185		943		60		883	
AA-1120083	0	Lloyd's Underwriter Syndicate No. 1910 ARE (pre	GBR		1,213							606		606		366		240	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR	GBR		143	4	4	11	8	34	35	72		168		72		96	
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		1,706	40	42	116	92	371	381	853		1,895		654		1,241	
AA-1120071	0	Lloyd's Underwriter Syndicate No. 2007 NVA	GBR		176							88		88		78		10	
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010 MMX	GBR		301	6	6	18	14	57	59	151		311		148		163	
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2468 NEO	GBR		143	4	4	11	8	34	35	72		168		72		96	
AA-1128623	0	Lloyd's Underwriter Syndicate No. 2623 AFB	GBR		387	9	9	26	21	83	85	194		427		192		235	
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		151							76		76		67		9	
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		274	7	8	21	17	67	69	137		326		18		308	
AA-3190829	0	Markel Bermuda Limited	BMU		591	15	15	42	33	135	139	295		674		296		378	
AA-1120152	0	Nautical Management Ltd o/b/o Lloyd's Syndicate	GBR		2,466							1,233		1,233		1,090		143	
AA-3190686	0	Partner Reinsurance Company Ltd.	BMU		1,197	36	38	106	83	337	346	599		1,545		615		930	
AA-3190339	0	Renaissance Reinsurance Ltd.	BMU		1,538	35	36	102	80	324	333	769		1,679		762		917	
AA-3190870	0	Validus Reinsurance, Ltd.	BMU		1,706	40	42	116	92	371	381	853		1,895		846		1,049	
1299999	Total Authorized - Other Non-U.S. Insurers#				19,096	359	374	1,046	823	3,329	3,421	9,549		18,901		8,252		10,649	
1499999	Total Authorized - Total Authorized Excluding Protected Cells				23,683	461	480	1,342	1,057	4,273	4,391	11,842		23,846		10,340		13,506	

### SCHEDULE F – PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-3194158	0	Allianz Risk Transfer (Bermuda) Ltd. (Nephila bus	BMU			36	38	106	83	337	346				946	(42)	988		
AA-3190978	0	AlphaCat Reinsurance Ltd.	BMU													(169)	169		
AA-3194126	0	Arch Reinsurance, Ltd.	BMU		155							77		77		68	9		
AA-3190005	0	Ascot Underwriting (Bermuda) Ltd o/b/o American	BMU		591	15	15	42	33	135	139	295		674	296	378			
AA-3190770	0	Chubb Tempest Reinsurance Ltd.	BMU		1,826	54	57	158	124	503	516	913		2,325	855	1,470			
AA-3191289	0	Fidelis Insurance Bermuda Limited	BMU		998	18	19	53	42	169	173	499		973	484	489			
AA-1120175	0	Fidelis Underwriting Limited - Lirma F0012	GBR		273							136		136	121	15			
AA-3191190	0	Hamilton Re, Ltd.	BMU		287	7	8	21	17	67	69	143		332	144	188			
AA-3190875	0	Hiscox Insurance Company Ltd (Bermuda)	BMU		1,294	51	53	148	117	472	485	647		1,973	572	1,401			
AA-1460019	0	MS Amlin AG, Bermuda Branch, Hamilton	CHE		574	15	15	42	33	135	139	287		666	288	378			
AA-5320039	0	Pioneer Underwriting Ltd. obo Peak Reinsurance	HKG		59	5	6	16	13	51	52	30		173	39	134			
AA-5324100	0	Pioneer Underwriting Ltd. obo Taiping Reinsuranc	HKG		59	3	3	10	8	30	31	30		115	34	81			
AA-1460100	0	SATEC Srl o/b/o Neue Ruckversicherungs-Gesell	CHE		36							18		18	16	2			
AA-1320031	0	SCOR Global P&C S.E. - Lirma S7300	FRA		1,789	42	44	122	96	388	398	894		1,984	889	1,095			
AA-1460023	0	Tokio Millennium Re AG, Bermuda Branch (Mark	CHE		168	5	6	16	13	51	52	84		227	87	140			
AA-3191315	0	XL Bermuda Ltd	BMU		599	15	15	42	33	135	139	300		679	299	380			
2699999	Total Unauthorized - Other non-U.S. Insurers#				8,708	266	279	776	612	2,473	2,539	4,353		11,298	3,981	7,317			
2799999	Total Unauthorized - Protected Cells																		
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				8,708	266	279	776	612	2,473	2,539	4,353		11,298	3,981	7,317			
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells				32,391	727	759	2,118	1,669	6,746	6,930	16,195		35,144	14,321	20,823			
9999999	Totals				32,391	727	759	2,118	1,669	6,746	6,930	16,195		35,144	14,321	20,823			

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
22-2005057	Everest Reinsurance Company (Blue Water)			0		975	1,521		2,496	2,995	975	2,020		2,020	2		83
47-0698507	Odyssey Reinsurance Company			0		249	202		451	541	249	292		292	3		14
31-0542366	The Cincinnati Insurance Company			0		288	378		666	799	288	511		511	2		21
13-5616275	Transatlantic Reinsurance Company			0		576	756		1,332	1,598	576	1,022		1,022	2		42
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		2,088	2,857		4,945	5,934	2,088	3,846		3,846	XXX		160
AA-3194168	Aspen Bermuda Ltd.			0		360	473		833	1,000	360	640		640	3		31
AA-3194139	AXIS Specialty Limited			0		242	31		273	328	242	86		86	2		4
AA-3194122	DaVinci Reins thru Renaissance U/W			0		438	601		1,039	1,247	438	809		809	3		39
AA-3194130	Endurance Specialty Ins Ltd.			0		530	1,014		1,544	1,853	530	1,323		1,323	2		54
AA-3194130	Endurance Specialty Insurance (Blue Water Re business)			0		62	9		71	85	62	23		23	2		1
AA-1340125	Hannover Rück SE (Pillar business)			0		(1)	291		290	348	(1)	349		349	4		18
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS			0		269	631		900	1,080	269	811		811	3		39
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB			0		42	52		94	113	42	71		71	3		3
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL			0		85	123		208	250	85	165		165	3		8
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL			0		194	257		451	541	194	347		347	3		17
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL			0		34	4		38	46	34	12		12	3		1
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC			0		375	48		423	508	375	133		133	3		6
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR			0		286	417		703	844	286	558		558	3		27
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE			0		60	883		943	1,132	60	1,072		1,072	3		51
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (previously Ariel)			0		366	240		606	727	366	361		361	3		17
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR			0		72	96		168	202	72	130		130	3		6
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML			0		654	1,241		1,895	2,274	654	1,620		1,620	3		78
AA-1120071	Lloyd's Underwriter Syndicate No. 2007 NVA			0		78	10		88	106	78	28		28	3		1
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX			0		148	163		311	373	148	225		225	3		11
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO			0		72	96		168	202	72	130		130	3		6
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB			0		192	235		427	512	192	320		320	3		15
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP			0		67	9		76	91	67	24		24	3		1
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK			0		18	308		326	391	18	373		373	3		18
AA-3190829	Markel Bermuda Limited			0		296	378		674	809	296	513		513	3		25
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357			0		1,090	143		1,233	1,480	1,090	390		390	7		39
AA-3190686	Partner Reinsurance Company Ltd.			0		615	930		1,545	1,854	615	1,239		1,239	3		59

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols 17+18+20; But not in Excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-3190339	Renaissance Reinsurance Ltd.			0		762	917		1,679	2,015	762	1,253		1,253	2		51
AA-3190870	Validus Reinsurance, Ltd.			0		846	1,049		1,895	2,274	846	1,428		1,428	3		69
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX		8,252	10,649		18,901	22,681	8,252	14,429		14,429	XXX		696
1399999	Total Authorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX		10,340	13,506		23,846	28,615	10,340	18,275		18,275	XXX		856
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	1,034		0001		946			946	1,135	(42)	1,177	1,034	143	1	37	5
AA-3190978	AlphaCat Reinsurance Ltd.			0	169	-					(169)	169	169		1	6	
AA-3194126	Arch Reinsurance, Ltd.			0		68	9	9	68	82	68	14		14	1		0
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsurance	379		0002		674			674	809	296	513	379	134	1	14	5
AA-3190770	Chubb Tempest Reinsurance Ltd.	1,561		0003		2,325			2,325	2,790	855	1,935	1,561	374	1	56	13
AA-3191289	Fidelis Insurance Bermuda Limited	474		0004		958	15	15	958	1,150	484	666	474	192	1	17	7
AA-1120175	Fidelis Underwriting Limited - Lirma F0012			0		121	15	15	121	145	121	24		24	1		1
AA-3191190	Hamilton Re, Ltd.	190		0005		332			332	398	144	254	190	64	1	7	2
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	1,447		0006		1,973			1,973	2,368	572	1,796	1,447	349	1	52	13
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	379		0007		666			666	799	288	511	379	132	1	14	5
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	142		0008		173			173	208	39	169	142	27	1	5	1
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd	86		0009		115			115	138	34	104	86	18	1	3	1
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsuranc			0		16	2	2	16	19	16	3		3	1		0
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	1,090		0010		1,979	5	5	1,979	2,375	889	1,486	1,090	396	1	39	14
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo busines	142		0011		227			227	272	87	185	142	43	1	5	2
AA-3191315	XL Bermuda Ltd	380		0012		679			679	815	299	516	380	136	1	14	5
2699999	Total Unauthorized - Other non-U.S. Insurers#	7,304		XXX	169	11,252	46	46	11,252	13,502	3,981	9,521	7,473	2,048	XXX	269	74
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	7,304		XXX	169	11,252	46	46	11,252	13,502	3,981	9,521	7,473	2,048	XXX	269	74
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells	7,304		XXX	169	21,592	13,552	46	35,098	42,118	14,321	27,797	7,473	20,324	XXX	269	929
9999999	Totals	7,304		XXX	169	21,592	13,552	46	35,098	42,118	14,321	27,797	7,473	20,324	XXX	269	929

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
22-2005057	Everest Reinsurance Company (Blue Water)	104					104		104							YES	
47-0698507	Odyssey Reinsurance Company	15					15		15							YES	
31-0542366	The Cincinnati Insurance Company	30					30		30							YES	
13-5616275	Transatlantic Reinsurance Company	59					59		59							YES	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	208					208		208							XXX	
AA-3194168	Aspen Bermuda Ltd.	37					37		37							YES	
AA-3194139	AXIS Specialty Limited															YES	
AA-3194122	DaVinci Reins thru Renaissance UW	47					47		47							YES	
AA-3194130	Endurance Specialty Ins Ltd.	74					74		74							YES	
AA-3194130	Endurance Specialty Insurance (Blue Water Re business)															YES	
AA-1340125	Hannover Rück SE (Pillar business)															YES	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	52					52		52							YES	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	4					4		4							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	10					10		10							YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	20					20		20							YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL															YES	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC															YES	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	30					30		30							YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	59					59		59							YES	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (previously Ariel)															YES	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	8					8		8							YES	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	82					82		82							YES	
AA-1120071	Lloyd's Underwriter Syndicate No. 2007 NVA															YES	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	12					12		12							YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	8					8		8							YES	
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	18					18		18							YES	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP															YES	
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	15					15		15							YES	
AA-3190829	Markel Bermuda Limited	30					30		30							YES	
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357															YES	
AA-3190686	Partner Reinsurance Company Ltd.	74					74		74							YES	



### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue C 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 4 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)										
			38 1- 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
AA-3190339	Renaissance Reinsurance Ltd.	71					71		71							YES	
AA-3190870	Validus Reinsurance, Ltd.	82					82		82							YES	
1299999	Total Authorized - Other Non-U.S. Insurers#	733					733		733							XXX	
1399999	Total Authorized - Protected Cells															XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	941					941		941							XXX	
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	74					74		74							YES	
AA-3190978	AlphaCat Reinsurance Ltd.															YES	
AA-3194126	Arch Reinsurance, Ltd.															YES	
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Rein	30					30		30							YES	
AA-3190770	Chubb Tempest Reinsurance Ltd.	111					111		111							YES	
AA-3191289	Fidelis Insurance Bermuda Limited	37					37		37							YES	
AA-1120175	Fidelis Underwriting Limited - Lirma F0012															YES	
AA-3191190	Hamilton Re, Ltd.	15					15		15							YES	
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	104					104		104							YES	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	30					30		30							YES	
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	11					11		11							YES	
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd	6					6		6							YES	
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei															YES	
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	86					86		86							YES	
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquil	11					11		11							YES	
AA-3191315	XL Bermuda Ltd	30					30		30							YES	
2699999	Total Unauthorized - Other non-U.S. Insurers#	545					545		545							XXX	
2799999	Total Unauthorized - Protected Cells															XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	545					545		545							XXX	
4399999	Total Authorized, Unauthorized and Certified Excluding Protected C	1,486					1,486		1,486							XXX	
9999999	Totals	1,486					1,486		1,486							XXX	

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		Certified Reinsurer Rating (1 through 6)	Effective D of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophic Recoverables Qualifying for Collateral Deferral	Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amounts of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 6	Net Unsecured Recoverable Which Credit is Allowed (Col. 63 - Col. 6	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [ Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63
22-2005057	Everest Reinsurance Company (Blue Water)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507	Odyssey Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194168	Aspen Bermuda Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194139	AXIS Specialty Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DaVinci Reins thru Renaissance U/W	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Speciality Ins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Specialty Insurance (Blue Water Re business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rück SE (Pillar business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (previously Ariel)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120071	Lloyd's Underwriter Syndicate No. 2007 NVA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		Certified Reinsurer Rating (1 through 6)	Effective D of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophic Recoverables Qualifying for Collateral Deferral	Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61 ])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses % LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 Col.24; not to Exceed Col 6	Net Unsecured Recoverable f Which Credit is Allowed (Col. 63 -Col. 6	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers ( Greater of [ Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686	Partner Reinsurance Company Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1399999	Total Authorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190978	AlphaCat Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194126	Arch Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Rein	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190770	Chubb Tempest Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191289	Fidelis Insurance Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120175	Fidelis Underwriting Limited - Lirma F0012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460100	SATEC Srl o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Rei	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1320031	SCOR Global P&C S.E. - Lirma S7300	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquil	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		Certified Reinsurer Rating (1 through 6)	Effective D of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catatrophic Recoverables Qualifying for Collateral Deferral	Net Recoverable Subject to Collateral Requirement for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col.22 + Col. 24)/ Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61 ])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20)	66	67	68	Provision for Overdue Reinsurance Ceded to Certified Reinsurers ( Greater of [ Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells							XXX	XXX								
9999999	Totals							XXX	XXX								

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
22-2005057	Everest Reinsurance Company (Blue Water)		XXX	XXX				XXX	XXX	
47-0698507	Odyssey Reinsurance Company		XXX	XXX				XXX	XXX	
31-0542366	The Cincinnati Insurance Company		XXX	XXX				XXX	XXX	
13-5616275	Transatlantic Reinsurance Company		XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-3194168	Aspen Bermuda Ltd.		XXX	XXX				XXX	XXX	
AA-3194139	AXIS Specialty Limited		XXX	XXX				XXX	XXX	
AA-3194122	DaVinci Reins thru Renaissance U/W		XXX	XXX				XXX	XXX	
AA-3194130	Endurance Speciality Ins Ltd.		XXX	XXX				XXX	XXX	
AA-3194130	Endurance Specialty Insurance (Blue Water Re business)		XXX	XXX				XXX	XXX	
AA-1340125	Hannover Rück SE (Pillar business)		XXX	XXX				XXX	XXX	
AA-1126033	Lloyd's Underwriter Syndicate No. 0033 HIS		XXX	XXX				XXX	XXX	
AA-1126623	Lloyd's Underwriter Syndicate No. 0623 AFB		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX				XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL		XXX	XXX				XXX	XXX	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL		XXX	XXX				XXX	XXX	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC		XXX	XXX				XXX	XXX	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE		XXX	XXX				XXX	XXX	
AA-1120083	Lloyd's Underwriter Syndicate No. 1910 ARE (previously Ariel)		XXX	XXX				XXX	XXX	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR		XXX	XXX				XXX	XXX	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML		XXX	XXX				XXX	XXX	
AA-1120071	Lloyd's Underwriter Syndicate No. 2007 NVA		XXX	XXX				XXX	XXX	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX		XXX	XXX				XXX	XXX	
AA-1128623	Lloyd's Underwriter Syndicate No. 2468 NEO		XXX	XXX				XXX	XXX	
AA-1128623	Lloyd's Underwriter Syndicate No. 2623 AFB		XXX	XXX				XXX	XXX	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		XXX	XXX				XXX	XXX	

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK		XXX	XXX				XXX	XXX	
AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
AA-1120152	Nautical Management Ltd o/b/o Lloyd's Syndicate 2357		XXX	XXX				XXX	XXX	
AA-3190686	Partner Reinsurance Company Ltd.		XXX	XXX				XXX	XXX	
AA-3190339	Renaissance Reinsurance Ltd.		XXX	XXX				XXX	XXX	
AA-3190870	Validus Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
1399999	Total Authorized - Protected Cells		XXX	XXX				XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX				XXX	XXX	
AA-3194158	Allianz Risk Transfer (Bermuda) Ltd. (Nephila business)				XXX	XXX	XXX		XXX	
AA-3190978	AlphaCat Reinsurance Ltd.				XXX	XXX	XXX		XXX	
AA-3194126	Arch Reinsurance, Ltd.		9		XXX	XXX	XXX	9	XXX	9
AA-3190005	Ascot Underwriting (Bermuda) Ltd o/b/o American International Reinsura				XXX	XXX	XXX		XXX	
AA-3190770	Chubb Tempest Reinsurance Ltd.				XXX	XXX	XXX		XXX	
AA-3191289	Fidelis Insurance Bermuda Limited		15		XXX	XXX	XXX	15	XXX	15
AA-1120175	Fidelis Underwriting Limited - Irma F0012		15		XXX	XXX	XXX	15	XXX	15
AA-3191190	Hamilton Re, Ltd.				XXX	XXX	XXX		XXX	
AA-3190875	Hiscox Insurance Company Ltd (Bermuda)				XXX	XXX	XXX		XXX	
AA-1460019	MS Amlin AG, Bermuda Branch, Hamilton				XXX	XXX	XXX		XXX	
AA-5320039	Pioneer Underwriting Ltd. obo Peak Reinsurance Company Ltd., HK				XXX	XXX	XXX		XXX	
AA-5324100	Pioneer Underwriting Ltd. obo Taiping Reinsurance Company Ltd				XXX	XXX	XXX		XXX	
AA-1460100	SATEC Sri o/b/o Neue Ruckversicherungs-Gesellschaft AG/New Reinsur		2		XXX	XXX	XXX	2	XXX	2
AA-1320031	SCOR Global P&C S.E. - Irma S7300		5		XXX	XXX	XXX	5	XXX	5
AA-1460023	Tokio Millennium Re AG, Bermuda Branch (Markel CATCo-Re Aquilo bus				XXX	XXX	XXX		XXX	
AA-3191315	XL Bermuda Ltd				XXX	XXX	XXX		XXX	
2699999	Total Unauthorized - Other non-U.S. Insurers#		46		XXX	XXX	XXX	46	XXX	46

### SCHEDULE F – PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 +77)
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells		46		XXX	XXX	XXX	46	XXX	46
4399999	Total Authorized, Unauthorized and Certified Excluding Protected Cells		46					46		46
9999999	Totals		46					46		46





## SCHEDULE F – PART 5

### Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premium	Affiliated
6.	Everest Reinsurance Company (Blue Water) .....	2,496	2,340	Yes [ ] No [ X ]
7.	Chubb Tempest Reinsurance Ltd. ....	2,325	1,826	Yes [ ] No [ X ]
8.	SCOR Global P&C S.E. - Lima S7300 .....	1,984	1,789	Yes [ ] No [ X ]
9.	Hiscox Insurance Company Ltd (Bermuda) .....	1,973	1,294	Yes [ ] No [ X ]
10.	Validus Reinsurance, Ltd. ....	1,895	1,706	Yes [ ] No [ X ]

N Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

## SCHEDULE F – PART 6

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

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	72,682,359		72,682,359
2. Premiums and considerations (Line 15)	8,746,494		8,746,494
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,487,092	(1,487,092)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	81,754		81,754
6. Net amount recoverable from reinsurers		20,776,350	20,776,350
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	82,997,699	19,289,258	102,286,957
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	16,744,608	17,463,842	34,208,450
10. Taxes, expenses, and other obligations (Lines 4 through 8)	2,550,116		2,550,116
11. Unearned premiums (Line 9)	30,848,311	16,195,766	47,044,077
12. Advance premiums (Line 10)	1,420,839		1,420,839
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	14,324,350	(14,324,350)	
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)	46,000	(46,000)	
18. Other liabilities	1,975,037		1,975,037
19. Total liabilities excluding protected cell business (Line 26)	67,909,261	19,289,258	87,198,519
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	15,088,438	X X X	15,088,438
22. Totals (Line 38)	82,997,699	19,289,258	102,286,957

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

If yes, give full explanation:

.....

.....

.....

**NONE**    **Schedule H - Part 1**

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

**NONE**    **Schedule H - Part 5**

## SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

### SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1–2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X	33					36		69	X X X	
2. 2009	60,884	32,748	28,136	22,052					3,598	177	25,650	X X X	
3. 2010	67,214	26,309	40,905	16,500					2,666	46	19,166	X X X	
4. 2011	78,866	31,803	47,063	23,753					4,350	60	28,103	X X X	
5. 2012	92,027	35,147	56,880	30,781					9,728	64	40,509	X X X	
6. 2013	112,737	37,394	75,343	29,255					10,370	78	39,625	X X X	
7. 2014	129,302	39,896	89,406	34,564					12,051	147	46,615	X X X	
8. 2015	133,859	42,907	90,952	52,540					16,671	511	69,211	X X X	
9. 2016	127,762	43,361	84,401	59,281					16,887	321	76,168	X X X	
10. 2017	116,941	40,103	76,838	62,177	12,889				43,712	13,448	79,552	X X X	
11. 2018	104,488	35,249	69,239	17,233					5,760	97	22,993	X X X	
12. Totals	X X X	X X X	X X X	348,169	12,889				125,829	13,448	1,709	447,661	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	4							1				5	X X X
2. 2009													X X X
3. 2010													X X X
4. 2011	31		5					32				68	X X X
5. 2012	17		17					83				117	X X X
6. 2013	2		26					65				93	X X X
7. 2014	108		105					209				422	X X X
8. 2015	108		518					230				856	X X X
9. 2016	382		760					480				1,622	X X X
10. 2017	2,846	2,115	8,447	6,749				9,635	8,600			3,464	X X X
11. 2018	1,646		6,607					1,845				10,098	X X X
12. Totals	5,144	2,115	16,485	6,749				12,580	8,600			16,745	X X X

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	4	1
2. 2009	25,650		25,650	42.129		91.164					
3. 2010	19,166		19,166	28.515		46.855					
4. 2011	28,171		28,171	35.720		59.858				36	32
5. 2012	40,626		40,626	44.146		71.424				34	83
6. 2013	39,718		39,718	35.231		52.716				28	65
7. 2014	47,037		47,037	36.378		52.611				213	209
8. 2015	70,067		70,067	52.344		77.037				626	230
9. 2016	77,790		77,790	60.887		92.167				1,142	480
10. 2017	126,817	43,801	83,016	108.445	109.221	108.040				2,429	1,035
11. 2018	33,091		33,091	31.670		47.792				8,253	1,845
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	12,765	3,980

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

### SCHEDULE P – PART 2 – SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year	
1. Prior	542	(5,133)	9,479	6,500	5,183	2,769	2,688	2,684	2,618	2,648	30	(36)	
2. 2009	23,722	21,800	21,928	22,337	22,251	22,162	22,109	22,086	22,052	22,052		(34)	
3. 2010	XXX	20,724	17,050	16,552	16,461	16,654	16,561	16,539	16,529	16,500	(29)	(39)	
4. 2011	XXX	XXX	28,959	24,468	24,114	24,076	23,904	23,828	23,811	23,789	(22)	(39)	
5. 2012	XXX	XXX	XXX	36,188	30,079	31,538	31,702	31,040	30,917	30,815	(102)	(225)	
6. 2013	XXX	XXX	XXX	XXX	37,865	30,629	30,106	29,366	29,622	29,283	(339)	(83)	
7. 2014	XXX	XXX	XXX	XXX	XXX	38,975	36,276	35,662	35,280	34,777	(503)	(885)	
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	54,296	55,345	53,958	53,166	(792)	(2,179)	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,811	61,402	60,423	(979)	(2,388)	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56,342	51,717	(4,625)	XXX	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,486	XXX	XXX	
											12. Totals	(7,361)	(5,908)

### SCHEDULE P – PART 3 – SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000	(12,376)	(2,023)	1,902	2,626	2,622	2,617	2,611	2,611	2,644	XXX	XXX
2. 2009	14,693	19,841	21,116	21,966	22,038	22,052	22,052	22,052	22,052	22,052	XXX	XXX
3. 2010	XXX	12,459	15,886	16,027	16,087	16,477	16,493	16,493	16,500	16,500	XXX	XXX
4. 2011	XXX	XXX	18,769	22,731	23,103	23,655	23,731	23,749	23,749	23,753	XXX	XXX
5. 2012	XXX	XXX	XXX	22,287	27,464	28,870	29,427	30,659	30,720	30,781	XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	22,801	27,577	28,274	28,793	29,255	29,255	XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	26,657	32,770	33,952	34,341	34,564	XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	41,868	51,330	52,195	52,540	XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51,685	58,075	59,281	XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,519	49,288	XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,233	XXX	XXX

### SCHEDULE P – PART 4 – SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)											
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	8,768	1,021	5,898	2,904	2,217	139	62	69				
2. 2009	4,660	508	276	237	191	109	57	34				
3. 2010	XXX	5,559	713	313	224	177	68	46		29		
4. 2011	XXX	XXX	7,466	923	432	341	167	79		62		5
5. 2012	XXX	XXX	XXX	9,191	1,086	423	229	152		79		17
6. 2013	XXX	XXX	XXX	XXX	12,592	1,231	556	375		365		26
7. 2014	XXX	XXX	XXX	XXX	XXX	8,416	1,739	958		679		105
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	7,741	2,593		1,352		518
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,967		2,067		760
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7,309		1,698
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		6,607

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	X X X	X X X	X X X	33					36		69	X X X	
2. 2009	45,302	24,367	20,935	16,918					2,894		77	19,812	2,711
3. 2010	48,358	19,083	29,275	13,578					2,117		17	15,695	2,300
4. 2011	56,042	22,943	33,099	19,093					3,305		26	22,398	2,934
5. 2012	64,771	24,792	39,979	19,634					5,919		62	25,553	3,815
6. 2013	79,685	26,176	53,509	19,939					6,988		21	26,927	4,119
7. 2014	90,161	27,927	62,234	23,737					8,012		114	31,749	3,847
8. 2015	93,338	30,035	63,303	33,706					8,434		401	42,140	6,001
9. 2016	87,877	30,484	57,393	35,365					10,074		52	45,439	6,363
10. 2017	78,293	27,854	50,439	37,706	7,286				28,322	8,700	102	50,042	13,470
11. 2018	67,830	23,453	44,377	11,380					4,159		42	15,539	2,762
12. Totals	X X X	X X X	X X X	231,089	7,286				80,260	8,700	914	295,363	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	4								1			5	2
2. 2009													
3. 2010													3
4. 2011	31		3						29			63	27
5. 2012	17		11						63			91	228
6. 2013	2		17						49			68	170
7. 2014	88		68						166			322	183
8. 2015	106		335						169			610	48
9. 2016	274		492						246			1,012	69
10. 2017	1,854	1,237	5,968	4,869					6,580	5,937		2,359	273
11. 2018	1,070		4,276						1,200			6,546	214
12. Totals	3,446	1,237	11,170	4,869					8,503	5,937		11,076	1,217

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	4	1
2. 2009	19,812		19,812	43.733		94.636					
3. 2010	15,695		15,695	32.456		53.612					
4. 2011	22,461		22,461	40.079		67.860				34	29
5. 2012	25,644		25,644	39.592		64.144				28	63
6. 2013	26,995		26,995	33.877		50.449				19	49
7. 2014	32,071		32,071	35.571		51.533				156	166
8. 2015	42,750		42,750	45.801		67.532				441	169
9. 2016	46,451		46,451	52.859		80.935				766	246
10. 2017	80,430	28,029	52,401	102.729	100.628	103.890				1,716	643
11. 2018	22,085		22,085	32.559		49.767				5,346	1,200
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	8,510	2,566

- NONE**    **Schedule P - Part 1B Private Passenger**
- NONE**    **Schedule P - Part 1C Commercial Auto**
- NONE**    **Schedule P - Part 1D Workers Compensation**
- NONE**    **Schedule P - Part 1E Commercial Multiple Peril**
- NONE**    **Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurrence**
- NONE**    **Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made**
- NONE**    **Schedule P - Part 1G Special Liability**
- NONE**    **Schedule P - Part 1H - Section 1 Other Liab. Occurrence**
- NONE**    **Schedule P - Part 1H - Section 2 Other Liab. Claims-Made**

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4	5	6	7	8	9				
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior	X X X	X X X	X X X	391					279		670	X X X	
2. 2017	38,648	12,249	26,399	24,471	5,603				15,390	4,748	106	29,510	X X X
3. 2018	36,658	11,796	24,862	5,853					1,601		55	7,454	X X X
4. Totals	X X X	X X X	X X X	30,715	5,603				17,270	4,748	161	37,634	X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior	130		505						377			1,012	20
2. 2017	992	878	2,479	1,880					3,055	2,663		1,105	165
3. 2018	576		2,331						645			3,552	66
4. Totals	1,698	878	5,315	1,880					4,077	2,663		5,669	251

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X	635	377
2. 2017	46,387	15,772	30,615	120.024	128.762	115.970				713	392
3. 2018	11,006		11,006	30.023		44.268				2,907	645
4. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X	4,255	1,414



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

**SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	(525)	695	11,478	8,938	8,012	5,985	5,928	5,930	5,876	5,906	30	(24)
2. 2009	18,384	16,615	16,693	17,115	17,069	16,993	16,956	16,941	16,918	16,918		(23)
3. 2010	XXX	16,849	13,908	13,598	13,499	13,691	13,616	13,602	13,597	13,578	(19)	(24)
4. 2011	XXX	XXX	23,097	19,749	19,453	19,327	19,197	19,142	19,129	19,127	(2)	(15)
5. 2012	XXX	XXX	XXX	24,869	19,541	19,920	20,003	19,763	19,710	19,662	(48)	(101)
6. 2013	XXX	XXX	XXX	XXX	26,457	20,519	20,279	19,816	20,176	19,958	(218)	142
7. 2014	XXX	XXX	XXX	XXX	XXX	26,525	24,813	24,406	24,192	23,893	(299)	(513)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	35,126	35,450	34,579	34,147	(432)	(1,303)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,804	36,788	36,131	(657)	(1,673)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,094	32,136	(2,958)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,726	XXX	XXX
12. Totals											(4,603)	(3,534)

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,511	4,228	3,137	(1,091)	(2,374)
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,248	19,581	(1,667)	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,760	XXX	XXX
4. Totals											(2,758)	(2,374)

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				
2. 2017	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				
2. 2017	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				
2. 2017	XXX	XXX	XXX	XXX	XXX	<b>NONE</b>		XXX				XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

## SCHEDULE P – PART 2M – INTERNATIONAL

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

**SCHEDULE P – PART 3A – HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000	7,875	1,891	5,281	5,884	5,880	5,875	5,869	5,869	5,902		
2. 2009	10,792	15,012	16,030	16,832	16,904	16,918	16,918	16,918	16,918	16,918	1,756	955
3. 2010	XXX	10,212	12,988	13,122	13,181	13,571	13,571	13,571	13,578	13,578	1,310	987
4. 2011	XXX	XXX	15,176	18,275	18,620	19,016	19,080	19,089	19,089	19,093	1,810	1,098
5. 2012	XXX	XXX	XXX	14,138	17,452	18,489	18,829	19,554	19,593	19,634	2,003	1,584
6. 2013	XXX	XXX	XXX	XXX	14,926	18,542	19,010	19,494	19,939	19,939	2,158	1,791
7. 2014	XXX	XXX	XXX	XXX	XXX	17,684	22,096	23,185	23,514	23,737	1,912	1,752
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	26,317	32,630	33,445	33,706	3,277	2,676
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,018	34,446	35,365	3,670	2,624
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,726	30,420	4,284	8,912
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,380	978	1,570

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

**SCHEDULE P – PART 3E – COMMERCIAL MULTIPLE PERIL**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X	000	2,111	2,502	X X X	X X X
2. 2017	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	17,793	18,868	X X X	X X X
3. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	5,853	X X X	X X X

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		000				
2. 2017	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		X X X				
3. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		000			X X X	X X X
2. 2017	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		X X X			X X X	X X X
3. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		000			X X X	X X X
2. 2017	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>		X X X			X X X	X X X
3. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

### SCHEDULE P – PART 3M – INTERNATIONAL

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	000										X X X	X X X
2. 2009											X X X	X X X
3. 2010	X X X										X X X	X X X
4. 2011	X X X	X X X									X X X	X X X
5. 2012	X X X	X X X	X X X								X X X	X X X
6. 2013	X X X	X X X	X X X	X X X							X X X	X X X
7. 2014	X X X	X X X	X X X	X X X	X X X	<b>NONE</b>					X X X	X X X
8. 2015	X X X	X X X	X X X	X X X	X X X	X X X					X X X	X X X
9. 2016	X X X	X X X	X X X	X X X	X X X	X X X	X X X				X X X	X X X
10. 2017	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	X X X
11. 2018	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X



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

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

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	6,861	704	4,816	2,350	1,788	97	44	57		
2. 2009	3,685	402	207	149	143	74	38	23		
3. 2010	XXX	4,396	536	264	168	120	45	31	19	
4. 2011	XXX	XXX	5,603	693	324	231	111	53	40	3
5. 2012	XXX	XXX	XXX	6,896	815	287	152	102	51	11
6. 2013	XXX	XXX	XXX	XXX	9,449	835	369	252	235	17
7. 2014	XXX	XXX	XXX	XXX	XXX	5,709	1,153	644	438	68
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	5,133	1,744	872	335
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,687	1,333	492
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,713	1,099
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,276

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX						
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,668	1,645	505
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,596	599
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,331

**SCHEDULE P – PART 4J – AUTO PHYSICAL DAMAGE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4K – FIDELITY/SURETY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 4M – INTERNATIONAL**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

### SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	2,113	8,216	283	332	26	418	1	2		
2. 2009	894	1,595	1,724	1,742	1,750	1,756	1,756	1,756	1,756	1,756
3. 2010	XXX	886	1,232	1,300	1,304	1,306	1,309	1,309	1,310	1,310
4. 2011	XXX	XXX	1,144	1,756	1,786	1,799	1,807	1,810	1,810	1,810
5. 2012	XXX	XXX	XXX	1,506	1,901	1,959	1,977	1,998	2,000	2,003
6. 2013	XXX	XXX	XXX	XXX	1,665	2,081	2,120	2,151	2,156	2,158
7. 2014	XXX	XXX	XXX	XXX	XXX	1,492	1,841	1,892	1,905	1,912
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,683	3,227	3,264	3,277
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,045	3,563	3,670
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,724	4,284
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	978

### SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	4,845	1,065	801	461	432	8	7	4	4	2
2. 2009		150	32	18	8	1	1			
3. 2010	XXX	369	71	10	7	6	3	3	3	3
4. 2011	XXX	XXX	578	53	38	32	29	27	26	27
5. 2012	XXX	XXX	XXX	539	284	265	248	229	229	228
6. 2013	XXX	XXX	XXX	XXX	467	225	207	178	172	170
7. 2014	XXX	XXX	XXX	XXX	XXX	349	240	204	189	183
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	391	87	62	48
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	448	154	69
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	638	273
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214

### SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	476	16,530	28	16	4		1			
2. 2009	263	2,673	2,703	2,709	2,710	2,711	2,711	2,711	2,711	2,711
3. 2010	XXX	2,086	2,277	2,293	2,294	2,298	2,299	2,299	2,300	2,300
4. 2011	XXX	XXX	2,669	2,901	2,919	2,928	2,933	2,934	2,934	2,934
5. 2012	XXX	XXX	XXX	3,423	3,765	3,805	3,809	3,811	3,813	3,815
6. 2013	XXX	XXX	XXX	XXX	3,727	4,076	4,107	4,115	4,118	4,119
7. 2014	XXX	XXX	XXX	XXX	XXX	3,412	3,810	3,834	3,842	3,847
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	5,431	5,971	5,993	6,001
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,821	6,331	6,363
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,827	13,470
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,762

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

## SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2009		
1.603 2010		
1.604 2011		
1.605 2012		
1.606 2013		
1.607 2014		
1.608 2015		
1.609 2016		
1.610 2017		
1.611 2018		
1.612 Totals		

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

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

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

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

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

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

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

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

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

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

7.2 An extended statement may be attached  
 .....  
 .....  
 .....



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

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	N							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	L	95,881,503	104,488,425	27,180,080	17,964,382	21,628,228	270,783	
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate Other Alien	OT	X X X							
59. Totals	(a) 1		95,881,503	104,488,425	27,180,080	17,964,382	21,628,228	270,783	

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

NONE

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

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

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

The Texas FAIR Plan Association only writes policies in Texas.

**NONE Schedule T - Part 2**

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

### PART 1 - ORGANIZATIONAL CHART



## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4766 4766		11543 30040	43-1982873 74-6189303				Texas FAIR Plan Association Texas Windstorm Insurance Association	TEX TEX	CON CON	UNAFFILIATED UNAFFILIATED	SERVICE CONTRACT SERVICE CONTRACT			N N	

Asterik	Explanation
<b>NONE</b>	

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
11543 30040	43-1982873 74-6189303	Texas FAIR Plan Association Texas Windstorm Insurance Association					(13,786,972) 13,786,972				(13,786,972) 13,786,972	
9999999	Control Totals								XXX			

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<u>Responses</u>
<b>MARCH FILING</b>	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	See Explanation
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	See Explanation
<b>APRIL FILING</b>	
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
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
<b>JUNE FILING</b>	
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
<b>AUGUST FILING</b>	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

<b>MARCH FILING</b>	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplemental A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	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 domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
<b>APRIL FILING</b>	
29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if require be filed with the state of domicile and the NAIC by April 1?	NO

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## AUGUST FILING

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

Explanation 2: No employees of Texas FAIR Plan Association. All employees are of the Texas Windstorm Insurance Association.

Explanation 4: Not applicable.

Explanation 8: Not applicable.

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

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

Explanation 13: Not applicable.

Explanation 14: Not applicable.

Explanation 15: Not applicable.

Explanation 16: Not applicable.

Explanation 17: Not applicable.

Explanation 19: Not applicable.

Explanation 22: Not applicable.

Explanation 23: Not applicable.

Explanation 24: Not applicable.

Explanation 25: Not applicable.

Explanation 26: Not applicable.

Explanation 27: Not applicable.

Explanation 28: Not applicable.

Explanation 29: Not applicable.

Explanation 30: Not applicable.

Explanation 31: Not applicable.

Explanation 32: Not applicable.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**Bar Code:**



11543201846000000



11543201839000000



11543201820100000



11543201822000000



11543201822100000



11543201842000000



11543201824000000



11543201836000000



11543201845500000



11543201849000000



11543201838500000



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**OVERFLOW PAGE FOR WRITE-INS**

**Page 11 - Continuation**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

REMAINING WRITE-INS AGGREGATED AT LINE 24 FOR OTHER LINES OF BUSINESS	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Disaster Recovery Expense		41,045		41,045
2497. Totals (Lines 2404 through 2496) (Page 11, Line 24)		41,045		41,045

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 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						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
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						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$ _____ of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$ _____ of property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				X X X	X X X	X X X
10. Cash, cash equivalents and short-term investments	72,682,359	100.00	72,682,359		72,682,359	100.00
11. Other invested assets						
12. Total invested assets	72,682,359	100.00	72,682,359		72,682,359	100.00

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

## SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	14,000,000		14,000,000	
2. Cost of cash equivalents acquired	7,300,924		7,300,924	
3. Accrual of discount				
4. Unrealized valuation increase (decrease)				
5. Total gain (loss) on disposals				
6. Deduct consideration received on disposals				
7. Deduct amortization of premium				
8. Total foreign exchange change in book/adjusted carrying value				
9. Deduct current year's other-than-temporary impairment recognized				
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,300,924		21,300,924	
11. Deduct total nonadmitted amounts				
12. Statement value at end of current period (Line 10 minus Line 11)	21,300,924		21,300,924	

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

**NONE Schedule A - Part 1**

**NONE Schedule A - Part 2**

**NONE Schedule A - Part 3**

**NONE Schedule B - Part 1**

**NONE Schedule B - Part 2**

**NONE Schedule B - Part 3**

**NONE Schedule BA - Part 1**

**NONE Schedule BA - Part 2**

**NONE Schedule BA - Part 3**

**NONE Schedule D - Part 1**

**NONE Schedule D - Part 2 - Section 1**

**NONE Schedule D - Part 2 - Section 2**

**NONE Schedule D - Part 3**

**NONE Schedule D - Part 4**

**NONE Schedule D - Part 5**

**NONE Schedule D - Part 6 - Section 1 and 2**

**NONE Schedule DA - Part 1**

**NONE Schedule DB - Part A - Section 1**

**NONE Schedule DB - Part A - Section 2**

**NONE Schedule DB - Part B - Section 1**

**NONE Schedule DB - Part B - Section 2**

**NONE Schedule DB - Part D - Section 1**

**NONE Schedule DB - Part D - Section 2**

**NONE Schedule DL - Part 1**

**NONE Schedule DL - Part 2**

### SCHEDULE E - PART 1 - CASH

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
<b>OPEN DEPOSITORIES</b>						
Bank of America, N.A.					4,089,334	
Bank of America, N.A. - Certificate of Deposit		1.250	31,597			
Bank of America, N.A. - Certificate of Deposit		2.180	27,856			
Bank of America, N.A. - Certificate of Deposit		1.700	14,167			
Bank of America, N.A. - Certificate of Deposit		1.530	6,587			
Bank of America, N.A. - Certificate of Deposit		1.560	6,717			
Bank of America, N.A. - Certificate of Deposit		1.700	14,639			
Bank of America, N.A. - Certificate of Deposit		1.750	14,826			
Bank of America, N.A. - Certificate of Deposit		1.560	14,403			
Bank of America, N.A. - Certificate of Deposit		1.800	15,500			
Bank of America, N.A. - Certificate of Deposit		2.000		23,056	5,000,000	
Bank of America, N.A. - Certificate of Deposit		2.000		16,944	5,000,000	
Bank of America, N.A. - Certificate of Deposit		2.100		10,208	5,000,000	
Citibank, N.A.					9,122	
Citibank, N.A. - MMTD	O	0.700	1,800			
Citibank, N.A. - IMMA		1.500	106,144		11,216,143	
Citibank, N.A. - Certificate of Deposit		0.800	485			
JP Morgan Chase Bank, N.A.					21,066,836	
Wells Fargo - Certificate of Deposit		1.030	26,301			
0199998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	X X X	X X X				X X X
0199999 Totals - Open Depositories	X X X	X X X	281,022	50,208	51,381,435	X X X
<b>SUSPENDED DEPOSITORIES</b>						
0299998 Deposits in ( ) depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	X X X	X X X				X X X
0299999 Totals - Suspended Depositories	X X X	X X X				X X X
0399999 Total Cash on Deposit	X X X	X X X	281,022	50,208	51,381,435	X X X
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X		X X X
0599999 Total Cash	X X X	X X X	281,022	50,208	51,381,435	X X X

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

1. January	24,547,496	4. April	46,039,562	7. July	46,129,795	10. October	46,707,352
2. February	36,972,525	5. May	48,920,046	8. August	47,670,845	11. November	48,078,748
3. March	33,828,808	6. June	51,375,369	9. September	49,962,530	12. December	51,381,435



**NONE    Schedule E - Part 3**



## ALPHABETICAL INDEX TO PROPERTY ANNUAL STATEMENT

Assets	2	Schedule E – Part 3 – Special Deposits	E28
Cash Flow	5	Schedule F – Part 1	20
Exhibit of Capital Gains (Losses)	12	Schedule F – Part 2	21
Exhibit of Net Investment Income	12	Schedule F – Part 3	22
Exhibit of Nonadmitted Assets	13	Schedule F – Part 4	27
Exhibit of Premiums and Losses (State Page)	19	Schedule F – Part 5	28
Five-Year Historical Data	17	Schedule F – Part 6	29
General Interrogatories	15	Schedule H – Accident and Health Exhibit – Part 1	30
Jurat Page	1	Schedule H – Part 2, Part 3 and Part 4	31
Liabilities, Surplus and Other Funds	3	Schedule H – Part 5 – Health Claims	32
Notes To Financial Statements	14	Schedule P – Part 1 – Summary	33
Overflow Page For Write-ins	100	Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule A – Part 1	E01	Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule A – Part 2	E02	Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule A – Part 3	E03	Schedule P – Part 1D – Workers' Comp (Excluding Excess Workers' Comp)	38
Schedule A – Verification Between Years	SI02	Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule B – Part 1	E04	Schedule P – Part 1F – Section 1 – Medical Professional Liability	
Schedule B – Part 2	E05	– Occurrence	40
Schedule B – Part 3	E06	Schedule P – Part 1F – Section 2 – Medical Professional Liability	
Schedule B – Verification Between Years	SI02	– Claims-Made	41
Schedule BA – Part 1	E07	Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All	
Schedule BA – Part 2	E08	Perils), Boiler and Machinery)	42
Schedule BA – Part 3	E09	Schedule P – Part 1H – Section 1 – Other Liability – Occurrence	43
Schedule BA – Verification Between Years	SI03	Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule D – Part 1	E10	Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine,	
Schedule D – Part 1A – Section 1	SI05	Earthquake, Burglary & Theft)	45
Schedule D – Part 1A – Section 2	SI08	Schedule P – Part 1J – Auto Physical Damage	46
Schedule D – Part 2 – Section 1	E11	Schedule P – Part 1K – Fidelity/Surety	47
Schedule D – Part 2 – Section 2	E12	Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule D – Part 3	E13	Schedule P – Part 1M – International	49
Schedule D – Part 4	E14	Schedule P – Part 1N – Reinsurance - Nonproportional Assumed Property	50
Schedule D – Part 5	E15	Schedule P – Part 1O – Reinsurance - Nonproportional Assumed Liability	51
Schedule D – Part 6 – Section 1	E16	Schedule P – Part 1P – Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule D – Part 6 – Section 2	E16	Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	53
Schedule D – Summary By Country	SI04	Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made	54
Schedule D – Verification Between Years	SI03	Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	55
Schedule DA – Part 1	E17	Schedule P – Part 1T – Warranty	56
Schedule DA – Verification Between Years	SI10	Schedule P – Part 2, Part 3 and Part 4 - Summary	34
Schedule DB – Part A – Section 1	E18	Schedule P – Part 2A – Homeowners/Farmowners	57
Schedule DB – Part A – Section 2	E19	Schedule P – Part 2B – Private Passenger Auto Liability/Medical	57
Schedule DB – Part A – Verification Between Years	SI11	Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	57
Schedule DB – Part B – Section 1	E20	Schedule P – Part 2D – Workers' Comp (Excluding Excess Workers' Comp)	57
Schedule DB – Part B – Section 2	E21	Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule DB – Part B – Verification Between Years	SI11	Schedule P – Part 2F – Section 1 – Medical Professional Liability	
Schedule DB – Part C – Section 1	SI12	– Occurrence	58
Schedule DB – Part C – Section 2	SI13	Schedule P - Part 2F - Medical Professional Liability - Claims - Made	58
Schedule DB - Part D - Section 1	E22	Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils),	
Schedule DB - Part D - Section 2	E23	Boiler and Machinery)	58
Schedule DB - Verification	SI14	Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine,	
Schedule DL - Part 1	E24	Earthquake, Burglary and Theft)	69
Schedule DL - Part 2	E25	Schedule P – Part 4J – Auto Physical Damage	69
Schedule E – Part 1 – Cash	E26	Schedule P – Part 4K – Fidelity/Surety	69
Schedule E – Part 2 – Cash Equivalents	E27	Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule E – Part 2 – Verification Between Years	SI15	Schedule P – Part 4M – International	69

## ALPHABETICAL INDEX TO PROPERTY ANNUAL STATEMENT

Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58	Schedule P – Part 4O – Reinsurance - Nonproportional Assumed Liability	70
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59	Schedule P – Part 4P – Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P – Part 2J – Auto Physical Damage	59	Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 2K – Fidelity, Surety	59	Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59	Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 2M – International	59	Schedule P – Part 4T – Warranty	71
Schedule P – Part 2N – Reinsurance - Nonproportional Assumed Property	60	Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 2O – Reinsurance - Nonproportional Assumed Liability	60	Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 2P – Reinsurance - Nonproportional Assumed Financial Lines	60	Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61	Schedule P – Part 5D – Workers' Comp (Excluding Excess Workers' Comp)	75
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61	Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61	Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 2T – Warranty	61	Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 3A – Homeowners/Farmowners	62	Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62	Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62	Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 3D – Workers' Comp (Excluding Excess Workers' Comp)	62	Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 3E – Commercial Multiple Peril	62	Schedule P – Part 5T – Warranty	83
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63	Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63	Schedule P – Part 6D – Workers' Comp (Excluding Excess Workers' Comp)	84
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63	Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63	Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63	Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64	Schedule P – Part 6M – International	86
Schedule P – Part 3J – Auto Physical Damage	64	Schedule P – Part 6N – Reinsurance - Nonproportional Assumed Property	87
Schedule P – Part 3K – Fidelity/Surety	64	Schedule P – Part 6O – Reinsurance - Nonproportional Assumed Liability	87
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64	Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 3M – International	64	Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 3N – Reinsurance - Nonproportional Assumed Property	65	Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 3O – Reinsurance - Nonproportional Assumed Liability	65	Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P – Part 3P – Reinsurance - Nonproportional Assumed Financial Lines	65	Schedule P Interrogatories	93
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66	Schedule T – Exhibit of Premiums Written	94
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66	Schedule T – Part 2 – Interstate Compact	95
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P – Part 3T – Warranty	66	Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule P – Part 4A – Homeowners/Farmowners	67	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	98
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67	Statement of Income	4
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67	Summary Investment Schedule	SI01
Schedule P – Part 4D – Workers' Comp (Excluding Excess Workers' Comp)	67	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P – Part 4E – Commercial Multiple Peril	67	Underwriting and Investment Exhibit Part 1	6
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68	Underwriting and Investment Exhibit Part 1A	7
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68	Underwriting and Investment Exhibit Part 1B	8
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68	Underwriting and Investment Exhibit Part 2	9
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68	Underwriting and Investment Exhibit Part 2A	10
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68	Underwriting and Investment Exhibit Part 3	11