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PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of Ohio

NAIC Group Code 0088 (Current) 0088 (Prior) NAIC Company Code 10176 Employer's ID Number 38-3167100

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America

Incorporated/Organized 11/17/1994 Commenced Business 02/13/1995

Statutory Home Office 4400 Easton Commons Way, Suite 125, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002, 508-853-7200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 440 Lincoln Street, Worcester, MA, US 01653-0002
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 440 Lincoln Street
(Street and Number)
Worcester, MA, US 01653-0002, 508-853-7200-8557928
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Dennis M. Hazelwood, 508-853-7200-8557928
(Name) (Area Code) (Telephone Number)
DHAZELWOOD@HANOVER.COM, 508-853-6332
(E-mail Address) (FAX Number)

OFFICERS

President John Conner Roche
Executive Vice President & Treasurer Ann Kirkpatrick Tripp #
Secretary Charles Frederick Cronin

OTHER

Mark Leo Berthiaume, Executive Vice President
Jeffrey Mark Farber, Executive Vice President & CFO
J. Kendall Huber, Executive Vice President & GC
Richard William Lavey, Executive Vice President
Denise Maureen Lowsley #, Executive Vice President
Bryan James Salvatore, Executive Vice President
Mark Joseph Welzenbach, Executive Vice President

DIRECTORS OR TRUSTEES

Warren Ellison Barnes #
Mark Leo Berthiaume
Jeffrey Mark Farber
J. Kendall Huber
Denise Maureen Lowsley #
John Conner Roche
Bryan James Salvatore
Ann Kirkpatrick Tripp
Mark Joseph Welzenbach

State of Massachusetts
County of Worcester SS:

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

John Conner Roche
President

Charles Frederick Cronin
Secretary

Ann Kirkpatrick Tripp
Executive Vice President & Treasurer

Subscribed and sworn to before me this
3rd day of February, 2020

Jaime L. Hawley
Notary
December 14, 2023

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

JAIME L HAWLEY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
December 14, 2023

JAIME L. HAWLEY NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMMISSION EXPIRES DECEMBER 14, 2023

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2019 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,164,003	1,323,133	0	436,199	171,651	883,294	4,847,131	33,057	27,736	204,245	100,390	63,856
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,164,003	1,323,133	0	436,199	171,651	883,294	4,847,131	33,057	27,736	204,245	100,390	63,856
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 $ 4,123

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2019 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	134	0	0	0	1	4	0	(5)	2	0	0
2.1 Allied lines	0	233	0	0	0	43	55	0	0	3	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	9,295,113	10,176,599	0	4,663,539	7,106,694	8,469,685	4,513,207	90,230	9,557	157,847	1,326,630	184,567
5.1 Commercial multiple peril (non-liability portion)	278,083	297,995	0	131,724	17,354	48,659	51,597	1,833	(405)	4,394	52,337	5,545
5.2 Commercial multiple peril (liability portion)	153,594	174,241	0	74,282	5,302	(55,635)	502,726	67,039	167,955	244,911	32,164	3,069
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	230,953	256,153	0	113,168	179,718	160,171	13,828	0	(3,222)	3,650	33,663	4,565
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	34,950	37,473	0	18,475	0	1,358	1,358	0	521	521	5,030	695
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	85,498	98,791	0	47,036	0	19,778	120,111	0	(1,110)	5,572	12,951	1,711
17.2 Other Liability - claims made	0	0	0	0	0	2	0	0	(3)	1	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	1,462	1,255	0	1,049	0	(599)	662	0	339	538	210	29
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	20,369	21,839	0	5,042	4,805	31,589	33,699	0	476	2,390	2,751	406
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	27,277	27,100	0	177	(867)	(1,101)	7,553	0	(215)	3,997	13,032	543
21.1 Private passenger auto physical damage	20,815	22,601	0	5,173	16,387	16,062	(796)	0	3	27	2,967	414
21.2 Commercial auto physical damage	6,382	6,382	0	0	0	127	20	0	3	14	2,633	127
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	32	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	10,154,496	11,120,828	0	5,059,665	7,329,393	8,690,140	5,244,024	159,102	173,894	423,867	1,484,368	201,671
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 $ 38,695

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2019 NAIC Company Code 10176

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	134	0	0	0	1	4	0	(5)	2	0	0
2.1 Allied lines	0	233	0	0	0	43	55	0	0	3	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	9,295,113	10,176,599	0	4,663,539	7,106,694	8,469,685	4,513,207	90,230	9,557	157,847	1,326,630	184,567
5.1 Commercial multiple peril (non-liability portion)	278,083	297,995	0	131,724	17,354	48,659	51,597	1,833	(405)	4,394	52,337	5,545
5.2 Commercial multiple peril (liability portion)	153,594	174,241	0	74,282	5,302	(55,635)	502,726	67,039	167,955	244,911	32,164	3,069
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	230,953	256,153	0	113,168	179,718	160,171	13,828	0	(3,222)	3,650	33,663	4,565
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	34,950	37,473	0	18,475	0	1,358	1,358	0	521	521	5,030	695
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	1,164,003	1,323,133	0	436,199	171,651	883,294	4,847,131	33,057	27,736	204,245	100,390	63,856
17.1 Other Liability - occurrence	85,498	98,791	0	47,036	0	19,778	120,111	0	(1,110)	5,572	12,951	1,711
17.2 Other Liability - claims made	0	0	0	0	0	2	0	0	(3)	1	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	1,462	1,255	0	1,049	0	(599)	662	0	339	538	210	29
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	20,369	21,839	0	5,042	4,805	31,589	33,699	0	476	2,390	2,751	406
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	27,277	27,100	0	177	(867)	(1,101)	7,553	0	(215)	3,997	13,032	543
21.1 Private passenger auto physical damage	20,815	22,601	0	5,173	16,387	16,062	(796)	0	3	27	2,967	414
21.2 Commercial auto physical damage	6,382	6,382	0	0	0	127	20	0	3	14	2,633	127
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	32	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	11,318,499	12,443,961	0	5,495,864	7,501,044	9,573,434	10,091,155	192,159	201,630	628,112	1,584,758	265,527
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 $ 42,818

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

SCHEDULE F - PART 1

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

1	2	3	4	5	Reinsurance On		8	9	10	11	12	13	14	15
					6	7								
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
0499999. Total - U.S. Non-Pool				0	0	0	0	0	0	0	0	0	0	0
0799999. Total - Other (Non-U.S.)				0	0	0	0	0	0	0	0	0	0	0
0899999. Total - Affiliates				0	0	0	0	0	0	0	0	0	0	0
AA-9992114	00000	MICHIGAN WC PLACEMENT FACILITY	MI	97	0	273	273	0	0	25	0	0	0	0
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				97	0	273	273	0	0	25	0	0	0	0
1299999. Total - Pools and Associations				97	0	273	273	0	0	25	0	0	0	0
9999999 Totals				97	0	273	273	0	0	25	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com-pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					11,415	0	0	6,080	172	4,485	672	5,521	0	16,930	0	0	0	16,930	0

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
38-0421730	CITIZENS INS CO OF AMERICA	0	0		0	0	16,930	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	16,930	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	16,930	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	0	16,930	0	0	0	0	0	0	0	XXX	0	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	0	16,930	0	0	0	0	0	0	0	XXX	0	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	XXX	0	0	16,930	0	0	0	0	0	0	0	XXX	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
9999999 Totals		0	0	XXX	0	0	16,930	0	0	0	0	0	0	0	XXX	0	0

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
38-0421730	CITIZENS INS CO OF AMERICA	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 Totals		0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0

SCHEDULE F - PART 3 (Continued)

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

		Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
38-0421730	CITIZENS INS CO OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

		70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
38-0421730	CITIZENS INS CO OF AMERICA	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		0	0	0	0	0	0	0	0	0
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		0.000	0
2.		0.000	0
3.		0.000	0
4.		0.000	0
5.		0.000	0

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6.	CITIZENS INS CO OF AMERICA	16,658	11,415	Yes [X] No [ ]
7.		0	0	Yes [ ] No [ ]
8.		0	0	Yes [ ] No [ ]
9.		0	0	Yes [ ] No [ ]
10.		0	0	Yes [ ] No [ ]

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

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	12,757,180	0	12,757,180
2.	Premiums and considerations (Line 15)	0	0	0
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5.	Other assets	85,675	0	85,675
6.	Net amount recoverable from reinsurers	0	16,930,000	16,930,000
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	12,842,855	16,930,000	29,772,855
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	11,409,000	11,409,000
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	21,913	0	21,913
11.	Unearned premiums (Line 9)	0	5,521,000	5,521,000
12.	Advance premiums (Line 10)	0	0	0
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15.	Funds held by company under reinsurance treaties (Line 13)	0	0	0
16.	Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17.	Provision for reinsurance (Line 16)	0	0	0
18.	Other liabilities	101,553	0	101,553
19.	Total liabilities excluding protected cell business (Line 26)	123,466	16,930,000	17,053,466
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	12,719,389	XXX	12,719,389
22.	Totals (Line 38)	12,842,855	16,930,000	29,772,855

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

If yes, give full explanation: The Company ceded 100% of its insurance business to The Citizens Insurance Company of America, an affiliated insurer.

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX
2. 2010	6,724	6,724	0	6,425	6,425	121	121	582	582	0	0	1,200
3. 2011	10,473	10,473	0	12,736	12,736	107	107	1,126	1,126	0	0	2,537
4. 2012	13,749	13,749	0	13,908	13,908	130	130	1,235	1,235	0	0	2,914
5. 2013	14,211	14,211	0	8,436	8,436	125	125	792	792	0	0	1,765
6. 2014	11,705	11,705	0	6,233	6,233	83	83	816	816	0	0	1,277
7. 2015	10,669	10,669	0	4,221	4,221	57	57	722	722	0	0	998
8. 2016	9,931	9,931	0	4,141	4,141	91	91	550	550	0	0	736
9. 2017	10,229	10,229	0	4,965	4,965	78	78	716	716	0	0	977
10. 2018	10,865	10,865	0	4,539	4,539	38	38	633	633	0	0	854
11. 2019	10,177	10,177	0	5,032	5,032	63	63	638	638	0	0	896
12. Totals	XXX	XXX	XXX	70,637	70,637	894	894	7,811	7,811	0	0	XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	2	2	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	1	1	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	40	40	6	6	0	0	2	2	3	3	0	0	2
6. 2014	0	0	7	7	0	0	3	3	0	0	0	0	0
7. 2015	0	0	4	4	0	0	0	0	0	0	0	0	0
8. 2016	0	0	11	11	0	0	6	6	0	0	0	0	0
9. 2017	185	185	5	5	18	18	23	23	4	4	0	0	3
10. 2018	351	351	60	60	0	0	41	41	4	4	0	0	3
11. 2019	1,237	1,237	2,605	2,605	0	0	63	63	88	88	0	0	61
12. Totals	1,813	1,813	2,701	2,701	18	18	140	140	100	100	0	0	69

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	7,130	7,130	0	106.0	106.0	0.0	0	0	0.0	0	0
3. 2011	13,970	13,970	0	133.4	133.4	0.0	0	0	0.0	0	0
4. 2012	15,273	15,273	0	111.1	111.1	0.0	0	0	0.0	0	0
5. 2013	9,405	9,405	0	66.2	66.2	0.0	0	0	0.0	0	0
6. 2014	7,142	7,142	0	61.0	61.0	0.0	0	0	0.0	0	0
7. 2015	5,005	5,005	0	46.9	46.9	0.0	0	0	0.0	0	0
8. 2016	4,799	4,799	0	48.3	48.3	0.0	0	0	0.0	0	0
9. 2017	5,994	5,994	0	58.6	58.6	0.0	0	0	0.0	0	0
10. 2018	5,666	5,666	0	52.1	52.1	0.0	0	0	0.0	0	0
11. 2019	9,727	9,727	0	95.6	95.6	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	327	327	0	50	50	1	1	19	19	0	0	19
3. 2011	217	217	0	310	310	0	0	18	18	0	0	25
4. 2012	176	176	0	92	92	17	17	19	19	0	0	32
5. 2013	130	130	0	10	10	0	0	8	8	0	0	8
6. 2014	71	71	0	21	21	0	0	4	4	0	0	7
7. 2015	52	52	0	1	1	0	0	1	1	0	0	2
8. 2016	41	41	0	4	4	0	0	3	3	0	0	6
9. 2017	32	32	0	20	20	0	0	3	3	0	0	4
10. 2018	27	27	0	0	0	0	0	2	2	0	0	2
11. 2019	22	22	0	5	5	0	0	2	2	0	0	4
12. Totals	XXX	XXX	XXX	513	513	18	18	80	80	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	1	1	0	0	0	0	0	0	0	0	0
10. 2018	0	0	5	5	0	0	1	1	0	0	0	0	0
11. 2019	18	18	10	10	0	0	1	1	3	3	0	0	3
12. Totals	18	18	16	16	0	0	2	2	3	3	0	0	3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	70	70	0	21.3	21.3	0.0	0	0	0.0	0	0
3. 2011	328	328	0	151.1	151.1	0.0	0	0	0.0	0	0
4. 2012	128	128	0	72.8	72.8	0.0	0	0	0.0	0	0
5. 2013	19	19	0	14.5	14.5	0.0	0	0	0.0	0	0
6. 2014	25	25	0	35.3	35.3	0.0	0	0	0.0	0	0
7. 2015	3	3	0	5.7	5.7	0.0	0	0	0.0	0	0
8. 2016	8	8	0	18.4	18.4	0.0	0	0	0.0	0	0
9. 2017	24	24	0	76.0	76.0	0.0	0	0	0.0	0	0
10. 2018	7	7	0	25.1	25.1	0.0	0	0	0.0	0	0
11. 2019	39	39	0	178.8	178.8	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(1)	(1)	0	0	0	0	0	0	XXX
2. 2010	135	135	0	7	7	0	0	9	9	0	0	4
3. 2011	38	38	0	14	14	0	0	10	10	0	0	6
4. 2012	67	67	0	11	11	0	0	4	4	0	0	3
5. 2013	56	56	0	2	2	0	0	2	2	0	0	2
6. 2014	53	53	0	15	15	0	0	8	8	0	0	5
7. 2015	49	49	0	0	0	0	0	4	4	0	0	1
8. 2016	37	37	0	0	0	0	0	0	0	0	0	0
9. 2017	32	32	0	0	0	0	0	0	0	0	0	0
10. 2018	29	29	0	0	0	0	0	0	0	0	0	0
11. 2019	27	27	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	47	47	0	0	38	38	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	1	1	0	0	0	0	0	0	0	0	0
10. 2018	0	0	2	2	0	0	1	1	0	0	0	0	0
11. 2019	0	0	3	3	0	0	2	2	0	0	0	0	0
12. Totals	0	0	8	8	0	0	4	4	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	15	15	0	11.5	11.5	0.0	0	0	0.0	0	0
3. 2011	24	24	0	64.0	64.0	0.0	0	0	0.0	0	0
4. 2012	16	16	0	23.3	23.3	0.0	0	0	0.0	0	0
5. 2013	4	4	0	7.4	7.4	0.0	0	0	0.0	0	0
6. 2014	24	24	0	44.8	44.8	0.0	0	0	0.0	0	0
7. 2015	4	4	0	9.0	9.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	1.1	1.1	0.0	0	0	0.0	0	0
9. 2017	1	1	0	2.8	2.8	0.0	0	0	0.0	0	0
10. 2018	3	3	0	11.3	11.3	0.0	0	0	0.0	0	0
11. 2019	6	6	0	21.0	21.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	14	14	2	2	0	0	0	0	XXX
2. 2010	4,533	4,533	0	2,449	2,449	140	140	889	889	0	0	591
3. 2011	5,128	5,128	0	1,522	1,522	103	103	936	936	0	0	538
4. 2012	5,042	5,042	0	2,203	2,203	101	101	378	378	0	0	478
5. 2013	4,213	4,213	0	1,636	1,636	98	98	320	320	0	0	419
6. 2014	4,126	4,126	0	1,358	1,358	131	131	618	618	0	0	490
7. 2015	3,767	3,767	0	1,430	1,430	60	60	397	397	0	0	379
8. 2016	2,164	2,164	0	2,849	2,849	86	86	187	187	0	0	166
9. 2017	1,316	1,316	0	254	254	14	14	91	91	0	0	122
10. 2018	1,393	1,393	0	145	145	6	6	69	69	0	0	93
11. 2019	1,416	1,416	0	118	118	4	4	115	115	0	0	147
12. Totals	XXX	XXX	XXX	13,977	13,977	746	746	3,999	3,999	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	192	192	460	460	0	0	40	40	10	10	0	0	6
2. 2010	7	7	29	29	0	0	6	6	0	0	0	0	0
3. 2011	5	5	64	64	0	0	11	11	0	0	0	0	0
4. 2012	10	10	65	65	0	0	14	14	0	0	0	0	0
5. 2013	190	190	124	124	0	0	14	14	3	3	0	0	2
6. 2014	28	28	58	58	0	0	13	13	0	0	0	0	0
7. 2015	39	39	102	102	0	0	14	14	0	0	0	0	0
8. 2016	2,732	2,732	109	109	0	0	15	15	3	3	0	0	2
9. 2017	14	14	87	87	0	0	17	17	0	0	0	0	0
10. 2018	35	35	114	114	0	0	24	24	2	2	0	0	1
11. 2019	640	640	219	219	0	0	36	36	80	80	0	0	50
12. Totals	3,891	3,891	1,431	1,431	0	0	204	204	98	98	0	0	61

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	3,520	3,520	0	77.6	77.6	0.0	0	0	0.0	0	0
3. 2011	2,641	2,641	0	51.5	51.5	0.0	0	0	0.0	0	0
4. 2012	2,770	2,770	0	54.9	54.9	0.0	0	0	0.0	0	0
5. 2013	2,384	2,384	0	56.6	56.6	0.0	0	0	0.0	0	0
6. 2014	2,206	2,206	0	53.5	53.5	0.0	0	0	0.0	0	0
7. 2015	2,042	2,042	0	54.2	54.2	0.0	0	0	0.0	0	0
8. 2016	5,981	5,981	0	276.4	276.4	0.0	0	0	0.0	0	0
9. 2017	476	476	0	36.2	36.2	0.0	0	0	0.0	0	0
10. 2018	396	396	0	28.4	28.4	0.0	0	0	0.0	0	0
11. 2019	1,213	1,213	0	85.6	85.6	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	11	11	(1)	(1)	0	0	XXX
2. 2010	543	543	0	59	59	22	22	22	22	0	0	23
3. 2011	662	662	0	150	150	2	2	19	19	0	0	28
4. 2012	818	818	0	619	619	172	172	39	39	0	0	42
5. 2013	850	850	0	54	54	0	0	22	22	0	0	26
6. 2014	941	941	0	122	122	0	0	33	33	0	0	32
7. 2015	878	878	0	166	166	272	272	35	35	0	0	31
8. 2016	862	862	0	212	212	2	2	43	43	0	0	34
9. 2017	788	788	0	128	128	1	1	40	40	0	0	27
10. 2018	636	636	0	42	42	7	7	27	27	0	0	20
11. 2019	472	472	0	16	16	2	2	13	13	0	0	8
12. Totals	XXX	XXX	XXX	1,569	1,569	490	490	292	292	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	53	53	15	15	0	0	10	10	7	7	0	0	7
2. 2010	0	0	1	1	0	0	2	2	0	0	0	0	0
3. 2011	0	0	4	4	0	0	3	3	0	0	0	0	0
4. 2012	0	0	2	2	0	0	3	3	0	0	0	0	0
5. 2013	0	0	4	4	0	0	4	4	0	0	0	0	0
6. 2014	0	0	3	3	0	0	6	6	0	0	0	0	0
7. 2015	300	300	8	8	154	154	8	8	2	2	0	0	2
8. 2016	0	0	9	9	0	0	7	7	0	0	0	0	0
9. 2017	0	0	15	15	0	0	12	12	0	0	0	0	0
10. 2018	5	5	23	23	0	0	18	18	1	1	0	0	1
11. 2019	0	0	114	114	0	0	23	23	0	0	0	0	0
12. Totals	357	357	197	197	154	154	95	95	9	9	0	0	10

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	106	106	0	19.5	19.5	0.0	0	0	0.0	0	0
3. 2011	177	177	0	26.7	26.7	0.0	0	0	0.0	0	0
4. 2012	835	835	0	102.1	102.1	0.0	0	0	0.0	0	0
5. 2013	84	84	0	9.9	9.9	0.0	0	0	0.0	0	0
6. 2014	164	164	0	17.4	17.4	0.0	0	0	0.0	0	0
7. 2015	945	945	0	107.7	107.7	0.0	0	0	0.0	0	0
8. 2016	273	273	0	31.6	31.6	0.0	0	0	0.0	0	0
9. 2017	195	195	0	24.8	24.8	0.0	0	0	0.0	0	0
10. 2018	123	123	0	19.4	19.4	0.0	0	0	0.0	0	0
11. 2019	168	168	0	35.6	35.6	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2013	1	1	0	0	0	0	0	0	0	0	0	XXX
6. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2016	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2017	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2018	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2019	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	275	275	0	0	0	0	0	0	0	0	0	0
3. 2011	444	444	0	425	425	3	3	16	16	0	0	5
4. 2012	470	470	0	2	2	0	0	22	22	0	0	10
5. 2013	349	349	0	0	0	0	0	0	0	0	0	0
6. 2014	248	248	0	0	0	0	0	0	0	0	0	0
7. 2015	155	155	0	0	0	0	0	0	0	0	0	0
8. 2016	130	130	0	0	0	0	0	0	0	0	0	0
9. 2017	130	130	0	0	0	0	0	0	0	0	0	0
10. 2018	113	113	0	0	0	0	0	0	0	0	0	0
11. 2019	99	99	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	427	427	3	3	38	38	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	2	2	0	0	0	0	0	0	0	0	0
7. 2015	0	0	2	2	0	0	0	0	0	0	0	0	0
8. 2016	0	0	13	13	0	0	0	0	0	0	0	0	0
9. 2017	0	0	22	22	0	0	1	1	0	0	0	0	0
10. 2018	0	0	24	24	0	0	1	1	0	0	0	0	0
11. 2019	0	0	57	57	0	0	2	2	0	0	0	0	0
12. Totals	0	0	120	120	0	0	6	6	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	444	444	0	100.0	100.0	0.0	0	0	0.0	0	0
4. 2012	24	24	0	5.1	5.1	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
6. 2014	2	2	0	0.7	0.7	0.0	0	0	0.0	0	0
7. 2015	2	2	0	1.6	1.6	0.0	0	0	0.0	0	0
8. 2016	14	14	0	10.5	10.5	0.0	0	0	0.0	0	0
9. 2017	22	22	0	17.3	17.3	0.0	0	0	0.0	0	0
10. 2018	25	25	0	22.1	22.1	0.0	0	0	0.0	0	0
11. 2019	59	59	0	60.1	60.1	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2018	303	303	0	82	82	0	0	16	16	0	0	XXX
3. 2019	294	294	0	164	164	0	0	14	14	0	0	XXX
4. Totals	XXX	XXX	XXX	246	246	0	0	30	30	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	1	1	0	0	0	0	0	0	0	0	0
2. 2018	0	0	3	3	0	0	1	1	0	0	0	0	0
3. 2019	2	2	10	10	0	0	3	3	5	5	0	0	2
4. Totals	2	2	13	13	0	0	4	4	5	5	0	0	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2018	102	102	0	33.8	33.8	0.0	0	0	0.0	0	0
3. 2019	197	197	0	66.9	66.9	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2018	34	34	0	4	4	0	0	0	0	0	0	5
3. 2019	29	29	0	16	16	0	0	0	0	0	0	6
4. Totals	XXX	XXX	XXX	20	20	0	0	1	1	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2019	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0
4. Totals	0	0	(1)	(1)	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2018	4	4	0	12.6	12.6	0.0	0	0	0.0	0	0
3. 2019	16	16	0	55.5	55.5	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	1	2	3	4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	1	1	0	0	0	0	0	0	0	0	0	0
3. 2011	(1)	(1)	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	1	1	0	0	0	0	0	0	0	0	0	0
10. 2018	3	3	0	0	0	0	0	0	0	0	0	0
11. 2019	1	1	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog-ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstand-ing Direct and Assumed
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	1	1	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2017	0	0	0	14.8	14.8	0.0	0	0	0.0	0	0
10. 2018	1	1	0	21.0	21.0	0.0	0	0	0.0	0	0
11. 2019	1	1	0	42.1	42.1	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 2M - International

N O N E

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	000	0	0	0	0	0	0	0	0	0	13	0
2. 2010	0	0	0	0	0	0	0	0	0	0	930	270
3. 2011	XXX	0	0	0	0	0	0	0	0	0	2,004	533
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	2,260	654
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	1,279	484
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	895	382
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	692	306
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	525	211
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	685	289
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	587	264
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	598	237

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

1. Prior	000	0	0	0	0	0	0	0	0	0	7	0
2. 2010	0	0	0	0	0	0	0	0	0	0	18	1
3. 2011	XXX	0	0	0	0	0	0	0	0	0	22	3
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	28	4
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	6	2
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	5	2
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1	1
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	3	3
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2	2
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	0

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

1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	4	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0	5	1
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	3	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	2	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	3
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	1
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	0	0	0	0	0	0	0	0	0	81	0
2. 2010	0	0	0	0	0	0	0	0	0	0	368	223
3. 2011	XXX	0	0	0	0	0	0	0	0	0	313	225
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	304	174
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	233	184
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	236	254
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	148	231
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	128	36
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	98	24
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	54	38
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	70	27

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	000	0	0	0	0	0	0	0	0	0	2	0
2. 2010	0	0	0	0	0	0	0	0	0	0	14	9
3. 2011	XXX	0	0	0	0	0	0	0	0	0	15	13
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	23	19
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	16	10
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	19	13
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	19	10
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	20	14
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	18	9
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	10	9
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	4	4

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	000											
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	000											
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	000										XXX	XXX
2. 2010											XXX	XXX
3. 2011	XXX										XXX	XXX
4. 2012	XXX	XXX									XXX	XXX
5. 2013	XXX	XXX	XXX								XXX	XXX
6. 2014	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0	1	4
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	2	8
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	000											
2. 2010												
3. 2011	XXX											
4. 2012	XXX	XXX										
5. 2013	XXX	XXX	XXX									
6. 2014	XXX	XXX	XXX	XXX								
7. 2015	XXX	XXX	XXX	XXX	XXX							
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END ($000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	0	0	0	0
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	4	1
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	5	1

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000										XXX	XXX
2. 2010											XXX	XXX
3. 2011	XXX										XXX	XXX
4. 2012	XXX	XXX									XXX	XXX
5. 2013	XXX	XXX	XXX								XXX	XXX
6. 2014	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 4G - Special Liability

N O N E

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 4M - International

N O N E

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	79	7	0	3	1	0	2	0	0	0
2. 2010	797	916	924	927	928	929	930	930	930	930
3. 2011	XXX	1,753	1,990	1,996	1,999	2,001	2,004	2,004	2,004	2,004
4. 2012	XXX	XXX	1,991	2,243	2,257	2,260	2,260	2,260	2,260	2,260
5. 2013	XXX	XXX	XXX	1,135	1,265	1,277	1,279	1,279	1,279	1,279
6. 2014	XXX	XXX	XXX	XXX	814	885	894	895	895	895
7. 2015	XXX	XXX	XXX	XXX	XXX	620	688	691	692	692
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	455	518	524	525
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	585	677	685
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	526	587
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	598

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	6	5	4	2	1	2	0	0	0	0
2. 2010	80	8	5	3	0	1	0	0	0	0
3. 2011	XXX	72	4	4	0	0	0	0	0	0
4. 2012	XXX	XXX	101	5	1	1	0	0	0	0
5. 2013	XXX	XXX	XXX	68	14	6	2	2	2	2
6. 2014	XXX	XXX	XXX	XXX	43	8	1	1	1	0
7. 2015	XXX	XXX	XXX	XXX	XXX	41	5	1	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	49	4	1	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	11	3
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	3
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	80	10	0	2	0	1	0	0	0	0
2. 2010	1,103	1,187	1,196	1,197	1,198	1,200	1,200	1,200	1,200	1,200
3. 2011	XXX	2,264	2,522	2,530	2,531	2,534	2,537	2,537	2,537	2,537
4. 2012	XXX	XXX	2,667	2,896	2,911	2,914	2,914	2,914	2,914	2,914
5. 2013	XXX	XXX	XXX	1,625	1,756	1,763	1,764	1,764	1,764	1,765
6. 2014	XXX	XXX	XXX	XXX	1,197	1,265	1,276	1,277	1,277	1,277
7. 2015	XXX	XXX	XXX	XXX	XXX	928	996	998	998	998
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	676	730	735	736
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	877	973	977
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	854
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	896

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	17	7	0	0	0	0	0	0	0	0
2. 2010	16	17	17	17	18	18	18	18	18	18
3. 2011	XXX	16	20	22	22	22	22	22	22	22
4. 2012	XXX	XXX	19	26	27	28	28	28	28	28
5. 2013	XXX	XXX	XXX	6	6	6	6	6	6	6
6. 2014	XXX	XXX	XXX	XXX	5	5	5	5	5	5
7. 2015	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	2	3	3	3
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	7	1	1	0	0	0	0	0	0	0
2. 2010	1	1	1	1	0	0	0	0	0	0
3. 2011	XXX	3	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	4	1	1	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	10	3	0	0	0	0	0	0	0	0
2. 2010	18	19	19	19	19	19	19	19	19	19
3. 2011	XXX	21	23	25	25	25	25	25	25	25
4. 2012	XXX	XXX	27	31	32	32	32	32	32	32
5. 2013	XXX	XXX	XXX	8	8	8	8	8	8	8
6. 2014	XXX	XXX	XXX	XXX	7	7	7	7	7	7
7. 2015	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4	4
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	3	0	0	0	0	0	0	0	0	0
2. 2010	4	4	4	4	4	4	4	4	4	4
3. 2011	XXX	5	5	5	5	5	5	5	5	5
4. 2012	XXX	XXX	2	3	3	3	3	3	3	3
5. 2013	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2014	XXX	XXX	XXX	XXX	0	2	2	2	2	2
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	1	2	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	1	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	1	1	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	3	1	(2)	0	0	0	0	0	0	0
2. 2010	4	4	4	4	4	4	4	4	4	4
3. 2011	XXX	6	6	6	6	6	6	6	6	6
4. 2012	XXX	XXX	3	3	3	3	3	3	3	3
5. 2013	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2014	XXX	XXX	XXX	XXX	2	5	5	5	5	5
7. 2015	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	123	45	13	15	2	2	2	0	2	0
2. 2010	229	327	348	357	363	363	366	368	368	368
3. 2011	XXX	204	296	300	307	312	313	313	313	313
4. 2012	XXX	XXX	200	279	295	299	304	304	304	304
5. 2013	XXX	XXX	XXX	147	209	225	233	233	233	233
6. 2014	XXX	XXX	XXX	XXX	147	217	233	236	236	236
7. 2015	XXX	XXX	XXX	XXX	XXX	105	136	143	148	148
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	94	123	128	128
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	97	98
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	54
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	98	42	33	20	15	11	10	8	6	6
2. 2010	100	37	17	9	5	7	3	0	0	0
3. 2011	XXX	91	16	12	6	2	0	0	0	0
4. 2012	XXX	XXX	87	19	8	4	0	0	0	0
5. 2013	XXX	XXX	XXX	67	21	8	2	2	2	2
6. 2014	XXX	XXX	XXX	XXX	83	26	4	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	41	14	4	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	27	6	2	2
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	1
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	63	(3)	11	7	(3)	(2)	1	(2)	0	0
2. 2010	503	579	584	587	589	591	591	591	591	591
3. 2011	XXX	476	534	535	537	538	538	538	538	538
4. 2012	XXX	XXX	407	466	471	477	478	478	478	478
5. 2013	XXX	XXX	XXX	358	413	417	419	419	419	419
6. 2014	XXX	XXX	XXX	XXX	423	488	490	490	490	490
7. 2015	XXX	XXX	XXX	XXX	XXX	367	378	378	379	379
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	149	165	166	166
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	108	121	122
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	93
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	10	1	0	0	0	0	0	0	1	0
2. 2010	10	13	13	14	14	14	14	14	14	14
3. 2011	XXX	13	15	15	15	15	15	15	15	15
4. 2012	XXX	XXX	19	21	21	23	23	23	23	23
5. 2013	XXX	XXX	XXX	15	16	16	16	16	16	16
6. 2014	XXX	XXX	XXX	XXX	16	18	19	19	19	19
7. 2015	XXX	XXX	XXX	XXX	XXX	15	19	19	19	19
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	12	20	20	20
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	18	18
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	10
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	5	4	2	3	5	6	5	9	9	7
2. 2010	4	1	1	0	0	0	0	0	0	0
3. 2011	XXX	1	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	5	3	4	0	0	0	0	0
5. 2013	XXX	XXX	XXX	2	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	7	1	0	1	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	6	2	2	2	2
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	7	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	5	2	(2)	2	2	2	(1)	4	1	(2)
2. 2010	21	23	23	23	23	23	23	23	23	23
3. 2011	XXX	23	28	28	28	28	28	28	28	28
4. 2012	XXX	XXX	32	41	42	42	42	42	42	42
5. 2013	XXX	XXX	XXX	23	26	26	26	26	26	26
6. 2014	XXX	XXX	XXX	XXX	29	31	31	32	32	32
7. 2015	XXX	XXX	XXX	XXX	XXX	27	31	31	31	31
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	28	33	34	34
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	27	27
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	20
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	1	1	1	1	1	1	1
4. 2012	XXX	XXX	2	2	2	2	2	2	2	2
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	1	0	0	0	0	0	0	0	0	0
3. 2011	XXX	1	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	3	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	1	0	0	0	0	0	0	0	0	0
3. 2011	XXX	4	4	5	5	5	5	5	5	5
4. 2012	XXX	XXX	10	10	10	10	10	10	10	10
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	135	135	135	135	135	135	135	135	135	135	0
3. 2011	XXX	38	38	38	38	38	38	38	38	38	0
4. 2012	XXX	XXX	67	67	67	67	67	67	67	67	0
5. 2013	XXX	XXX	XXX	56	56	56	56	56	56	56	0
6. 2014	XXX	XXX	XXX	XXX	53	53	53	53	53	53	0
7. 2015	XXX	XXX	XXX	XXX	XXX	49	49	49	49	49	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	37	37	37	37	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32	32	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	27
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27
13. Earned Premiums (Sch P-Pt. 1)	135	38	67	56	53	49	37	32	29	27	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	135	135	135	135	135	135	135	135	135	135	0
3. 2011	XXX	38	38	38	38	38	38	38	38	38	0
4. 2012	XXX	XXX	67	67	67	67	67	67	67	67	0
5. 2013	XXX	XXX	XXX	56	56	56	56	56	56	56	0
6. 2014	XXX	XXX	XXX	XXX	53	53	53	53	53	53	0
7. 2015	XXX	XXX	XXX	XXX	XXX	49	49	49	49	49	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	37	37	37	37	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32	32	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	27
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27
13. Earned Premiums (Sch P-Pt. 1)	135	38	67	56	53	49	37	32	29	27	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	(107)	(3)	0	0	0	0	0	0	0	0	0
2. 2010	4,640	4,647	4,648	4,648	4,648	4,648	4,648	4,648	4,648	4,648	0
3. 2011	XXX	5,124	5,210	5,214	5,214	5,214	5,214	5,214	5,214	5,214	0
4. 2012	XXX	XXX	4,955	5,031	5,025	5,021	5,021	5,021	5,021	5,021	0
5. 2013	XXX	XXX	XXX	4,132	4,153	4,148	4,147	4,147	4,147	4,147	0
6. 2014	XXX	XXX	XXX	XXX	4,111	4,121	4,119	4,119	4,119	4,119	0
7. 2015	XXX	XXX	XXX	XXX	XXX	3,766	3,795	3,795	3,795	3,795	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137	2,141	2,141	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316	1,415	1,412	(3)
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,291	1,338	48
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,372	1,372
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,416
13. Earned Premiums (Sch P-Pt. 1)	4,533	5,128	5,042	4,213	4,126	3,767	2,164	1,316	1,393	1,416	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	(107)	(3)	0	0	0	0	0	0	0	0	0
2. 2010	4,640	4,647	4,648	4,648	4,648	4,648	4,648	4,648	4,648	4,648	0
3. 2011	XXX	5,124	5,210	5,214	5,214	5,214	5,214	5,214	5,214	5,214	0
4. 2012	XXX	XXX	4,955	5,031	5,025	5,021	5,021	5,021	5,021	5,021	0
5. 2013	XXX	XXX	XXX	4,132	4,153	4,148	4,147	4,147	4,147	4,147	0
6. 2014	XXX	XXX	XXX	XXX	4,111	4,121	4,119	4,119	4,119	4,119	0
7. 2015	XXX	XXX	XXX	XXX	XXX	3,766	3,795	3,795	3,795	3,795	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	2,137	2,137	2,141	2,141	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,316	1,415	1,412	(3)
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,291	1,338	48
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,372	1,372
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,416
13. Earned Premiums (Sch P-Pt. 1)	4,533	5,128	5,042	4,213	4,126	3,767	2,164	1,316	1,393	1,416	XXX

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	1	0	0	0	0	0	0	0	0	0	0
2. 2010	543	541	541	541	541	541	541	541	541	541	0
3. 2011	XXX	664	665	665	665	665	665	665	665	665	0
4. 2012	XXX	XXX	817	821	821	821	821	821	821	821	0
5. 2013	XXX	XXX	XXX	846	846	846	846	846	846	846	0
6. 2014	XXX	XXX	XXX	XXX	942	941	941	941	941	941	0
7. 2015	XXX	XXX	XXX	XXX	XXX	879	879	879	879	879	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	862	862	862	862	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	792	793	1
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	631	621	(10)
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	482	482
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	472
13. Earned Premiums (Sch P-Pt. 1)	543	662	818	850	941	878	862	788	636	472	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	1	0	0	0	0	0	0	0	0	0	0
2. 2010	543	541	541	541	541	541	541	541	541	541	0
3. 2011	XXX	664	665	665	665	665	665	665	665	665	0
4. 2012	XXX	XXX	817	821	821	821	821	821	821	821	0
5. 2013	XXX	XXX	XXX	846	846	846	846	846	846	846	0
6. 2014	XXX	XXX	XXX	XXX	942	941	941	941	941	941	0
7. 2015	XXX	XXX	XXX	XXX	XXX	879	879	879	879	879	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	862	862	862	862	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	788	792	793	1
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	631	621	(10)
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	482	482
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	472
13. Earned Premiums (Sch P-Pt. 1)	543	662	818	850	941	878	862	788	636	472	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	275	275	275	275	275	275	275	275	275	275	0
3. 2011	XXX	444	444	444	444	444	444	444	444	444	0
4. 2012	XXX	XXX	470	470	470	470	470	470	470	470	0
5. 2013	XXX	XXX	XXX	349	350	350	350	350	350	350	0
6. 2014	XXX	XXX	XXX	XXX	246	246	246	246	246	246	0
7. 2015	XXX	XXX	XXX	XXX	XXX	155	155	155	155	155	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	130	130	130	130	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	131	131	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	112	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99
13. Earned Premiums (Sch P-Pt. 1)	275	444	470	349	248	155	130	130	113	99	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	275	275	275	275	275	275	275	275	275	275	0
3. 2011	XXX	444	444	444	444	444	444	444	444	444	0
4. 2012	XXX	XXX	470	470	470	470	470	470	470	470	0
5. 2013	XXX	XXX	XXX	349	350	350	350	350	350	350	0
6. 2014	XXX	XXX	XXX	XXX	246	246	246	246	246	246	0
7. 2015	XXX	XXX	XXX	XXX	XXX	155	155	155	155	155	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	130	130	130	130	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	131	131	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	112	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99
13. Earned Premiums (Sch P-Pt. 1)	275	444	470	349	248	155	130	130	113	99	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	1	1	1	1	1	1	1	1	1	1	0
3. 2011	XXX	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	2	2	2	2	2	2	0
6. 2014	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	(2)	(2)	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	1	(1)	0	0	0	0	0	1	3	1	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2010	1	1	1	1	1	1	1	1	1	1	0
3. 2011	XXX	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	2	2	2	2	2	2	0
6. 2014	XXX	XXX	XXX	XXX	(2)	(2)	(2)	(2)	(2)	(2)	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	1	(1)	0	0	0	0	0	1	3	1	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior											
2. 2010											
3. 2011	XXX										
4. 2012	XXX	XXX									
5. 2013	XXX	XXX	XXX								
6. 2014	XXX	XXX	XXX	XXX							
7. 2015	XXX	XXX	XXX	XXX	XXX						
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

SCHEDULE P INTERROGATORIES

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

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

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

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... $ 0

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior	0	0
1.602	2010	0	0
1.603	2011	0	0
1.604	2012	0	0
1.605	2013	0	0
1.606	2014	0	0
1.607	2015	0	0
1.608	2016	0	0
1.609	2017	0	0
1.610	2018	0	0
1.611	2019	0	0
1.612	Totals	0	0

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

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

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

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

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

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity 0

5.2 Surety 0

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

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

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

7.2 (An extended statement may be attached.)

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	[illegible]						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1304098				AIX Insurance Services of California, Inc.	CA	NIA	AIX, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	Y	
0088	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH	RE	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	Y	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3383822				Professionals Direct Ins. Services, Inc.	MI	NIA	Professionals Direct, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	Y	
0088	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP			0.000		N	
0088	The Hanover Insurance Group	13147	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	N	

NONE

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	269,667,361
	20-2875170	AIX Holdings, Inc.	(300,000)	0	0	0	0	0		0	(300,000)	0
10212	04-3272695	Allmerica Financial Alliance Ins Co.	(400,000)	0	0	0	0	0		0	(400,000)	200,993,914
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	3,000,000	0	0	0	(68,370,702)		0	(65,370,702)	674,989,744
	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	0	0	0	0	0		0	(200,000)	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(500,000)	0	0	0	0	0		0	(500,000)	13,257,580
31534	38-0421730	Citizens Insurance Co. of America	(106,000,000)	0	(87,094,985)	0	160,083,279	(87,995,735)		0	(121,007,441)	(165,159,317)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	46,471,245
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,300,000)	0	0	0	0	0		0	(1,300,000)	16,930,325
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	12,000,000	0	0	0	(105,181,977)		0	(93,181,977)	1,039,144,547
36064	04-3063898	The Hanover American Insurance Co.	0	1,000,000	0	0	0	(85,150,827)		0	(84,150,827)	419,640,349
	98-1300399	The Hanover Atlantic Insurance Company	0	0	0	0	0	0		0	0	4,942,997
22292	13-5129825	The Hanover Insurance Company	(25,600,000)	(16,000,000)	17,495,094	0	(95,888,923)	519,793,556		(125,000,000)	274,799,727	(4,141,020,518)
11705	86-1070355	Hanover New Jersey Insurance Company	(800,000)	0	0	0	0	0		0	(800,000)	3,108
41602	75-1827351	The Hanover Casualty Company	(1,000,000)	0	0	0	0	0		0	(1,000,000)	75,959,220
22306	04-2217600	Massachusetts Bay Insurance Company	(3,000,000)	0	0	0	0	(173,094,315)		0	(176,094,315)	906,727,359
42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0		0	0	539,451,795
	04-3263626	The Hanover Insurance Group, Inc.	140,000,000	0	69,599,891	0	(64,194,356)	0		125,000,000	270,405,535	0
13147	74-3242673	The Hanover National Insurance Company	(300,000)	0	0	0	0	0		0	(300,000)	0
10815	52-0903682	Verlan Fire Insurance Co.	(600,000)	0	0	0	0	0		0	(600,000)	98,000,291
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

12.
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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Financial Guaranty Insurance Exhibit [Document Identifier 240]

14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

15. Supplement A to Schedule T [Document Identifier 455]

16. Trusteed Surplus Statement [Document Identifier 490]

17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]

18. Reinsurance Summary Supplemental Filing [Document Identifier 401]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Medicare Part D Coverage Supplement [Document Identifier 365]

21. Reinsurance Attestation Supplement [Document Identifier 399]

22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]

23. Bail Bond Supplement [Document Identifier 500]

25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

27. Relief from the Requirements for Audit Committees [Document Identifier 226]

28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]

29. Credit Insurance Experience Exhibit [Document Identifier 230]

30. Long-Term Care Experience Reporting Forms [Document Identifier 306]

31. Accident and Health Policy Experience Exhibit [Document Identifier 210]

32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

35 Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]

36 Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]

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NONE

SUPPLEMENT FOR THE YEAR 2019 OF THE CITIZENS INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

NAIC Group Code 0088 NAIC Company Code 10176

Company Name CITIZENS INSURANCE COMPANY OF OHIO

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	0.0 %	0.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [X] No [ ]
2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [X] No [ ]
2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: $ 246
2.32 Amount estimated using reasonable assumptions: $ 0

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
$ 0	$ 0	$ 0	$ 0	100.0 %	0.0 %

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