## **QUARTERLY STATEMENT**

OF THE

 Texas FAIR Plan Association

 of
 Austin

 in the state of
 Texas

TO THE

**Insurance Department** 

OF THE

**STATE OF** 

**Texas** 

FOR THE QUARTER ENDED

June 30, 2024

**PROPERTY AND CASUALTY** 



#### **QUARTERLY STATEMENT**

AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE

| Tavac | EVID | Dlan | Acco | ciation |
|-------|------|------|------|---------|

|  |  | TEXAS FAIR FIAIT ASSU  |                                |  |                          |
|--|--|--|--------------------------------|--|--------------------------|
| NAIC Group Code                        | 4766 , 4766  | NAIC Company Code  | 11543                          | Employer's ID Number                                   | 43-1982873               |
| •                                      | rent Period) (Prior Period)                        |  | Otata -f.D' "                  | Court of Entry   |                          |
| Organized under the Laws of            | Texas  | ,  | State of Domicile or P         | ort of EntryTX   |                          |
| Country of Domicile                    | USA  |  |                                |  |                          |
| Incorporated/Organized _               | December 31  |  | Commenced B                    |  | 2002                     |
| Statutory Home Office                  | 4801 Southwest Parkway Building 1, Su              |  | ,Austin, TX                    |  |                          |
|  | (Street and  | ,  |                                | (City or Town, State, Country and Zip Co               | ode)                     |
| Main Administrative Office             | 4801 Southwest Parkway Building 1                  |  |                                |  |                          |
|  | Austin TV IIC 79725                                | (5   | reet and Number)               | 0.4000   |                          |
|  | Austin, TX US 78735 (City or Town, State, 0        | Country and Zin Codo)  | 512-899<br>(Area Code)         | (Telephone Number)                                     |                          |
| Mail Address DOD                       | • •  | Sountly and Zip Gode)  | ,                              | , ,  |                          |
| Mail Address PO B                      | ox 99080 (Street and Number or F                   | O Payl   | , Austin, TX                   | US 78709-9080 (City or Town, State, Country and Zip Co | ada)                     |
| Dimension of Dealer and                | ,  | ,  | A 1' TV 110                    |  | ,                        |
| Primary Location of Books and          |  | Parkway Building 1, Suite 200  | Austin, TX US                  |  |                          |
| Intornat Mahaita Addusas               | ,  | treet and Number)  | (City or Town, State, Co.      | untry and Zip Code) (Area Code) (Telep                 | mone number)             |
| Internet Website Address               | https://www.texasfairplan.org                      |  |                                |  |                          |
| Statutory Statement Contact            | Allen David Fulkerson                              |  | 512-899-49                     |  |                          |
|  | ,  | Name)  | (Area Code)                    | (Telephone Number) (Extension)                         |                          |
|  | afulkerson@twia.org                                | il Address   |                                | 512-899-4952   |                          |
|  | (E-IVIA  | il Address)  |                                | (Fax Number)   |                          |
|  |  | OFFICERS   |                                |  |                          |
|  |  | 01110=110  |                                |  |                          |
|  |  |  |                                |  |                          |
|  |  | Wendy Muelle   | ſ                              |  |                          |
|  | Name   | : :=j :::::::::::::::::::::::::::::::::  | Title                          |  |                          |
| 1.                                     | David Patrick Durden                               |  | General Manager                |  |                          |
| 2.                                     | Edward James Sherlock                              |  | Secretary                      |  |                          |
| 3.                                     | Edward James Sherlock                              |  | Treasurer                      |  |                          |
| 3. <u>-</u><br>4.                      | Stuart Keith Harbour                               |  | Chief Financial Officer        |  |                          |
| 4                                      | Stuart Keith Harbour                               |  |                                |  |                          |
|  |  | Vice Presidents of T   | FPA                            |  |                          |
| Name                                   | Ti   | tle  | Name                           | T  | <b>Title</b>             |
| Michael Ledwik                         | VP Underwriting                                    | David  | Scott Williams                 | VP Claims  |                          |
| Camron Malik                           | VP IT  | Miche  | lle Friesenhahn #              | VP People and Busine                                   | ess Operations           |
| Jessica Crass                          | VP Legal & Compliance                              |  | Murphy                         | Chief Actuary and VP                                   |                          |
|  |  |  | · r /                          |  |                          |
|  |  |  |                                |  |                          |
|  |  |  |                                |  |                          |
|  |  |  |                                |  |                          |
|  |  | TEDA 0 : 0   | ***                            |  |                          |
|  |  | TFPA Governing Com   |                                |  |                          |
| Wendy Mueller                          | John Miletti                                       | Georg  | ia Rutherford Neblett          | Timothy Lawrence Mc                                    | Carthy                   |
| Danny Pringle                          | Edward James Sherlock                              | Frank  | Baumann, Jr                    | Mark Solomon   |                          |
| Ryan Bridges #                         | Pamela Hurley #                                    |  |                                |  |                          |
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| State of                               |  |  |                                |  |                          |
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|  |  |  |                                |  |                          |
| County of                              | SS   |  |                                |  |                          |
|  |  |  |                                |  |                          |
| The officers of this reporting outile. | bains duly aware peak danger and any that          | that are the described officers of a   | id consider autitus and that i | on the reporting period stated above, all a            | of the herein decembed   |
|  | being duly sworn, each depose and say that         | -  |                                |  |                          |
|  | of the said reporting entity, free and clear fro   | •  | •                              | . •  |                          |
| ·                                      | nexed or referred to, is a full and true statemen  |  |                                |  |                          |
|  | nerefrom for the period ended, and have been       | •  |                                | ·  | •                        |
|  | ay differ; or, (2) that state rules or regulations |  |                                |  |                          |
| knowledge and belief, respectively.    | Furthermore, the scope of this attestation by t    | he described officers also includes  | he related corresponding ele   | ectronic filing with the NAIC, when required           | I, that is an exact copy |
| (except for formatting differences di  | ue to electronic filing) of the enclosed stateme   | nt. The electronic filing may be requ  | ested by various regulators in | n lieu of or in addition to the enclosed state         | ement.                   |
| ^                                      | 10   |  |                                |  |                          |
|  | avid Durden  |  | It.                            | iart Harbour   |                          |
| •                                      |  |  | su                             | ww naww  |                          |
|  | (Signature)  |  |                                | (Signature)  |                          |
|  | David Patrick Durden                               |  |                                | Stuart Keith Harbour                                   |                          |
|  | (Printed Name)                                     |  |                                | (Printed Name)   |                          |
|  | 1.   |  |                                | 2.   |                          |
|  | General Manager                                    |  |                                | Chief Financial Officer                                |                          |
|  | (Title)  |  |                                | (Title)  |                          |
|  | (Tiue)   |  |                                | (Tide)   |                          |
|  |  |  |                                |  |                          |
| Subscribed and sworn to before me      | ; this   |  | a. Is                          | this an original filing?                               | [X]Yes []No              |
| 7thday ofAug                           | just <sub>, 2024</sub>                             |  | b. If r                        | no: 1. State the amendment number                      |                          |
| 7 (1) aay s                            | , 2021   |  | <b>5</b> . II 1                |  |                          |
| William R School                       | U Da   |  |                                | 2. Date filed  |                          |
| William K Novay                        | <b>SS 1</b> -                                      | approximates.  | 1                              | Number of pages attached                               |                          |
| , ,                                    | /V •   | OF THE STATES V  | /illiam R Scharff Jr           |  |                          |
|  |  | N The state of the | OTARY PUBLIC                   |  |                          |
|  |  |  | ATE OF FLORIDA                 |  |                          |
|  |  | No SI  | ALE OF FLORIDA                 |  |                          |

Appt. No. HH 49906 Expires October 1, 2028

Online Notary Center

## **ASSETS**

|            |   | С          | urrent Statement Da   | te                                      |  |
|------------|---|------------|-----------------------|---|--|
|            |   | 1          | 2                     | 3                                       | 4  |
|            |   | Assets     | Nonadmitted<br>Assets | Net Admitted<br>Assets<br>(Cols. 1 - 2) | December 31<br>Prior Year Net<br>Admitted Assets |
| 1.         | Bonds   |            |                       |   |  |
| 2.         | Stocks:   |            |                       |   |  |
|            | 2.1 Preferred stocks  |            |                       |   |  |
|            | 2.2 Common stocks   |            |                       |   |  |
| 3.         | Mortgage loans on real estate:  |            |                       |   |  |
|            | 3.1 First liens   |            |                       |   |  |
|            | 3.2 Other than first liens  |            |                       |   |  |
| 4.         | Real estate:  |            |                       |   |  |
|            | 4.1 Properties occupied by the company (less \$   |            |                       |   |  |
|            | 4.2 Properties held for the production of income (less \$ 0 encumbrances)   |            |                       |   |  |
|            | 4.3 Properties held for sale (less \$ 0 encumbrances)   |            |                       |   |  |
| 5.         | Cash (\$ 17,243,411), cash equivalents (\$ 47,828,405), and short-term  |            |                       |   |  |
|            | investments (\$ 0)  | 65,071,816 |                       | 65,071,816                              | 52,886,813                                       |
| 6.         | Contract loans (including \$ 0 premium notes)   |            |                       |   |  |
| 7.         | Derivatives   |            |                       |   |  |
| 8.         | Other invested assets   |            |                       |   |  |
| 9.         | Receivables for securities  |            |                       |   |  |
| 10.        | Securities lending reinvested collateral assets   |            |                       |   |  |
| 11.        | Aggregate write-ins for invested assets   |            |                       |   |  |
| 12.        | Subtotals, cash and invested assets (Lines 1 to 11)   |            |                       | 65,071,816                              | 52,886,813                                       |
|            | Title plants less \$ 0 charged off (for Title insurers only)  |            |                       |   |  |
|            | Investment income due and accrued   | 203,836    |                       | 203,836                                 | 137,814  |
| 15.        | Premiums and considerations:  |            |                       |   |  |
|            | 15.1 Uncollected premiums and agents' balances in the course of collection  | 5,315,682  | 145,889               | 5,169,793                               | 2,963,336  |
|            | 15.2 Deferred premiums, agents' balances and installments booked but deferred   |            |                       |   |  |
|            | and not yet due (including \$ 0 earned but unbilled premiums)   | 18,437,058 |                       | 18,437,058                              | 8,680,655  |
|            | 15.3 Accrued retrospective premiums (\$ 0) and contracts  |            |                       |   |  |
|            | subject to redetermination (\$ 0)   |            |                       |   |  |
| 16         | Reinsurance:  |            |                       |   |  |
|            | 1C.1 Amounts recovered to from religious  |            |                       |   | 50,901   |
|            | 100 5 111111 11 111111  |            |                       |   |  |
|            | 16.2 Funds held by or deposited with reinsured companies  16.3 Other amounts receivable under reinsurance contracts   |            |                       |   |  |
| 17.        | A security as a simple relation to universe disland   |            |                       |   |  |
| 18.1       | Current federal and foreign income tax recoverable and interest thereon   |            |                       |   |  |
| 18.2       | Not deferred to secret  |            |                       |   |  |
| 19.        | O 1   |            |                       |   |  |
| 20.        | Chatagia data associate assistant and afficient   |            |                       |   |  |
| 21.        | Furniture and equipment, including health care delivery assets (\$ 0)   |            |                       |   |  |
| 22.        | Net adjustment in assets and liabilities due to foreign exchange rates  |            |                       |   |  |
| 23.        | Description of the second second  |            |                       |   |  |
| 24.        | Receivables from parent, subsidiaries and affiliates  Health care (\$ 0) and other amounts receivable                 |            |                       |   |  |
| 24.<br>25. |   | 597,663    | 577,940               | 19,723                                  |  |
|            | Aggregate write-ins for other-than-invested assets  Total assets excluding Separate Accounts, Segregated Accounts and | 391,003    | 311,940               | 19,723                                  |  |
| ∠0.        | Destroyed Call Associate (Lines 42 to 25)   | 80 606 0EE | 702 000               | 88 000 006                              | 64 710 510                                       |
| 77         | From Separate Accounts, Segregated Accounts and Protected Cell Accounts   | 89,626,055 | 723,829               | 88,902,226                              | 64,719,519                                       |
|            |   | 89,626,055 | 702 000               | 00 000 000                              | 64 740 640                                       |
| 28.        | Total (Lines 26 and 27)   | 09,020,005 | 723,829               | 88,902,226                              | 64,719,519                                       |
|            |   |            | T                     | I                                       |  |

| DETAILS OF WRITE-IN LINES   |         |         |        |  |
|---|---------|---------|--------|--|
| 1101.   |         |         |        |  |
| 1102.   |         |         |        |  |
| 1103.   | NH      |         |        |  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page |         |         |        |  |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)    |         |         |        |  |
| 2501. Prepaid Expenses  | 403,421 | 403,421 |        |  |
| 2502. Due from Agents   | 126,187 | 126,187 |        |  |
| 2503. Surcharge Receivable  | 48,332  | 48,332  |        |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 19,723  |         | 19,723 |  |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)    | 597.663 | 577.940 | 19,723 |  |

## LIABILITIES, SURPLUS AND OTHER FUNDS

|                         |   | 1                         | 2                          |
|-------------------------|---|---------------------------|----------------------------|
|                         |   | Current<br>Statement Date | December 31,<br>Prior Year |
| 1.                      | Losses (current accident year \$ 23,563,692)  | 28,796,202                | 13,146,920                 |
| 2.                      | Reinsurance payable on paid losses and loss adjustment expenses   |                           |                            |
| 3.                      | Loss adjustment expenses  |                           | 3,458,163                  |
| 4.                      | Commissions payable, contingent commissions and other similar charges                                   |                           | 1,099,765                  |
| 5.                      | Other expenses (excluding taxes, licenses and fees)   | 2,743,235                 | 1,974,437                  |
| 6.                      | Taxes, licenses and fees (excluding federal and foreign income taxes)                                   | 982,337                   | 785,070                    |
| 7.1.                    | Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))            |                           |                            |
|                         | Net deferred tax liability  |                           |                            |
|                         | Borrowed money \$ 0 and interest thereon \$ 0   |                           |                            |
| 9.                      | Unearned premiums (after deducting unearned premiums for ceded reinsurance of                           |                           |                            |
|                         | \$ 0 and including warranty reserves of \$ 0 and accrued accident and health                            |                           |                            |
|                         | experience rating refunds including \$ 0 for medical loss ratio rebate per                              | 00 = 10 1=0               | 0-00-04                    |
|                         | the Public Health Service Act)  |                           |                            |
|                         | Advance premium   | 2,954,532                 | 1,334,77                   |
| 11.                     | Dividends declared and unpaid:  |                           |                            |
|                         | 11.1. Stockholders  |                           |                            |
|                         | 11.2. Policyholders   |                           |                            |
|                         | Ceded reinsurance premiums payable (net of ceding commissions)  |                           |                            |
| 13.                     | Funds held by company under reinsurance treaties  |                           |                            |
| 14.                     | Amounts withheld or retained by company for account of others   |                           |                            |
| 15.                     | Remittances and items not allocated   | 24,498                    | 36,28                      |
| 16.                     | Provision for reinsurance (including \$ 0 certified)  |                           |                            |
| 17.                     | Net adjustments in assets and liabilities due to foreign exchange rates                                 |                           |                            |
| 18.                     | Drafts outstanding  |                           |                            |
| 19.                     | Payable to parent, subsidiaries and affiliates  | 1,594,679                 | 1,087,71                   |
| 20.                     | Derivatives   |                           |                            |
| 21.                     | Payable for securities  |                           |                            |
| 22.                     | Payable for securities lending  |                           |                            |
|                         | Liability for amounts held under uninsured plans  |                           |                            |
| _                       | Capital notes \$ 0 and interest thereon \$ 0  |                           |                            |
| 25.                     | Aggregate write-ins for liabilities   | 679,700                   | 1,120,448                  |
| 26.<br>27.              | Total liabilities excluding protected cell liabilities (Lines 1 through 25)  Protected cell liabilities | 146,599,327               | 82,374,70                  |
| 28.                     | Total liabilities (Lines 26 and 27)   | 146,599,327               | 82,374,70                  |
| 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   | / 00- 40 t)               |                            |
| 35.                     | Unassigned funds (surplus)  | (57,697,101)              | (17,655,18                 |
| 36.                     | Less treasury stock, at cost:   |                           |                            |
|                         | 36.1. 0 shares common (value included in Line 30 \$ 0)  |                           |                            |
| 27                      | 36.2. 0 shares preferred (value included in Line 31 \$ 0)   | (57.007.404)              | (47.055.40)                |
| 37.                     | Surplus as regards policyholders (Lines 29 to 35, less 36)  | (57,697,101)              | ,                          |
| 30.                     | Totals (Page 2, Line 28, Col. 3)  | 88,902,226                | 64,719,51                  |
|                         | DETAILS OF WRITE-IN LINES   |                           |                            |
| 2501.                   | Escheat liability   | 428,131                   | 981,014                    |
| 2502.                   | Due to policyholders  | 251,569                   | 139,43                     |
| 2503.                   |   |                           |                            |
| 2598.                   | Summary of remaining write-ins for Line 25 from overflow page   |                           |                            |
| 2599.                   | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)  | 679,700                   | 1,120,44                   |
| 2901.                   |   |                           |                            |
| 2902.                   | NONE  |                           |                            |
| 2903.                   | NONE  |                           |                            |
| 2998.                   | Summary of remaining write-ins for Line 29 from overflow page   |                           |                            |
| 2999.                   | Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)  |                           |                            |
|                         |   |                           |                            |
|                         |   |                           |                            |
| 3201.                   | NONE  |                           |                            |
| 3201.<br>3202.<br>3203. | NONE  |                           |                            |
| 3201.<br>3202.          | NONE Summary of remaining write-ins for Line 32 from overflow page                                      |                           |                            |

## **STATEMENT OF INCOME**

|            |  | 1                            | 2                         | 3                               |
|------------|--|------------------------------|---------------------------|---------------------------------|
|            |  | Current Year<br>To Date      | Prior Year<br>To Date     | Prior Year Ended<br>December 31 |
|            | UNDERWRITING INCOME  |                              |                           |                                 |
| 1.         | Premiums earned: 1.1 Direct (written \$ 106,197,853)   | 66,711,100                   | 40,835,539                | 92,200,633                      |
|            | 1.1 Direct (written \$ 100, 197,653) 1.2 Assumed (written \$ 0)  | •                            | 40,033,339                | 92,200,033                      |
|            | 1.3 Ceded (written \$ 0)   | 22,759,059                   | 16,125,214                | 38,884,273                      |
|            | 1.4 Net (written \$ 106,197,853)   | 43,952,041                   | 24,710,325                | 53,316,360                      |
|            | DEDUCTIONS:  |                              |                           |                                 |
| 2.         | Losses incurred (current accident year \$ 54,264,174):   |                              |                           |                                 |
|            | 2.1 Direct   | 52,393,170                   | 25,156,786                | 38,650,303                      |
|            | 2.2 Assumed 2.3 Ceded  | (105,450)                    | (60,528)                  | (1,227,143)                     |
|            | 2.3 Ceded<br>2.4 Net   | 52,498,620                   | 25,217,314                | 39,877,446                      |
| 3.         | Loss adjustment expenses incurred  | 10,732,378                   | 5,994,411                 | 9,961,558                       |
| 4.         | Other underwriting expenses incurred   | 22,391,602                   | 13,088,792                | 23,916,740                      |
| 5.         | Aggregate write-ins for underwriting deductions  |                              |                           |                                 |
|            | Total underwriting deductions (Lines 2 through 5)  | 85,622,600                   | 44,300,517                | 73,755,744                      |
| 7.<br>8.   | Net income of protected cells  Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)   | (41,670,559)                 | (19,590,192)              | (20,439,384)                    |
| 0.         | 7  | (41,070,009)                 | (19,590,192)              | (20,439,304)                    |
| _          | INVESTMENT INCOME  |                              |                           |                                 |
|            | Net investment income earned   | 1,115,380                    | 468,788                   | 1,303,248                       |
|            | Net realized capital gains (losses) less capital gains tax of \$ 0  Net investment gain (loss) (Lines 9 + 10)                              | 1,115,380                    | 468,788                   | 1,303,248                       |
| 11.        |  | 1,113,300                    | 400,700                   | 1,303,240                       |
|            | OTHER INCOME   |                              |                           |                                 |
| 12.        | Net gain or (loss) from agents' or premium balances charged off (amount recovered  | (040.544)                    | (450.704)                 | (457.050)                       |
| 12         | \$ 0 amount charged off \$ 242,541) Finance and service charges not included in premiums   | (242,541)<br>380,891         | (153,734)<br>255,787      | (457,959)<br>565,610            |
| 13.<br>14  | Aggregate write-ins for miscellaneous income   | 300,091                      | 1,319                     | 505,010                         |
|            |  | 138,350                      | 103,372                   | 107,651                         |
| 16.        | Net income before dividends to policyholders, after capital gains tax and before all other   |                              |                           | ,,,,                            |
|            | federal and foreign income taxes (Lines 8 + 11 + 15)   | (40,416,829)                 | (19,018,032)              | (19,028,485)                    |
|            | Dividends to policyholders   |                              |                           |                                 |
| 18.        | Net income, after dividends to policyholders, after capital gains tax and before   | (40,416,829)                 | (40.049.020)              | (40,000,405)                    |
| 10         | all other federal and foreign income taxes (Line 16 minus Line 17)  Federal and foreign income taxes incurred                              | (40,416,829)                 | (19,018,032)              | (19,028,485)                    |
|            | Net income (Line 18 minus Line 19) (to Line 22)  | (40,416,829)                 | (19,018,032)              | (19,028,485)                    |
|            | CAPITAL AND SURPLUS ACCOUNT  |                              |                           | , , , ,                         |
| 04         |  | (17 655 100)                 | 1 100 514                 | 1 100 514                       |
|            | Surplus as regards policyholders, December 31 prior year  Net income (from Line 20)  | (17,655,182)<br>(40,416,829) | 1,182,514<br>(19,018,032) | 1,182,514<br>(19,028,485)       |
| 23.        | Net transfers (to) from Protected Cell accounts  |                              | (10,010,002)              | (10,020,400)                    |
| 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 nonadmitted assets   | 374,910                      | (2,533,272)               | (809,211)<br>1.000.000          |
|            | Change in provision for reinsurance Change in surplus notes  |                              | 1,000,000                 | 1,000,000                       |
| 30.        | Surplus (contributed to) withdrawn from protected cells  |                              |                           |                                 |
|            | Cumulative effect of changes in accounting principles  |                              |                           |                                 |
| 32.        | Capital changes:   |                              |                           |                                 |
|            | 32.1 Paid in   |                              |                           |                                 |
|            | 32.2 Transferred from surplus (Stock Dividend)   |                              |                           |                                 |
| 22         | 32.3 Transferred to surplus  |                              |                           |                                 |
| აა.        | Surplus adjustments: 33.1 Paid in  |                              |                           |                                 |
|            | 33.1 Paid in 33.2 Transferred to capital (Stock Dividend)  |                              |                           |                                 |
|            | 33.3 Transferred from capital  |                              |                           |                                 |
| 34.        | Net remittances from or (to) Home Office   |                              |                           |                                 |
| 35.        | Dividends to stockholders  |                              |                           |                                 |
|            | Change in treasury stock   |                              |                           |                                 |
|            | Aggregate write-ins for gains and losses in surplus  Change in currelus as regards policyboldors (Lines 22 through 37)                     | (40.044.040)                 | (20,551,304)              | (10 007 600)                    |
| 38.<br>39. | Change in surplus as regards policyholders (Lines 22 through 37) Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | (40,041,919)<br>(57,697,101) |                           | (18,837,696)<br>(17,655,182)    |
| 33.        | Samples as a system point printed to, as or statement auto (Elitos 21 plus 20)   | (01,001,101)                 | (10,000,100)              | (11,000,102)                    |
|            | DETAILS OF WIDITS IN LINES   | 1                            |                           |                                 |

|       | DETAILS OF WRITE-IN LINES                                     |       |  |
|-------|---|-------|--|
| 0501. |   |       |  |
| 0502. | MANE  |       |  |
| 0503. |   | <br>  |  |
| 0598. | Summary of remaining write-ins for Line 05 from overflow page |       |  |
| 0599. | Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)    |       |  |
| 1401. | Miscellaneous Income  | 1,319 |  |
| 1402. |   |       |  |
| 1403. |   | <br>  |  |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page |       |  |
| 1499. | Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)    | 1,319 |  |
| 3701. |   |       |  |
| 3702. | MANE  |       |  |
| 3703. |   |       |  |
| 3798. | Summary of remaining write-ins for Line 37 from overflow page |       |  |
| 3799. | Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)    |       |  |

## **CASH FLOW**

|       |  | 1                       | 2                     | 3                               |
|-------|--|-------------------------|-----------------------|---------------------------------|
|       | Cash from Operations   | Current Year<br>To Date | Prior Year<br>To Date | Prior Year<br>Ended December 31 |
| 1.    | Premiums collected net of reinsurance  | 74,802,770              | 36,728,186            | 69,892,106                      |
| 2.    | Net investment income  | 1,049,358               | 413,672               | 1,224,035                       |
| 3.    | Miscellaneous income   | 138,349                 | 103,372               | 107,653                         |
| 4.    | Total (Lines 1 to 3)   | 75,990,477              | 37,245,230            | 71,223,794                      |
| 5.    | Benefit and loss related payments  | 44,362,290              | 22,098,648            | 36,091,841                      |
| 6.    | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts  |                         |                       |                                 |
| 7.    | Commissions, expenses paid and aggregate write-ins for deductions  | 18,982,580              | 20,128,302            | 33,013,340                      |
| 8.    | Dividends paid to policyholders  |                         |                       |                                 |
| 9.    | Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)  |                         |                       |                                 |
|       | • /  | 63,344,870              | 42,226,950            | 69,105,181                      |
| 11.   | Net cash from operations (Line 4 minus Line 10)  | 12,645,607              | (4,981,720)           | 2,118,613                       |
|       | Cash from Investments  |                         |                       |                                 |
| 12.   | Proceeds from investments sold, matured or repaid:   |                         |                       |                                 |
|       | 12.1 Bonds   |                         |                       |                                 |
|       | 12.2 Stocks  |                         |                       |                                 |
|       | 12.3 Mortgage loans  |                         |                       |                                 |
|       | 12.4 Real estate   |                         |                       |                                 |
|       | 12.5 Other invested assets   |                         |                       |                                 |
|       | 12.6 Net gains (or losses) on cash, cash equivalents and short-term investments  |                         |                       |                                 |
|       | 12.7 Miscellaneous proceeds  |                         |                       |                                 |
|       | 12.8 Total investment proceeds (Lines 12.1 to 12.7)  |                         |                       |                                 |
| 13.   | Cost of investments acquired (long-term only):   |                         |                       |                                 |
|       | 13.1 Bonds   |                         |                       |                                 |
|       | 13.2 Stocks  |                         |                       |                                 |
|       |  |                         |                       |                                 |
|       | 42.4 Pool order  |                         |                       |                                 |
|       | 40.5   |                         |                       |                                 |
|       | 42.6 Missellers and carliesticas   |                         |                       |                                 |
|       |  |                         |                       |                                 |
| 1/    | Not the same Association and the same and th |                         |                       |                                 |
|       |  |                         |                       |                                 |
| 15.   | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)  |                         |                       |                                 |
|       | Cash from Financing and Miscellaneous Sources  |                         |                       |                                 |
| 16.   | Cash provided (applied):   |                         |                       |                                 |
|       | 16.1 Surplus notes, capital notes  |                         |                       |                                 |
|       | 16.2 Capital and paid in surplus, less treasury stock  |                         |                       |                                 |
|       | 16.3 Borrowed funds  |                         |                       |                                 |
|       | 16.4 Net deposits on deposit-type contracts and other insurance liabilities  |                         |                       |                                 |
|       | 16.5 Dividends to stockholders   |                         |                       |                                 |
|       | 16.6 Other cash provided (applied)   | (460,604)               | (456,907)             | 149,312                         |
| 17.   | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus   |                         |                       |                                 |
|       | Line 16.5 plus Line 16.6)  | (460,604)               | (456,907)             | 149,312                         |
|       | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  |                         |                       |                                 |
| 18.   | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)  | 12,185,003              | (5,438,627)           | 2,267,925                       |
|       | Cash, cash equivalents and short-term investments:   |                         |                       |                                 |
|       | 19.1 Beginning of year   | 52,886,813              | 50,618,888            | 50,618,888                      |
|       | 19.2 End of period (Line 18 plus Line 19.1)  | 65,071,816              | 45,180,261            | 52,886,813                      |
|       |  |                         | ,,                    |                                 |
|       | oplemental disclosures of cash flow information for non-cash transactions:   |                         |                       |                                 |
| .0001 |  |                         |                       |                                 |
| .0002 |  |                         |                       |                                 |
| .0003 |  | I                       | I                     | I                               |

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

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

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

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

| Net Income   | SSAP# | F/S<br>Page | F/S Line<br># | June 30, 2024  | December 31,<br>2023 |
|--|-------|-------------|---------------|----------------|----------------------|
| Company state basis (P 4, Line 20, Columns 1&3)     State Prescribed Practices that is an increase / (decrease) from NAIC SAP     State Permitted Practices that is an increase / (decrease) from NAIC SAP | XXX   | XXX         | XXX           | (\$40,416,829) | (19,028,485)         |
| 4. NAIC SAP $(1-2-3=4)$  | XXX   | XXX         | XXX           | (\$40,416,829) | (19,028,485)         |

| Surplus  | SSAP# | F/S<br>Page | F/S Line<br># | June 30, 2024  | December 31,<br>2023 |
|--|-------|-------------|---------------|----------------|----------------------|
| <ul> <li>5. Company state basis (Page 3, Line 37, Columns 1 &amp; 2)</li> <li>6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP</li> <li>7. State Permitted Practices that is an increase / (decrease) from NAIC SAP</li> </ul> | XXX   | XXX         | XXX           | (\$57,697,101) | (\$17,655,182)       |
| 8. NAIC SAP $(5-6-7=8)$  | XXX   | XXX         | XXX           | (\$57,697,101) | (\$17,655,182)       |

#### B. Use of Estimates

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

#### C. Accounting Policies

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

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

In addition, the company uses the following accounting policies:

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

D. Going Concern

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

#### Note 2 - Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principles

Not applicable

B. Correction of Errors

Not applicable

#### Note 3 - Business Combinations and Goodwill

Not applicable

#### Note 4 - Discontinued Operations

Not applicable

#### Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

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

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Low-Income Housing Tax Credits (LIHTC)

None

## Restricted Assets The Association holds no restricted assets. 2. Detail of Assets Pledged as Collateral not Captured in Other Categories None 3. Detail of Other Restricted Assets None Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements M. Working Capital Finance Investments N. Offsetting and Netting of Assets and Liabilities None **5GI Securities** O. None P. **Short Sales** None Prepayment Penalty and Acceleration Fees Q. None R. Share of Cash Pool by Asset Type None Note 6 - Joint Ventures, Partnerships and Limited Liability Companies Not applicable Note 7 – Investment Income Accrued Investment Income A. No change В. Amounts Nonadmitted Not applicable C. The gross, nonadmitted and admitted amounts for interest income due and accrued. No significant change D. The aggregate deferred interest. Not applicable E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

#### Note 8 – Derivative Instruments

Not applicable

Not applicable

#### Note 9 - Income Taxes

No change

| Note 10 – In | nformation | Concerning | Parent, | <b>Subsidiaries</b> | , Affiliates and | d Other Related Parties |
|--------------|------------|------------|---------|---------------------|------------------|-------------------------|
|--------------|------------|------------|---------|---------------------|------------------|-------------------------|

A. Nature of Relationships

No change

B. Significant Transactions and Changes in Terms of Intercompany Arrangements

None

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

None

D. Amounts Due to or from Related Parties

No change

E. Management, Service Contracts, Cost Sharing Arrangements

No change

F. Guarantees or Undertakings for Related Parties

None

G. Nature of Relationships that Could Affect Operations

None

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP No. 48 Entity Loss Tracking

Not applicable

#### Note 11 – Debt

A. Debt

No changes

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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

A. Defined Benefit Plan

Not Applicable

B. Description of Investment Policies

Not Applicable

C. Fair Value Measurements of Plan Assets at Reporting Date

Not Applicable

D. Rate of Return Assumptions

Not Applicable

E. Defined Contribution Plans

Not Applicable

F. Multiemployer Plans

Not applicable

G. Consolidated/Holding Company Plans

Not applicable

H. Postemployment Benefits and Compensated Absences

No change

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

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

No change

#### Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

No change

B. Assessments

No change

C. Gain Contingencies

Not applicable

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

No change

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

#### G. Other Contingencies

No change

#### Note 15 - Leases

A. Lessee Leasing Arrangements

Not applicable

B. Lessor Leasing Arrangements

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

#### Note 20 - Fair Value Measurements

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

Not applicable

B. Other Fair Value Disclosures

Not applicable

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

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

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

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

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

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

| Type or Class of Financial Instrument                      | Aggregate<br>Fair Value | Admitted<br>Assets | Level 1      | Leve | el 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|--|-------------------------|--------------------|--------------|------|------|---------|-----------------------|----------------------------------|
| Cash, cash equivalents and short-term investments          | \$17,243,411            | \$17,243,411       | \$17,243,411 | \$   | -    | \$ -    | \$ -                  | \$ -                             |
| Exempt Money Market Mutual Funds – as Identified by SVO    | \$47,828,405            | \$47,828,405       | \$ -         | \$   | -    | \$ -    | \$47,828,405          | \$ -                             |
| Total Cash, Cash Equivalents and<br>Short-Term Investments | \$65,071,405            | \$65,071,405       | \$17,243,411 | \$   | _    | \$ -    | \$47,828,405          | \$ -                             |

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

E. Instruments Measured at Net Asset Value (NAV)

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

#### Note 21 – Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

G. Insurance Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

#### Note 22 – Events Subsequent

The Association has evaluated subsequent events through August 13, 2024, the date of issuance of these statutory financial statements. During July 2024, the Association was impacted by Hurricane Beryl. The Association estimates that the gross ultimate loss and loss adjustment expense will be at least \$80 million. The Association has the July 1, 2024 reinsurance in place of which the retention is \$40 million. The Association is monitoring the financial results closely and seeking an assessment recovery from the Texas Department of Insurance Commissioner. The anticipated assessment to be received, reinsurance recoveries to be received and access to the \$30 million line of credit will all provide adequate cash liquidity to pay all current claims and claims incurred from Hurricane Beryl.

#### Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

No significant changes

B. Reinsurance Recoverables in Dispute

None

C. Reinsurance Assumed and Ceded

No changes

D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

K. Reinsurance Credit on Contracts Covering Health Business

Not applicable

#### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

#### Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A.

Current year changes in estimates of the costs of prior accident year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current calendar year expense and are referred to as favorable development or prior year reserve redundancies. Storm activity during the first half of 2024 cause significant incurred losses and LAE. Current calendar year losses and LAE reflected on the Statement of Income of \$63,230,998 are lower by \$1,099,002 due to favorable development of prior year estimates as of June 30, 2024. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of June 30, 2024 make a reasonable provision for Texas FAIR Plan Association.

| Rollforward of unpaid losses and loss adjustment expenses | June 30, 2024 | December 31, 2023 |
|---|---------------|-------------------|
|   |               |                   |
| Balance as of January 1,                                  | \$ 16,913,852 | \$ 15,902,303     |
| Less: Reinsurance Recoverable                             | 308,769       | 3,044,700         |
| Net Balance at January 1,                                 | 16,605,083    | 12,857,603        |
| Incurred, net of reinsurance, related to:                 |               |                   |
| Current year  | 64,330,000    | 50,633,844        |
| Prior years   | (1,099,002)   | (794,840)         |
| Net Incurred  | 63,230,998    | 49,839,004        |
| Paid, net of reinsurance, related to:                     |               |                   |
| Current year  | (35,951,419)  | (38,451,880)      |
| Prior years   | (8,461,772)   | (7,639,644)       |
| Net Paid Losses   | (44,413,191)  | (14,671,041)      |
| Net Balance at end of period,                             | 35,422,890    | 16,605,083        |
| Plus: Reinsurance Recoverable                             | 508,574       | 308,769           |
| Balance at end of period,                                 | \$ 35,931,464 | \$ 16,913,852     |

B. Significant Changes in Reserving Methodology

Not applicable

#### Note 26 - Intercompany Pooling Arrangements

Not applicable

#### Note 27 – Structured Settlements

Not applicable

#### Note 28 – Health Care Receivables

Not applicable

#### Note 29 - Participating Policies

Not applicable

#### Note 30 – Premium Deficiency Reserves

No changes

#### 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

# PART 1 – COMMON INTERROGATORIES GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the with the State of Domicile, as required by the Model Act?   | sactions                                 | Yes[]No[X]        |  |  |  |
|-----|---|--|-------------------|--|--|--|
| 1.2 | If yes, has the report been filed with the domiciliary state?   | Yes [ ] No [ ]                           |                   |  |  |  |
| 2.1 | Has any change been made during the year of this statement in the charte settlement of the reporting entity?  | Yes[]No[X]                               |                   |  |  |  |
| 2.2 | If yes, date of change:   |  |                   |  |  |  |
| 3.1 | Is the reporting entity a member of an Insurance Holding Company System one or more of which is an insurer?   | d persons,                               | Yes[]No[X]        |  |  |  |
|     | If yes, complete Schedule Y, Parts 1 and 1A.  |  |                   |  |  |  |
| 3.2 | Have there been any substantial changes in the organizational chart since   | the prior quarter end?                   |                   | Yes[]No[X]                             |  |  |
| 3.3 | If the response to 3.2 is yes, provide a brief description of those changes.  |  |                   |  |  |  |
|     |   |  |                   |  |  |  |
| 3.4 | Is the reporting entity publicly traded or a member of a publicly traded ground   | up?                                      |                   | Yes[]No[X]                             |  |  |
| 3.5 | If the response to 3.4 is yes, provide the CIK (Central Index Key) code issues  | ued by the SEC for the entity/group      |                   |  |  |  |
| 4.1 | Has the reporting entity been a party to a merger or consolidation during the   | he period covered by this statement      | ?                 | Yes[]No[X]                             |  |  |
| 4.2 | If yes, provide the name of entity, NAIC Company Code, and state of dom entity that has ceased to exist as a result of the merger or consolidation.   | icile (use two letter state abbreviation | on) for any       |  |  |  |
|     | 1<br>No. 24 (5 (6)  | 2  | 3                 |  |  |  |
|     | Name of Entity  | NAIC Company Code                        | State of Domicile |  |  |  |
|     |   |  |                   |  |  |  |
|     | If the reporting entity is subject to a management agreement, including this general agent(s), attorney-in-fact, or similar agreement, have there been a terms of the agreement or principals involved?  If yes, attach an explanation.  State as of what date the latest financial examination of the reporting entity | any significant changes regarding th     |                   | Yes [ ] No [ X ] N/A [ ]<br>12/31/2022 |  |  |
|     |   |  | alla aa           | 12/31/2022                             |  |  |
| 0.2 | State the as of date that the latest financial examination report became aver the reporting entity. This date should be the date of the examined balance completed or released.   |  |                   | 12/31/2017                             |  |  |
| 6.3 | State as of what date the latest financial examination report became availathe state of domicile or the reporting entity. This is the release date or conot the date of the examination (balance sheet date).   | ·  |                   | 02/12/2019                             |  |  |
| 6.4 | By what department or departments? Texas Department of Insurance  |  |                   |  |  |  |
|     |   |  |                   |  |  |  |
| 6.5 | Have all financial statement adjustments within the latest financial examinations subsequent financial statement filed with Departments?  | ation report been accounted for in a     | l                 | Yes [ X ] No [ ] N/A [ ]               |  |  |
| 6.6 | Have all of the recommendations within the latest financial examination re  | port been complied with?                 |                   | Yes [ X ] No [ ] N/A [ ]               |  |  |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or regis if applicable) suspended or revoked by any governmental entity during the  | , , ,                                    | ation,            | Yes[]No[X]                             |  |  |
| 7.2 | If yes, give full information   |  |                   |  |  |  |
|     |   |  |                   |  |  |  |
|     |   |  |                   |  |  |  |

| 8.1   | Is the company a subsidiary of a bank holding company regulated   |   | Yes [ ] No [X] |        |       |              |     |
|-------|---|---|----------------|--------|-------|--------------|-----|
| 8.2   | If response to 8.1 is yes, please identify the name of the bank hold  | ding company.                             |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
| 8.3   | Is the company affiliated with one or more banks, thrifts or securiti   | es firms?                                 |                |        |       | Yes[]No[     | X]  |
| 8.4   | If response to 8.3 is yes, please provide below the names and loc   | ation (city and state of the main offic   | e) of any      |        |       |              |     |
|       | affiliates regulated by a federal regulatory services agency [i.e. the Comptroller of the Currency (OCC), the Federal Deposit Insurance   |   |                |        |       |              |     |
|       | Commission (SEC)] and identify the affiliate's primary federal regu   | ılator.                                   |                |        |       |              |     |
|       | 1   | 2   | 3              | 4      | 5     | 6            |     |
|       | Affiliate<br>Name   | Location<br>(City, State)                 | FRB            | occ    | FDIC  | SEC          |     |
|       | Name  | (Oity, State)                             |                |        | 1 DIC | 3L0          |     |
|       |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       | Are the senior officers (principal executive officer, principal financi persons performing similar functions) of the reporting entity subject standards?  |   |                |        |       |              |     |
|       | <ul> <li>(a) Honest and ethical conduct, including the ethical handling of an<br/>personal and professional relationships;</li> <li>(b) Full fair acquirate, timely and understandable disclosure in the</li> </ul> |   |                | arting |       |              |     |
|       | <ul><li>(b) Full, fair, accurate, timely and understandable disclosure in the<br/>entity;</li></ul>   | , periodio reports required to be illed   | by the repo    | n any  |       |              |     |
|       | (c) Compliance with applicable governmental laws, rules, and regu   |   | la cont        |        |       |              |     |
|       | (d) The prompt internal reporting of violations to an appropriate pe<br>(e) Accountability for adherence to the code.   | erson or persons identified in the coo    | le; and        |        |       | Yes [ X ] No | []  |
| .11   | If the response to 9.1 is No, please explain:   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
| 9.2   | Has the code of ethics for senior managers been amended?  |   |                |        |       | Yes[]No[     | X]  |
| 21    | If the response to 9.2 is Yes, provide information related to amend   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
| 9.3   | Have any provisions of the code of ethics been waived for any of t  | the specified officers?                   |                |        |       | Yes [ ] No [ | X ] |
| 31    | If the response to 9.3 is Yes, provide the nature of any waiver(s).   |   |                |        |       |              |     |
| . • 1 |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       |   | FINANCIAL                                 |                |        |       |              |     |
| 0.1   | Does the reporting entity report any amounts due from parent, sub   | osidiaries or affiliates on Page 2 of the | nis statemer   | nt?    |       | Yes [ ] No [ | X ] |
| 0.2   | If yes, indicate any amounts receivable from parent included in the   | e Page 2 amount:                          |                |        | \$    |              |     |
|       |   |   |                |        | -     |              |     |
|       |   | INVESTMENT                                |                |        |       |              |     |
|       | Were any of the stocks, bonds, or other assets of the reporting en<br>otherwise made available for use by another person? (Exclude se   |   |                |        |       | Yes[]No[     | X]  |
| 1.2   | If yes, give full and complete information relating thereto:  |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
|       |   |   |                |        |       |              |     |
| 10    | Amount of roal actate and markees a held in all a site as invested and  | s in Schodula PA:                         |                |        | •     |              |     |
| ıZ.   | Amount of real estate and mortgages held in other invested assets   | S III SUIRUUR DA.                         |                |        | \$_   |              |     |
| 13    | Amount of real estate and mortgages held in short-term investmen  | nts.                                      |                |        | \$    |              |     |

| .1 Does the reporting   | g entity have any invest   | ments in parent, subsidiaries a   | ind affiliates?             |                         | Yes[]No[X]     |
|-------------------------|--|-----------------------------------|-----------------------------|-------------------------|----------------|
| 2 If yes, please com    | plete the following:   |                                   | 1                           | 2                       |                |
|                         |  |                                   | Prior Year-F                | End Current Quarter     |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   | \$                          | \$                      |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   | \$                          | \$                      |                |
|                         |  |                                   |                             |                         |                |
| 14.26                   | above  |                                   | \$                          | \$                      | •              |
| 1 Has the reporting     | entity entered into any  | hedging transactions reported     | on Schedule DB?             |                         | Yes[]No[X]     |
| 2 If yes, has a comp    | prehensive description   | of the hedging program been m     | nade available to the d     | omiciliary state?       | Yes[]No[]N/A[X |
|                         |  |                                   |                             | •                       |                |
| i. For the reporting ε  | entity's security lending  | program, state the amount of t    | the following as of the     | current statement date: |                |
| 16 1 T-1-1              | foir volue of rotarrants d   | colleteral access recorded as 2   | shadula DL Darta 4 -        | nd 2                    | ¢              |
|                         |  |                                   |                             |                         | \$             |
|                         |  |                                   |                             | euule DL, FailS Tällü Z | \$<br>\$       |
| 10.5 Total p            | payable for securilles is  | maing reported on the liability p | page                        |                         | Ψ              |
| 7. Excluding items in   | Schedule E - Part 3 -  | Special Deposits, real estate, n  | nortgage loans and inv      | restments held          |                |
| _                       |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
| _                       | · · · · · · · · · · · · · · · · · · ·  |                                   |                             | • •                     |                |
|                         |  |                                   | =                           |                         | Yes[]No[X]     |
|                         |  |                                   |                             |                         |                |
| _                       |  | equirements of the NAIC Finan     | ncial Condition Examin      | ers Handbook,           |                |
| complete the follo      | owing:   |                                   |                             |                         |                |
|                         | 1  |                                   |                             | 2                       |                |
|                         | Name of Custoo   | dian(s)                           |                             | Custodian Address       |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
| .2 For all agreements   | s that do not comply wi  | th the requirements of the NAI    | C Financial Condition I     | Examiners Handbook,     |                |
| provide the name        | , location and a comple  | ete explanation:                  |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         | 1  | 2                                 |                             | 3                       |                |
|                         | Name(s)  | Location(s)                       |                             | Complete Explanation(s) |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
| 3 Have there hoose      | Prior Year-End Book/Adjusted Book/Ad Carrying Value Carrying  14.21 Bonds \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |                                   | during the current          |                         |                |
|                         | any changes, including   | name changes, in the custodia     | iii(s) ideiliiiled iii 17.1 | during the current      | Yes[]No[X]     |
| 4                       |  |                                   |                             |                         | [ ][]          |
| 4 If yes, give full and | d complete information   | relating thereto:                 |                             |                         |                |
| 1                       |  | 2                                 | 3                           | 4                       |                |
| Old Cust                | todian   | New Custodian                     | Date of Change              | Reason                  |                |
|                         |  |                                   |                             |                         |                |
|                         |  |                                   |                             |                         |                |
| İ                       |  |                                   |                             | 1                       |                |

| 17.5 | Investment management - Identify all investment advisors, investment managers, broker/dealers, Including individuals that  |
|------|--|
|      | have the authority to make investments decisions on behalf of the reporting entity. For assets that are managed internally |
|      | by employees of the reporting entity, note as such. ["that have acess to the investment accounts";"handle securities"]     |

| 1                          | 2           |
|----------------------------|-------------|
| Name of Firm or Individual | Affiliation |
| David Durden               | I           |
| Stuart Harbour             | I           |
|                            |             |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[]No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the

information for the table below.

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

| 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office |                |
|--|----------------|
| been followed?   | Yes [ X ] No [ |
| 40.0 15 - 15 - 15  |                |

18.2 If no, list exceptions:

| <br> |  |
|------|--|
| <br> |  |
| <br> |  |

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

- 20. 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 a 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]

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

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

Yes[]No[X]

# GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

| 1.  | If the reporting entity If yes, attach an expl   | Yes[]No[]N          | V/A [X]          |                       |                    |                  |                   |                       |                    |                  |                |  |  |
|-----|--|---------------------|------------------|-----------------------|--------------------|------------------|-------------------|-----------------------|--------------------|------------------|----------------|--|--|
| 2.  | Has the reporting endor in part, from any load of the left yes, attach an explanation of the left yes. | oss that may        | -                | -                     |                    | -                | ease such entit   | ry from liability,    | in whole           | Yes[]No[X]       |                |  |  |
| 3.1 | Have any of the repo   | Yes[]No[X]          |                  |                       |                    |                  |                   |                       |                    |                  |                |  |  |
| 3.2 | If yes, give full and c  | omplete info        | rmation the      | reto:                 |                    |                  |                   |                       |                    |                  |                |  |  |
|     |  |                     |                  |                       |                    |                  |                   |                       |                    |                  |                |  |  |
| l.1 | Are any of the liabiliti   |                     |                  |                       |                    |                  |                   |                       |                    |                  |                |  |  |
|     | at a rate of interest g  |                     |                  | pertaining to a       | isolosure or disc  | counting for doi | million of taba   | iai reserves j u      | iscounicu          | Yes[]No[X]       |                |  |  |
| 1.2 | If yes, complete the t   | following sch       | nedule:          |                       |                    |                  |                   |                       |                    |                  |                |  |  |
|     | 1  | 2                   | 3                |                       | TOTAL D            | ISCOUNT          |                   | I                     | DISCOUNT TAKEN     | EN DURING PERIOD |                |  |  |
|     | Line of<br>Business  | Maximum<br>Interest | Discount<br>Rate | 4<br>Unpaid<br>Losses | 5<br>Unpaid<br>LAE | 6<br>IBNR        | 7<br>TOTAL        | 8<br>Unpaid<br>Losses | 9<br>Unpaid<br>LAE | 10<br>IBNR       | 11<br>TOTAL    |  |  |
|     |  |                     |                  |                       |                    |                  |                   |                       |                    |                  |                |  |  |
|     |  |                     | TOTAL            |                       |                    |                  |                   |                       |                    |                  |                |  |  |
| 5.  | Operating Percentag<br>5.1. A&H loss perc<br>5.2. A&H cost con<br>5.3. A&H expense                     | cent<br>tainment pe |                  | containment ex        | xpenses            |                  |                   |                       |                    |                  | _%<br>_%<br>_% |  |  |
| 6.1 | Do you act as a cust   | odian for he        | alth savings     | accounts?             |                    |                  |                   |                       |                    | Yes [ ] No [X]   |                |  |  |
|     | If yes, please provide   |                     |                  |                       |                    | g date.          |                   |                       | \$                 |                  | -              |  |  |
|     | Do you act as an adr   |                     |                  | -                     |                    | tina dat-        |                   |                       | •                  | Yes[]No[X]       |                |  |  |
|     | If yes, please provide Is the reporting entity   |                     |                  |                       |                    | _                | es in at least hu | n states?             | \$                 | Yes [ ] No [X]   | -              |  |  |
|     | If no, does the report   |                     |                  | -                     | -                  | -                |                   |                       | e state            | 162[]N0[X]       |                |  |  |
| . ' | of domicile of the rep   |                     |                  |                       | 5 314t 557010 H    |                  |                   | o outor utan un       | 5 5.010            | Yes[]No[X]       |                |  |  |

## NONE Schedule F

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

**Current Year To Date - Allocated by States and Territories** 

|              |   | Direct Premiums Wri     |                      | iums Written          | Direct Losses Paid   | (Deducting Salvage)   | Direct Los           | sses Unpaid           |  |
|--------------|---|-------------------------|----------------------|-----------------------|----------------------|-----------------------|----------------------|-----------------------|--|
|              |   | 1                       | 2                    | 3                     | 4                    | 5                     | 6                    | 7                     |  |
| States, Etc. |   | Active<br>Status<br>(a) | Current Year to Date | Prior Year<br>to Date | Current Year to Date | Prior Year<br>to Date | Current Year to Date | Prior Year<br>to Date |  |
|              | Alabama AL  | N.                      |                      |                       |                      |                       |                      |                       |  |
|              | Alaska AK<br>Arizona AZ                                       | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Arkansas AR   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | California CA   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Colorado CO<br>Connecticut CT                                 | N<br>N                  |                      |                       |                      |                       |                      |                       |  |
| 8.           | Delaware DE   | N                       |                      |                       |                      |                       |                      |                       |  |
| 10.          | District of Columbia DC Florida FL                            | N<br>N                  |                      |                       |                      |                       |                      |                       |  |
|              | Georgia GA<br>Hawaii HI                                       | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Idaho ID  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Illinois IL   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Indiana IN  | N.                      |                      |                       |                      |                       |                      |                       |  |
|              | lowa IA<br>Kansas KS  | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Kansas KS<br>Kentucky KY                                      | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Louisiana LA  | N                       |                      |                       |                      |                       |                      |                       |  |
| 20.          | Maine ME  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Maryland MD   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Massachusetts MA<br>Michigan MI                               | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Minnesota MN  | N                       |                      |                       |                      |                       |                      |                       |  |
| 25.          | Mississippi MS  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Missouri MO   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Montana MT<br>Nebraska NE                                     | N<br>N                  |                      |                       |                      |                       |                      |                       |  |
|              | Nevada NV   | N ! !                   |                      |                       |                      |                       |                      |                       |  |
|              | New Hampshire NH  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | New Jersey NJ   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | New Mexico NM<br>New York NY                                  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | New York NY North Carolina NC                                 | N N                     |                      |                       |                      |                       |                      |                       |  |
| 35.          | North Dakota ND Ohio OH                                       | N<br>N                  |                      |                       |                      |                       |                      |                       |  |
|              | Oklahoma OK   | N                       |                      |                       |                      |                       |                      |                       |  |
| 38.          | Oregon OR   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Pennsylvania PA   | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Rhode Island RI<br>South Carolina SC                          | N N                     |                      |                       |                      |                       |                      |                       |  |
| 42.          | South Dakota SD   | N !N                    |                      |                       |                      |                       |                      |                       |  |
|              | Tennessee TN  | N                       |                      |                       |                      |                       |                      |                       |  |
| 44.          | Texas TX  | <u>L</u>                | 106,197,853          | 53,602,888            | 36,681,378           | 22,225,643            | 29,014,162           | 13,974,50             |  |
|              | Utah UT<br>Vermont VT   | N N                     |                      |                       |                      |                       |                      |                       |  |
| 40.<br>47.   | Virginia VA   | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Washington WA   | N                       |                      |                       |                      |                       |                      |                       |  |
| 49.          | West Virginia WV  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Wisconsin WI  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Wyoming WY American Samoa AS                                  | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Guam GU   | N                       |                      |                       |                      |                       |                      |                       |  |
| 54.          | Puerto Rico PR  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | U.S. Virgin Islands VI  | N                       |                      |                       |                      |                       |                      |                       |  |
|              | Northern Mariana Islands MP<br>Canada CAN                     | N N                     |                      |                       |                      |                       |                      |                       |  |
|              | Aggregate Other Alien OT                                      | XXX                     |                      |                       |                      |                       |                      |                       |  |
|              | Totals  | XXX                     | 106,197,853          | 53,602,888            | 36,681,378           | 22,225,643            | 29,014,162           | 13,974,50             |  |
|              | DETAILS OF WRITE-INS  |                         |                      |                       |                      |                       |                      |                       |  |
| 001.         |   | XXX                     |                      |                       |                      |                       |                      |                       |  |
| 002.<br>003. |   | XXX                     |                      | NOI                   | N <b>E</b>           |                       |                      |                       |  |
| 998.         | Summary of remaining write-ins for Line 58                    |                         |                      |                       | <b>4</b> L           |                       |                      |                       |  |
| 000          | from overflow page  | XXX                     |                      |                       |                      |                       |                      |                       |  |
| 999.         | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX                     |                      |                       |                      |                       |                      |                       |  |

| I | L | -  | - | LI | C | е   | n | Sŧ | ЭC | 1 | OI | U | ľ |
|---|---|----|---|----|---|-----|---|----|----|---|----|---|---|
|   |   |    | ٠ |    |   |     |   |    |    |   |    |   |   |
| n |   | ١. |   | П  | _ | _ : |   | 1. |    | _ | _1 | ĸ | ı |

| 1. | L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG   | 1  |
|----|---|----|
| 2. | R - Registered - Non-domiciled RRGs   |    |
| 3. | E – Eligible - Reporting entities eligble or approved to write surplus lines in the state                                 |    |
|    | Q - Qualified - Qualified or accredited reinsurer   |    |
| 5. | D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile |    |
| 6  | N. Nana of the above. Not allowed to write hydrogen in the state (other than their state of demicile. See DSLI)           | EG |

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

Texas Windstorm Insurance Association

Fed ID 74-6189303

NAIC 30040

Texas FAIR Plan Association

Fed ID 43-1982873

NAIC 11543

## **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<br>Code | Group Name | NAIC<br>Company<br>Code | ID<br>Number             | Federal<br>RSSD | CIK | Name of<br>Securities<br>Exchange if<br>Publicly<br>Traded (U.S. or<br>International) | Names of<br>Parent, Subsidiaries<br>Or Affiliates                 | Domiciliary<br>Location | Relationship to<br>Reporting<br>Entity | Directly Controlled by<br>(Name of Entity / Person) | Type of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence, Other) | If Control is<br>Ownership<br>Provide<br>Percentage | Ultimate Controlling<br>Entity(ies)/Person(s) | Is an SCA<br>Filing<br>Required?<br>(Yes/No) | *  |
| 4766<br>4766  |            | 11543                   | 43-1982873<br>74-6189303 |                 |     |   | Texas FAIR Plan Association Texas Windstorm Insurance Association | TEX                     | ОТН                                    | UNAFFLIATED<br>UNAFFLIATED                          | SERVICE CONTRACT<br>SERVICE CONTRACT  |   |   | NO<br>NO                                     |    |

|    | Asterik | Explanation   |
|----|---------|---|
|    | 1       | Contract between Associations Contract between Associations |
| 12 |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |
|    |         |   |

## PART 1 – LOSS EXPERIENCE

| •           |  |                                | Current Year to Date           |                                | 4   |
|-------------|--|--------------------------------|--------------------------------|--------------------------------|---|
|             | Lines of Business  | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct<br>Loss Percentage | Prior Year to Date<br>Direct Loss<br>Percentage |
|             | Fire   | 1,871,373                      | 3,210,385                      | 171.552                        | 76.08   |
|             | Allied lines   | 19,229,255                     | 20,516,091                     | 106.692                        | 60.68   |
| 2.2         | Multiple peril crop  |                                |                                |                                |   |
|             | Federal flood  |                                |                                |                                |   |
|             | Private crop   |                                |                                |                                |   |
|             | Private flood  |                                |                                |                                |   |
| 3.          | Farmowners multiple peril                                    |                                |                                |                                |   |
| _4.         | Homeowners multiple peril                                    | 45,610,472                     | 28,666,694                     | 62.851                         | 61.37   |
| 5.1         | Commercial multiple peril (non-liability portion)            |                                |                                |                                |   |
|             | Commercial multiple peril (liability portion)                |                                |                                |                                |   |
| 6.          | Mortgage guaranty  |                                |                                |                                |   |
|             | Ocean marine   |                                |                                |                                |   |
| 9.1         | Inland marine  |                                |                                |                                |   |
|             | Pet insurance  |                                |                                |                                |   |
| 1U.<br>11 1 | Financial guaranty Medical professional liability-occurrence |                                |                                |                                |   |
| 11.1        | Medical professional liability-claims made                   |                                |                                |                                |   |
| 11.∠        | Earthquake   |                                |                                |                                |   |
|             | Comprehensive (hospital and medical) individual              |                                |                                |                                |   |
| 13.1        | Comprehensive (hospital and medical) group                   |                                |                                |                                |   |
|             | Credit accident and health                                   |                                |                                |                                |   |
|             | Vision only  |                                |                                |                                |   |
|             | Dental only  |                                |                                |                                |   |
|             | Disability income  |                                |                                |                                |   |
|             | Medicare supplement  |                                |                                |                                |   |
|             | Medicaid Title XIX   |                                |                                |                                |   |
|             | Medicaid Title XVIII   |                                |                                |                                |   |
|             | Long-term care   |                                |                                |                                |   |
| 15.8        | Federal employees health benefits plan                       |                                |                                |                                |   |
| 15.9        | Other health   |                                |                                |                                |   |
| 16.         | Workers' compensation  |                                |                                |                                |   |
| 17.1        | Other liability-occurrence                                   |                                |                                |                                |   |
|             | Other liability-claims made                                  |                                |                                |                                |   |
|             | Excess Workers' Compensation                                 |                                |                                |                                |   |
|             | Products liability-occurrence                                |                                |                                |                                |   |
|             | Products liability-claims made                               |                                |                                |                                |   |
| 19.1        |  |                                |                                |                                |   |
|             | Other private passenger auto liability                       |                                |                                |                                |   |
|             | Commercial auto no-fault (personal injury protection)        |                                |                                |                                |   |
|             | Other commercial auto liability                              |                                |                                |                                |   |
| 21.1        | Private passenger auto physical damage                       |                                |                                |                                |   |
|             | Commercial auto physical damage                              |                                |                                |                                |   |
|             | Aircraft (all perils) Fidelity                               |                                |                                |                                |   |
|             |  |                                |                                |                                |   |
| 24.         | Surety Burglary and theft                                    |                                |                                |                                |   |
| 20.<br>27   | Boiler and machinery   |                                |                                |                                |   |
|             | Credit   |                                |                                |                                |   |
|             | International  |                                |                                |                                |   |
|             | Warranty   |                                |                                |                                |   |
|             | Reinsurance-Nonproportional Assumed Property                 | XXX                            | XXX                            | XXX                            | XXX   |
| 32.         | Reinsurance-Nonproportional Assumed Liability                | XXX                            | XXX                            | XXX                            | XXX   |
|             | Reinsurance-Nonproportional Assumed Financial Lines          | XXX                            | XXX                            | XXX                            | XXX   |
| 34.         | Aggregate write-ins for other lines of business              |                                |                                |                                |   |
| 35.         | TOTALS   | 66,711,100                     | 52,393,170                     | 78.537                         | 61.60   |
|             |  |                                | <u> </u>                       |                                |   |
| •           | DETAILS OF WRITE-INS   |                                |                                |                                |   |

| DETAILS OF WRITE-INS  |      |  |   |
|---|------|--|---|
| 3401.   |      |  |   |
| 3402.<br>3403.  |      |  | [ |
|   |      |  |   |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 1101 |  |   |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)          |      |  |   |

#### PART 2 – DIRECT PREMIUMS WRITTEN

|           | Lines of Business   | 1<br>Current<br>Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|-----------|---|-------------------------|------------------------------|---------------------------------|
| 1.        | Fire  | 1,567,313               | 2,683,883                    | 1,482,91                        |
| 2.1       | Allied lines  | 15,083,409              | 26,216,239                   | 17,567,12                       |
| 2.2       | Multiple peril crop   |                         |                              |                                 |
| 2.3       | Federal flood   |                         |                              |                                 |
|           | Private crop  |                         |                              |                                 |
|           | Private flood   |                         |                              |                                 |
|           | Farmowners multiple peril   | 10.535.037              | 77 007 720                   | 24 550 64                       |
| 4.<br>5.1 | Homeowners multiple peril Commercial multiple peril (non-liability portion) | 48,535,927              | 77,297,732                   | 34,552,84                       |
| 5.1       | Commercial multiple peril (hori-liability portion)                          |                         |                              |                                 |
| 6.        | Madagas accepts   |                         |                              |                                 |
|           | Ocean marine  |                         |                              |                                 |
|           | Inland marine   |                         |                              |                                 |
|           | Pet insurance   |                         |                              |                                 |
|           | Financial guaranty  |                         |                              |                                 |
|           | Medical professional liability-occurrence                                   |                         |                              |                                 |
|           | Medical professional liability-claims made                                  |                         |                              |                                 |
| 12.       | Earthquake  |                         |                              |                                 |
| 13.1      | Comprehensive (hospital and medical) individual                             | 1                       |                              |                                 |
| 13.2      | Comprehensive (hospital and medical) group                                  |                         |                              |                                 |
|           | Credit accident and health  |                         |                              |                                 |
|           | Vision only   |                         |                              |                                 |
|           | Dental only   |                         |                              |                                 |
|           | Disability income   |                         |                              |                                 |
|           | Medicare supplement   |                         |                              |                                 |
|           | Medicaid Title XIX  |                         |                              |                                 |
|           | Medicaid Title XVIII  |                         |                              |                                 |
|           | Long-term care  |                         |                              |                                 |
|           | Federal employees health benefits plan                                      |                         |                              |                                 |
|           | Other health  |                         |                              |                                 |
| 16.       | Workers' compensation   |                         |                              |                                 |
|           | Other liability-occurrence  |                         |                              |                                 |
|           | Other liability-claims made Excess Workers' Compensation                    |                         |                              |                                 |
| 10.0      | Products liability-occurrence   |                         |                              |                                 |
| 18.7      | Products liability-claims made  |                         |                              |                                 |
|           | Private passenger auto no-fault (personal injury protection)                |                         |                              |                                 |
| 19.1      | Other private passenger auto liability                                      |                         |                              |                                 |
| 19.3      | Commercial auto no-fault (personal injury protection)                       |                         |                              |                                 |
|           | Other commercial auto liability   |                         |                              |                                 |
| 21.1      | Private passenger auto physical damage                                      |                         |                              |                                 |
| 21.2      | Commercial auto physical damage   |                         |                              |                                 |
|           | Aircraft (all perils)   |                         |                              |                                 |
| 23.       | Fidelity  |                         |                              |                                 |
|           | Surety  |                         |                              |                                 |
| 26.       |   |                         |                              |                                 |
| 27.       |   |                         |                              |                                 |
| 28.       | Credit  |                         |                              |                                 |
| 29.       | International   | l                       |                              |                                 |
| 30.       | Warranty  |                         |                              |                                 |
| 31.       |   | XXX                     | XXX                          | XXX                             |
| 32.       | Reinsurance-Nonproportional Assumed Liability                               | XXX                     | XXX                          | XXX                             |
| 33.       |   | XXX                     | XXX                          | XXX                             |
| 34.       | Aggregate write-ins for other lines of business                             |                         |                              |                                 |
|           | TOTALS  | 65,186,649              | 106,197,854                  | 53,602,88                       |

|       | DETAILS OF WRITE-INS  |  |  |
|-------|---|--|--|
| 3401. |   |  |  |
| 3402. |   |  |  |
| 3403. | N.C.) N   |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page |  |  |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34)          |  |  |

## **PART 3 (\$000 OMITTED)**

#### LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

|                           | 1              | 2              | 3              | 4               | 5             | 6            | 7               | 8                   | 9          | 10               | 11                   | 12                    | 13                   |
|---------------------------|----------------|----------------|----------------|-----------------|---------------|--------------|-----------------|---------------------|------------|------------------|----------------------|-----------------------|----------------------|
|                           |                |                |                | 2024 Loss and   | 2024 Loss and |              | Q.S. Date Known | Q.S. Date Known     |            |                  | Prior Year-End       |                       |                      |
|                           |                |                | Total          | LAE             | LAE Payments  |              | Case Loss and   | Case Loss and       |            |                  | Known Case Loss      | Prior Year-End        | Prior Year-End       |
|                           | Prior Year-End | Prior Year-End | Prior Year-End | Payments on     | on Claims     | Total 2024   | LAE Reserves on | LAE Reserves on     | Q.S. Date  | Total Q.S.       | and LAE Reserves     | IBNR Loss and LAE     | Total Loss and LAE   |
| Years in Which            | Known Case     | IBNR           | Loss and LAE   | Claims Reported | Unreported    | Loss and LAE | Claims Reported | Claims Reported or  | IBNR       | Loss and LAE     | Developed            | Reserves Developed    | Reserve Developed    |
| Losses                    | Loss and LAE   | Loss and LAE   | Reserves       | as of Prior     | as of Prior   | Payments     | and Open as of  | Reopened Subsequent | Loss & LAE | Reserves         | (Savings)/Deficiency | (Savings)/Deficiency  | (Savings)/Deficiency |
| Occurred                  | Reserves       | Reserves       | (Cols. 1 + 2)  | Year-End        | Year-End      | (Cols 4 + 5) | Prior Year-End  | to Prior Year-End   | Reserves   | (Cols 7 + 8 + 9) | (Cols. 4 + 7 - 1)    | (Cols. 5 + 8 + 9 - 2) | (Cols. 11 + 12)      |
| 1. 2021 + prior           | 1,295          | 1,110          | 2,405          | 1,551           | 16            | 1,567        | 763             |                     | 135        | 898              | 1,019                | (959)                 | 60                   |
| 2. 2022                   | 872            | 1,146          | 2,018          | 728             | 105           | 833          | 368             |                     | 726        | 1,094            | 224                  | (315)                 | (91                  |
| 3. Subtotals 2022 + prior | 2,167          | 2,256          | 4,423          | 2,279           | 121           | 2,400        | 1,131           |                     | 861        | 1,992            | 1,243                | (1,274)               | (3                   |
| 4. 2023                   | 3,721          | 8,461          | 12,182         | 3,667           | 2,394         | 6,061        | 1,725           | 259                 | 3,069      | 5,053            | 1,671                | (2,739)               | (1,068               |
| 5. Subtotals 2023 + prior | 5,888          | 10,717         | 16,605         | 5,946           | 2,515         | 8,461        | 2,856           | 259                 | 3,930      | 7,045            | 2,914                | (4,013)               | (1,099               |
| 6. 2024                   | XXX            | XXX            | XXX            | XXX             | 35,952        | 35,952       | XXX             | 4,391               | 23,987     | 28,378           | XXX                  | XXX                   | XXX                  |
| 7. Totals                 | 5,888          | 10,717         | 16,605         | 5,946           | 38,467        | 44,413       | 2,856           | 4,650               | 27,917     | 35,423           | 2,914                | (4,013)               | (1,099               |

8. Prior Year-End Surplus As

Regards Policyholders (17,655) Col. 11, Line 7 Col. 12, Line 7 As % of Col. 1, As % of Col. 2, Line 7 Line 7

49.490 2.

Col. 13, Line 7 As % of Col. 3,

-37.445 -6.618

> Col. 13, Line 7 Line 8

Line 7

6.225

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

|            |  | Response |
|------------|--|----------|
| 1. Will th | e Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?   | NO .     |
| 2. Will S  | upplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?  | NO       |
| 3. Will th | e Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?  | NO       |
| 4. Will th | e Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?   | NO       |
|            | AUGUST FILING  |          |
| an         | I the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile delectronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. | N/A      |
| Explana    | tion:  |          |
| Question   | 1: TFPA does not file this statement   |          |
|            |  |          |
| Question   | 2: TFPA does not provide Medical Liability   |          |
| Question   | 3: TFPA does not provide Medicare Coverage   |          |
|            |  |          |
| Question   | 4: TFPA does not provide D&O Coverage  |          |
|            |  |          |
| Bar Cod    | e:   |          |
|            | 1154320244900020   |          |
|            |  |          |

## **OVERFLOW PAGE FOR WRITE-INS**

## Page 2 - Continuation

## **ASSETS**

|  |        | Current Year |               | Prior Year   |
|--|--------|--------------|---------------|--------------|
|  | 1      | 2            | 3             | 4            |
|  |        |              |               |              |
|  |        |              | Net Admitted  |              |
| REMAINING WRITE-INS AGGREGATED AT LINE 25                  |        | Nonadmitted  | Assets        | Net Admitted |
| FOR OTHER THAN INVESTED ASSETS                             | Assets | Assets       | (Cols. 1 - 2) | Assets       |
| 2504. Other Accounts Receivable                            | 19,723 |              | 19,723        |              |
| 2597. Totals (Lines 2501 through 2596) (Page 2, Line 2598) | 19,723 |              | 19,723        |              |

NONE Schedule A, B, BA and D Verification

NONE Schedule D - Part 1B

NONE Schedule DA - Part 1 and 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**

(Cash Equivalents)

|     |   | 1            | 2                               |
|-----|---|--------------|---------------------------------|
|     |   | Year To Date | Prior Year<br>Ended December 31 |
| 1.  | Book/adjusted carrying value, December 31 of prior year   | 30,975,864   | 17,556,895                      |
| 2.  | Cost of cash equivalents acquired   | 16,852,541   | 13,418,969                      |
| 3.  | Accrual of discount   |              |                                 |
| 4.  | Unrealized valuation increase (decrease)  |              |                                 |
| 5.  | Total gain (loss) on disposals  |              |                                 |
| 6.  | Deduct consideration received on disposals  |              |                                 |
| 7.  | Deduct amortization of premium  |              |                                 |
| 8.  | Total foreign exchange change in book/adjusted carrying value                                   |              |                                 |
| 9.  | Deduct current year's other-than-temporary impairment recognized                                |              |                                 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 47,828,405   | 30,975,864                      |
| 11. | Deduct total nonadmitted amounts  |              |                                 |
| 12. | Statement value at end of current period (Line 10 minus Line 11)                                | 47,828,405   | 30,975,864                      |

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DB - Part E

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

## **SCHEDULE E - PART 1 - CASH**

#### Month End Depository Balances

|                            | 1  | 2                 | 3          | 4<br>Amount of                         | 5<br>Amount of              | ł                  | Book Balance at End of Each<br>Month During Current Quarter |                    |       |  |
|----------------------------|--|-------------------|------------|--|-----------------------------|--------------------|---|--------------------|-------|--|
|                            |  |                   | Rate<br>of | Interest<br>Received<br>During Current | Interest Accrued at Current | 6                  | 7   | 8                  |       |  |
|                            | Depository   | Code              | Interest   | Quarter                                | Statement Date              | First Month        | Second Month  | Third Month        | *     |  |
|                            | Open Depositories  |                   |            |  |                             |                    |   |                    |       |  |
| Bank of An                 | nerica, N.A. Austin TX   |                   |            |  |                             | 1,888,546          | 8,074,240   | 4,942,368          |       |  |
| Citibank, N<br>Citibank, N |  | 0                 | 1.750      | 478                                    |                             | 208,169<br>109,859 | 208,169<br>110,022  | 208,169<br>110,180 |       |  |
|                            | Chase Bank, N.A. San Antonio, TX                                 |                   | 3.550      | 123,388                                |                             | 18,469,299         | 10,986,309  | 11,982,694         |       |  |
| 0199998                    | Deposits in (0) depositories that do                             |                   |            |  |                             |                    |   |                    |       |  |
|                            | not exceed the allowable limit in any one depository             | \<br>\<br>V \ V \ |            |  |                             |                    |   |                    |       |  |
| 0199999                    | (see Instructions) - Open Depositories Total - Open Depositories | XXX               | XXX        | 123,866                                |                             | 20,675,873         | 19,378,740  | 17,243,411         | XXX   |  |
|                            | Suspended Depositories   |                   |            |  |                             |                    |   |                    |       |  |
| 0299998                    | Deposits in ( 0) depositories that do                            |                   |            |  |                             |                    |   |                    |       |  |
|                            | not exceed the allowable limit in any one depository             |                   |            |  |                             |                    |   |                    |       |  |
| 0200000                    | (see Instructions) - Suspended Depositories                      | XXX               | XXX        |  |                             |                    |   |                    | XXX   |  |
| 0299999                    | Total Suspended Depositories                                     | XXX               | XXX        |  |                             |                    |   |                    | XXX   |  |
| 0399999                    | Total Cash on Deposit  | XXX               | XXX        | 123,866                                |                             | 20,675,873         | 19,378,740  | 17,243,411         | XXX   |  |
| 0499999                    | Cash in Company's Office   | XXX               | XXX        | XXX                                    | XXX                         |                    |   |                    | XXX   |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
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|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
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|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    | [:::: |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |
|                            |  |                   |            |  |                             |                    |   |                    |       |  |

### **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

#### Show Investments Owned End of Current Quarter

| 1                          |              | 2  | 3        | 4                        | 5                | 6          | 7                        | 8                  | 9                  |
|----------------------------|--------------|--|----------|--------------------------|------------------|------------|--------------------------|--------------------|--------------------|
|                            | _            |  |          |                          |                  | Maturity   | Book/Adjusted            | Amount of Interest | Amount Received    |
| CUSIP                      | P            | Description  | Code     | Date Acquired            | Rate of Interest | Date       | Carrying Value           | Due & Accrued      | During Year        |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
| 31607A-80-2                |              | FIMM Treasury Only Portfolio - INST Class<br>Goldman Sachs Fin'l SQ Treas Instruments - Inst Shares Fund 506 |          | 06/03/2024               | 5.231            | XXX        | 14,748,436               | 63,325             | 302,866            |
| 38142B-50-0<br>4812C2-23-9 |              | JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110   |          | 06/03/2024<br>06/03/2024 | 5.164<br>5.184   | XXX<br>XXX | 16,649,884<br>16,430,085 | 70,648<br>69,863   | 274,530<br>294,863 |
|                            |              |  |          | 00/00/2024               |                  |            |                          |                    |                    |
| 8209999999 Ex              | Exempt Mone  | ey Market Mutual Funds - as Identified by SVO  |          |                          |                  | <u> </u>   | 47,828,405               | 203,836            | 872,259            |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
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|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
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|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
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|                            |              |  |          |                          |                  |            |                          |                    |                    |
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|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
|                            |              |  |          |                          |                  |            |                          |                    |                    |
| 8609999999 To              | otal Cash Ed | quivalents   | <u> </u> | ·                        | -                | -          | 47,828,405               | 203,836            | 872,259            |