

75-1827351

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

NAIC Group Code

#### **ANNUAL STATEMENT**

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

The Hanover Casualty Company

O088

O088

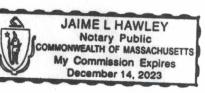
NAIC Company Code

41602

Employer's ID Number

Organized under the Laws of Country of Domicile		exas United S	, State of Domicile or Port of E	Entry TX
Incorporated/Organized	02/03/1982		Commenced Business	02/22/1982
			Commenced business	
Statutory Home Office	5910 North Central Exp (Street and N		(City o	Dallas, TX, US 75206-1108 or Town, State, Country and Zip Code)
Main Administrative Office		440 1	Lincoln Street	
Wall Flammon and Smoo			et and Number)	
(City	Worcester, MA, US 01653-0002 or Town, State, Country and Zip	CONTRACTOR OF THE PARTY OF THE	1	508-853-7200
	or Town, State, Country and Zip	Code)	()	Area Code) (Telephone Number)
Mail Address	440 Lincoln Stre (Street and Number or F			Worcester, MA, US 01653-0002
	(Street and Number of F	O. BOX)	(City o	or Town, State, Country and Zip Code)
Primary Location of Books a	nd Records		Lincoln Street	
	Worcester, MA, US 01653-0002		et and Number)	508-853-7200-8557928
	or Town, State, Country and Zip		(/	Area Code) (Telephone Number)
Internet Website Address		www.i	HANOVER.COM	
Statutory Statement Contact	Dennis	M. Hazelwood		E09 0E2 7000 0EE7020
		(Name)		508-853-7200-8557928 (Area Code) (Telephone Number)
D	HAZELWOOD@HANOVER.CC	M	* decimal deci	508-853-6332
	(E-mail Address)			(FAX Number)
		OI	FFICERS	
Anna da Anna Anna Anna Anna Anna Anna An	take Orien		Executive Vice President &	
Secretary	John Conn Charles Frede		Treasurer _	Ann Kirkpatrick Tripp #
	r, Executive Vice President ch, Executive Vice President		sley #, Executive Vice President	Bryan James Salvatore, Executive Vice President
W F1	lison Barnes #		S OR TRUSTEES	
	lison Barnes # dall Huber		Leo Berthiaume rd William Lavey	Jeffrey Mark Farber Denise Maureen Lowsley #
John Co	onner Roche	Bryan	James Salvatore	Ann Kirkpatrick Tripp
State of	Massachusetts	SS:		
County of	Worcester			
all of the herein described a statement, together with rela condition and affairs of the s in accordance with the NAIC rules or regulations require respectively. Furthermore, t	issets were the absolute proper ted exhibits, schedules and expl aid reporting entity as of the repo- c Annual Statement Instructions differences in reporting not re the scope of this attestation by the	ty of the said reporting e anations therein contains orting period stated above and Accounting Practice elated to accounting pra the described officers also	entity, free and clear from any liens ad, annexed or referred to, is a full a e, and of its income and deductions is and Procedures manual except to actices and procedures, according to includes the related corresponding	corting entity, and that on the reporting period stated above is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief and electronic filing with the NAIC, when required, that is any be requested by various regulators in lieu of or in addition
John Conner Preside			Frederick Cronin Secretary	Ann Kirkpatrick Tripp Executive Vice President & Treasurer
Subscribed and sworn to bef 3rd day o Jaime L. Hawley Notary December 14, 2023		ary, 2020	a. Is this an original filinb. If no, 1. State the amendm 2. Date filed	nent number







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

NAIC Group Code 0088 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2019 NAIC Company Code 41602 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 488.890 ...342.115 239.305 48.987 ..1.118.018 ...(1.562) 1. Fire. (123,725) 8.961 \_2,359,825 1,805,465 944,913 26,872 96,224 \_238,918 ...22,723 25,943 436,235 .43,285 2.1 Allied lines 2.2 Multiple peril crop . 2.3 Federal flood Ω 2.4. Private crop. 2.5 Private flood 145.693 .116.951 ..51.768 .(44.858) ..583.141 ..234 (10.254) ..3.702 .22.696 2.666 Farmowners multiple peril Homeowners multiple peril 5.1 Commercial multiple peril (non-liability portion) .29,002,583 .27,102,057 13,772,629 13,780,993 20,900,638 14,564,633 .354,798 .1, 106, 157 ..1, 116, 540 ..4,721,587 .528,245 14,221,900 .13,794,723 ..6,406,440 ...8,253,697 11,334,793 16,340,129 ..1,307,988 .3,222,656 ..7,302,880 ...2,591,859 .258,837 5.2 Commercial multiple peril (liability portion) Mortgage guaranty ... Ocean marine 25 057 ...27.063 12 088 (102)2 285 ..(253) 560 493 Inland marine 10. Financial guaranty ... 11. Medical professional liability. .139,013 12. Earthquake ... .320, 119 267,938 11.685 ..11,685 \_3,085 .3,085 .53,714 .5,848 13. Group accident and health (b) Credit accident and health (group and individual) Collectively renewable accident and health (b). 15.2 Non-cancelable accident and health(b) 15.3 Guaranteed renewable accident and health(b) 15.4 Non-renewable for stated reasons only (b) 15.5 Other accident only . 15.6 Medicare Title XVIII exempt from state taxes or fees... 15.7 All other accident and health (b) 15.8 Federal employees health benefits plan premium (b) 802,978 935.556 427 259,695 401,539 ..721,740 6.712.007 18.691 34.276 83.608 118,556 .14,577 Workers' compensation . 823.516 830.703 403.501 266.870 915.931 1.829.419 81.840 158 052 697.664 151, 160 14.960 17.1 Other Liability - occurrence ... ..56.961 .57.901 .32.610 ..2.500 ..(18.812) ..61.325 .80.249 .22.175 .60.540 ...9. 173 1.040 17.2 Other Liability - claims made ... 17.3 Excess workers' compensation ... .377.536 ..313.553 .207.994 ..171.440 .393.365 .(6.007 .542.342 594.905 .71.879 6.902 18. Products liability ... 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability ..4,773 ..4,895 . (16,785) ..1,674 (8, 164) 19.3 Commercial auto no-fault (personal injury protection) ..1,842 .852 ..927 \_\_87 19.4 Other commercial auto liability .726,019 683.272 .310.063 440.764 .143.347 .327 . 122 .53.772 .64.454 109.138 .117.955 13.193 21.1 Private passenger auto physical damage ... 0 190,727 165,958 .90,499 .58,918 65.557 ..31,936 107 443 32.780 ...3,477 21.2 Commercial auto physical damage ..... 0 22. Aircraft (all perils) ...... Ω Fidelity . 23. ..0 24. Surety . ..7,560 ..5,982 ...3,433 .328 .798 (580) .287 ...1, 197 138 26. Burglary and theft 208,628 164.656 .84,310 .31,321 .3,822 27. Boiler and machinery 28. Credit 0 29. International 30. Warranty Aggregate write-ins for other lines of business 49.764.771 46,616,782 427 22,960,103 23,281,140 34, 157, 401 42.216.455 1,891,565 5, 155, 214 10,007,196 35. TOTALS (a) **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



#### **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 41602 Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 488.890 ...342.115 239.305 48.987 (123,725) ..1.118.018 ...(1.562) .81.261 1. Fire. 8.961 \_2,359,825 1,805,465 944,913 26,872 96,224 \_238,918 ...22,723 25,943 436,235 .43,285 2.1 Allied lines 2.2 Multiple peril crop . 2.3 Federal flood Ω 2.4. Private crop. 2.5 Private flood 145.693 .116.951 ..51.768 .(44.858) ..583.141 ..234 (10.254) ..3.702 .22.696 2.666 Farmowners multiple peril Homeowners multiple peril 5.1 Commercial multiple peril (non-liability portion) .29,002,583 .27,102,057 13,772,629 13,780,993 20,900,638 14,564,633 .354,798 .1, 106, 157 ..1, 116, 540 ..4,721,587 .528,245 14,221,900 .13,794,723 ..6,406,440 ...8,253,697 11,334,793 16,340,129 ..1,307,988 .3,222,656 ..7,302,880 ...2,591,859 .258,837 5.2 Commercial multiple peril (liability portion) Mortgage guaranty ... Ocean marine 25 057 ..27.063 12 088 (102)2 285 ..(253) 560 5 078 493 Inland marine 10. Financial guaranty ... 11. Medical professional liability. .139,013 12. Earthquake ... .320, 119 267,938 11.685 ..11,685 \_3,085 .3,085 .53,714 .5,848 13. Group accident and health (b) Credit accident and health (group and individual) Collectively renewable accident and health (b)... 15.2 Non-cancelable accident and health(b) 15.3 Guaranteed renewable accident and health(b) 15.4 Non-renewable for stated reasons only (b) 15.5 Other accident only . 15.6 Medicare Title XVIII exempt from state taxes or fees... 15.7 All other accident and health (b) 15.8 Federal employees health benefits plan premium (b) .802,978 935.556 427 259,695 401,539 ..721,740 6.712.007 18.691 34.276 83.608 118,556 .14,577 Workers' compensation . 823.516 830.703 403.501 266.870 915.931 1.829.419 81.840 158 052 697.664 151, 160 14.960 17.1 Other Liability - occurrence ... ..56.961 .57.901 .32.610 ..2.500 ..(18.812) ..61.325 .80.249 .22.175 .60.540 ...9. 173 1.040 17.2 Other Liability - claims made ... 17.3 Excess workers' compensation .... .377.536 ..313.553 .207.994 ..171.440 .393.365 .(6.007 .542.342 594.905 .71.879 6.902 18. Products liability ... 19.1 Private passenger auto no-fault (personal injury protection) 19.2 Other private passenger auto liability ..4,773 ..4,895 . (16,785) .1,674 (8, 164) 19.3 Commercial auto no-fault (personal injury protection) ..1,842 .852 ..927 \_\_87 19.4 Other commercial auto liability .726,019 683.272 .310.063 440.764 .143.347 .327 . 122 .53.772 .64.454 109.138 .117.955 13.193 21.1 Private passenger auto physical damage ... 0 190,727 165,958 .90,499 .58,918 65.557 ..31,936 107 443 32.780 ...3,477 21.2 Commercial auto physical damage ..... 0 22. Aircraft (all perils) ..... Ω Fidelity . 23. ..0 24. Surety . ..7,560 ..5,982 ...3,433 .328 .798 (580) .287 ...1, 197 138 26. Burglary and theft 208,628 164.656 .84,310 .31,321 .3,822 27. Boiler and machinery 28. Credit 0 29. International 30. Warranty Aggregate write-ins for other lines of business 49.764.771 46,616,782 427 22,960,103 23,281,140 34, 157, 401 42.216.455 1,891,565 5, 155, 214 10,007,196 35. TOTALS (a) **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

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

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

NONE

### **SCHEDULE F - PART 3**

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

	Octob Tellistratice as of December 31, Outlett Teat (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\																		
1	2	3	4	5	6				Reinsur	ance Recovera	able On				16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18	Net Amount	Funds Held
																		Recoverable	by
	NAIC														Amount in		Other	From	Company
	Com-				Reinsurance			Known	Known	IBNR	IBNR		Contingent	Columns	Dispute	Ceded	Amounts	Reinsurers	Under
ID	pany		Domiciliary	Special	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Commis-	7 through	included in	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
.13-5129825	22292 THE	HANOVER INSURANCE COMPANY	NH		49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
0399999. T	otal Authoriz	zed - Affiliates - U.S. Non-Pool - O	ther		49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
0499999. T	otal Authoriz	zed - Affiliates - U.S. Non-Pool			49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
0799999. T	otal Authoriz	zed - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. T	otal Authoriz	zed - Affiliates			49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
1499999. T	otal Authoriz	zed Excluding Protected Cells (Su	m of 0899999, 099	9999.															
	1099999, 11	99999 and 1299999)			49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
1899999. T	otal Unautho	orized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. T	otal Unautho	orized - Affiliates - Other (Non-U.S	5.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. T	otal Unautho	orized - Affiliates	•		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. T	otal Unautho	orized Excluding Protected Cells (	Sum of 2299999, 2	399999,															
		99999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. T	Total Certified	d - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. T	Total Certified	d - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. T	Total Certified	d - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. T	otal Certified	d Excluding Protected Cells (Sum	of 3699999, 37999	99,															
	3899999, 39	99999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4399999. T	otal Authoriz	zed, Unauthorized and Certified Ex	cluding Protected	Cells (Sum															
	of 1499999,	2899999 and 4299999)	-		49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0
4499999. T	otal Protecte	ed Cells (Sum of 1399999, 279999	99 and 4199999)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 To	otals	·	•		49,765	0	0	25,281	3,552	17, 158	7,008	22,960	0	75,959	0	0	0	75,959	0

# SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Credit Risk)

	(Credit Risk)																
			Colla	ateral		25	26	27				Ceded F	Reinsurance C	redit Risk			
		21	22	23	24				28	29	30	31	32	33	34	35	36
																	Credit Risk
																Credit Risk or	
																Collateralized	collateralized
											Reinsurance						Recoverables
											Payable &					(Col. 32 *	(Col. 33 *
					Single				Total Amount		Funds Held		Total	Stressed Net		Factor	Factor
				Issuing or	Beneficiary		Net		Recoverable		(Cols.		Collateral	Recoverable			Applicable to
ID				Confirming	Trusts &	Total Funds		Applicable	from	Stressed	17+18+20;		(Cols. 21+22			Reinsurer	Reinsurer
Number		Multiple		Bank	Other	Held,	Net of Funds	Sch. F	Reinsurers	Recoverable		Stressed Net	+ 24, not in	Collateral	Reinsurer	Designation	Designation
From	Name of Reinsurer	Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	excess of	Recoverable	Excess of	Offsets	Designation		Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	(Cols. 29-30)	Col. 31)	(Cols. 31-32)	Equivalent	Col. 34)	Col. 34)
	HE HANOVER INSURANCE COMPANY	0	0		0	0	75,959	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	al Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	0	10,000	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	al Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	75,959	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	al Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	al Authorized - Affiliates	0	0	XXX	0	0	75,959	0	0	0	0	0	0	0	XXX	0	0
	al Authorized Excluding Protected Cells (Sum of																
	99999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	0	75,959	0	0	0	0	0	0	0	XXX	0	0
1899999. Tot	al Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Tot	al Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. Tot	al Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. Tot	al Unauthorized Excluding Protected Cells (Sum of																
22	99999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. Tot	al Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Tot	al Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Tot	al Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Tot	al Certified Excluding Protected Cells (Sum of																
36	99999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4399999. Tot	al Authorized, Unauthorized and Certified Excluding																
Pro	otected Cells (Sum of 1499999, 2899999 and																
	9999)	0	0	XXX	0	0	75,959	0	0	0	0	0	0	0	XXX	0	0
4499999. Tot	al Protected Cells (Sum of 1399999, 2799999 and																
	99999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
9999999 Tota	ıls	0	0	XXX	0	0	75,959	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)

	(Aging of Ceded Reinsurance)  Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses 44 45 46 47 48 49 50 51 52 53																	
		justment Expe	nses	44	45	46	47	48	49	50	51	52	53					
		37			Overdue			43										
			38	39	40	41	42					Recoverable						
									Total	Recoverable		on Paid			Percentage			
									Recoverable	on Paid	Total	Losses &			of Amounts			
									on Paid	Losses &	Recoverable	LAE Over 90			More Than			Amounts in
									Losses &	LAE Over 90		Days Past			90 Days	Percentage		Col. 47 for
								Total Due	LAE	Days Past		Due Amounts			Overdue Not	More Than	Is the	Reinsurers
ID							Total	Cols. 37+42		Due Amounts		Not in	Amounts		in Dispute	120 Days	Amount in	with Values
														<b>.</b>				
Number							Overdue	(In total	Dispute	in Dispute	Amounts Not	Dispute	Received	Percentage	(Col.	Overdue	Col. 50 Less	Less Than
From	Name of Reinsurer		1 - 29	30 - 90	91 - 120	Over 120		should equal	Included in	Included in	in Dispute	(Cols. 40 +	Prior	Overdue Col.	47/[Cols.	(Col. 41/	Than 20%?	20% in
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+40+41	Cols. 7+8)	Col. 43	Cols. 40 & 41	(Cols 43-44)	41 - 45)	90 Days	42/Col. 43	46+48])	Col. 43)	(Yes or No)	Col. 50
.13-5129825	THE HANOVER INSURANCE COMPANY	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
0399999. To	otal 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. To	otal 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. To	otal 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
	otal Authorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Authorized Excluding Protected Cells (Sum	-	_						_			_	-					
	of 0899999, 0999999, 1099999, 1199999 and																	
	(299999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0		0.0	0.0		0
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0		0	0	0	0	0	0		0.0	0.0		0
	otal Unauthorized - Affiliates	0	0	0	0	0		0	0	0	0	0	0		0.0	0.0		0
		U	U	U	U	U	U	U	U	U	U	U	U	0.0	0.0	0.0	^^^	U
	otal 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		0
	otal Certified - Affiliates - U.S. Non-Pool	0	0	0	0	0		0	0	0	0	0	0	0.0		0.0		0
	otal Certified - Affiliates - Other (Non-U.S.)	0	0	0	0	0		0	0	0	0	0	0	0.0		0.0	XXX	0
3699999. To	otal Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4299999. To	otal Certified Excluding Protected Cells (Sum of																	
	3699999, 3799999, 3899999, 3999999 and																	
4	1099999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Authorized, Unauthorized and Certified																	
	Excluding Protected Cells (Sum of 1499999,					1		1			1							
	2899999 and 4299999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Protected Cells (Sum of 1399999, 2799999)		Ů	•	l	1		†		ľ	ľ		ı .	0.0	3.0	0.0	,,,,,	
	and 4199999)	n	n	n	0	n	n	n	n	n	n	n	n	0.0	0.0	0.0	XXX	n
		0	0	0	0	0	0	0	0	0	0	0	0					0
9999999 To	tals	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	<u>r Reinsur</u> and	e for Certified	Reinsurers)								
									Provision for C	Certified Reinsu	rance						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete i	f Col. 52 = "No"	; Otherwise	69
								Percent of							Enter 0		
								Collateral						66	67	68	Provision for
								Provided for	Percent Credit				20% of				Overdue
								Net	Allowed on	20% of		Provision for					Reinsurance
						Net		Recoverables	Net	Recoverable		Reinsurance		Total			Ceded to
				_		Recoverables		Subject to	Recoverables		Amount of		Losses & LAE		Net		Certified
				Percent		Subject to		Collateral	Subject to		Credit Allowed			Provided (Col.	Unsecured		Reinsurers
		Certified	Effective	Collateral	Catastrophe			nt Requirements	Collateral	Over 90 Days		Due to	Past Due	20 + Col. 21 +	Recoverable		(Greater of
ID.		Reinsurer	Date of	Required for		Requirements		([Col. 20 +	Requirements		Recoverables	Collateral	Amounts Not		for Which		[Col. 62 + Col.
Number	N (B)	Rating	Certified	Full Credit		for Full Credit					(Col. 57 +	Deficiency	in Dispute	Col. 24, not	Credit is	20% of	65] or Col.68;
From	Name of Reinsurer	(1 through	Reinsurer	(0% through	Collateral	(Col. 19 -	(Col. 56 *	22 + Col. 24] /	56, not to	Dispute (Col.	[Col. 58 *	(Col. 19 -	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	not to Exceed
Col. 1	From Col. 3	6)	Rating	100%)	Deferral	Col. 57)	Col. 58)	Col. 58)	exceed 100%)	,	Col. 61])	Col. 63)	20%)	Col. 63)	63 - Col. 66)	Col. 67	Col. 63)
.13-5129825	THE HANOVER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	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 08	899999, 0999	9999,	3004	1001	1004		1001		1001	1001	1001		1001	1001		1004
	1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	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	f 2299999, 23	399999,														
	2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Certified - Affiliates - U.S. Non-Pool			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
	Total Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0	,,,,,	XXX	0	0	0	0	0	0	0	0
	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 369)	9999, 379999	99, 3899999,														
	3999999 and 4099999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4399999.	Total Authorized, Unauthorized and Certified Excludin	g Protected (	Cells (Sum of	3004	_	_	_	1001	1001	_	_	_	_	_	_	_	_
	1499999, 2899999 and 4299999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
	Total Protected Cells (Sum of 1399999, 2799999 and	4199999)		XXX	0	0	0	7000	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)

	(Total Provision for Reinsurance)												
		70	Provision for Unauth		Provision for Overdue	Authorized Reinsurance			for Reinsurance				
			71	72	73	74	75	76	77	78			
					Complete if	Complete if							
					Col. 52 = "Yes";	Col. 52 = "No";							
					Otherwise Enter 0	Otherwise Enter 0							
						Greater of 20% of Net							
					20% of Recoverable	Recoverable Net of							
					on Paid Losses &	Funds Held &							
		20% of		Provision for Overdue	LAE Over 90 Days	Collateral, or 20% of							
		Recoverable on Paid	Provision for	Reinsurance from	Past Due Amounts	Recoverable on Paid							
		Losses & LAE Over	Reinsurance with	Unauthorized	Not in Dispute + 20%	Losses & LAE Over 90		Provision for Amounts					
ID		90 Days past Due	Unauthorized	Reinsurers and	of Amounts in	Days Past Due	Provision for Amounts	Ceded to Unauthorized	Provision for Amounts				
Number		Amounts Not in	Reinsurers Due to	Amounts in Dispute	Dispute	(Greater of Col. 26 *	Ceded to Authorized	Reinsurers	Ceded to Certified	Total Provision for			
From	Name of Reinsurer	Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance			
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	Cols. [40 + 41] * 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 + 77)			
.13-5129825	THE HANOVER INSURANCE COMPANY	0	XXX	XXX	0	0	0	XXX	XXX	0			
	otal Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0			
0499999. 7	otal Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0			
0799999. 7	otal Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0			
	otal Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0			
	otal Authorized Excluding Protected Cells (Sum of 0899999,												
	999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0			
1899999. 7	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0			
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0			
	otal Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0			
	otal Unauthorized Excluding Protected Cells (Sum of 2299999,												
	2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0			
	otal Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	otal Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	otal Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999,												
	3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0			
4399999. 7	otal Authorized, Unauthorized and Certified Excluding Protected												
	Cells (Sum of 1499999, 2899999 and 4299999)	0	0	0	0	0	0	0	0	0			
4499999. 7	otal Protected Cells (Sum of 1399999, 2799999 and 4199999)	0	0	0	0	0	0	0	0	0			
9999999 T	tals	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	2	3	T A A CONTRACTOR STATE OF THE S	E
1	2	3		э
Issuing or Confirming Bank Reference				
Bank Reference				
Number Head				
Number Osed				
in Col. 23 of	Letters of	American Bankers Association		
Number Used in Col. 23 of Sch F Part 3	Credit Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
		i i		
				ļ
	l			
			<del></del>	
	1			
				ļ
Total	1			
TOTAL				

#### ν.

#### ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HANOVER CASUALTY COMPANY

#### **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	2	3
	Name of Reinsurer	Commission Rate	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	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	<u>Affiliated</u>
6.	THE HANOVER INSURANCE COMPANY	75,959	49,765	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

	Restatement of Balance Sheet to Identify Net	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)	10,217,752	0	10,217,752
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	68,064	0	68,064
6.	Net amount recoverable from reinsurers	0	75,959,000	75,959,000
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	10,285,816	75,959,000	86,244,816
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	52,999,000	52,999,000
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	8,648	0	8,648
11.	Unearned premiums (Line 9)	0	22,960,000	22,960,000
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	776	0	776
19.	Total liabilities excluding protected cell business (Line 26)	9,424	75,959,000	75,968,424
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	10,276,392	XXX	10,276,392
22.	Totals (Line 38)	10,285,816	75,959,000	86,244,816

NOTE: Is the restatement of this exhibit the result of grossing up balances or arrangements?	eded to affiliates under 100 percent reinsurance or pooling	Yes [ X ] No [	]
If yes, give full explanation: The Company ceded 100% of its insurar insurer.	ce business to The Hanover Insurance Company, an affiliated		

# Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities **NONE** 

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities **NONE** 

Schedule H - Part 4 - Reinsurance NONE

Schedule H - Part 5 - Health Claims **NONE** 

### Schedule P - Part 1A - Homeowners/Farmowners

### NONE

Schedule P - Part 1B - Private Passenger Auto Liability/Medical **NONE** 

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

		Pre	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
	ears in	1	2	3			Defense		Adjusting		10	11	
	/hich				Loss Pa		Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7)	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2010	1,209	1,209	0	447	447	183	183	43	43	0	0	92
3.	2011	1, 173	1, 173	0	1,530	1,530	131	131	37	37	0	0	63
4.	2012	1, 113	1, 113	0	362	362	64	64	41	41	0	0	63
5.	2013	1, 144	1, 144	0	186	186	0	0	37	37	0	0	59
6.	2014	1, 167	1, 167	0	737	737	196	196	53	53	0	0	84
7.	2015	1,051	1,051	0	235	235	27	27	32	32	0	0	47
8.	2016	838	838	0	1,349	1,349	35	35	36	36	0	0	55
9.	2017	<i>7</i> 91	791	0	331	331	36	36	31	31	0	0	42
10.	2018	775	775	0	143	143	0	0	28	28	0	0	39
11.	2019	688	688	0	46	46	0	0	23	23	0	0	34
12.	Totals	XXX	XXX	XXX	5,365	5,365	671	671	361	361	0	0	XXX

			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other I	Jnpaid			
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses and	Number of Claims Outstand- ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	Direct and Assumed
1.	Prior	0	0	6	6	0	0	1	1	0	0	0	0	0
2.	2010	0	0	1	1	0	0	0	0	0	0	0	0	0
3.	2011	0	0	3	3	0	0	1	1	0	0	0	0	0
4.	2012	0	0	5	5	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	9	9	0	0	10	10	0	0	0	0	0
7.	2015	0	0	9	9	0	0	10	10	0	0	0	0	0
8.	2016	0	0	33	33	0	0	16	16	0	0	0	0	0
9.	2017	5	5	55	55	4	4	27	27	1	1	0	0	1
10.	2018	22	22	124	124	0	0	33	33	2	2	0	0	2
11.	2019	53	53	0	0	0	0	0	0	9	9	0	0	12
12.	Totals	80	80	249	249	4	4	106	106	12	12	0	0	15

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves A	fter Discount
		26 Direct	27	28	29 Direct	30	31	32	33	Inter- Company	35	36 Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	xxx	0	0
2.	2010	674	674	0	55.7	55.7	0.0	0	0	0.0	0	0
3.	2011	1,702	1,702	0	145 . 1	145 . 1	0.0	0	0	0.0	0	0
4.	2012	474	474	0	42.6	42.6	0.0	0	0	0.0	0	0
5.	2013	231	231	0	20.2	20.2	0.0	0	0	0.0	0	0
6.	2014	1,005	1,005	0	86.1	86.1	0.0	0	0	0.0	0	0
7.	2015	312	312	0	29.7	29.7	0.0	0	0	0.0	0	0
8.	2016	1,468	1,468	0	175.3	175.3	0.0	0	0	0.0	0	0
9.	2017	490	490	0	61.9	61.9	0.0	0	0	0.0	0	0
10.	2018	352	352	0	45.4	45.4	0.0	0	0	0.0	0	0
11.	2019	132	132	0	19.1	19.1	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

		Pre	emiums Earne	ed		,,	Los	s and Loss Ex	pense Payme	ents			12
	ears in	1	2	3				and Cost	Adjusting		10	11	
	Vhich				Loss Pa	,		t Payments		nents			Number of
	ums Were				4	5	6	/	8	9	Calvaga and	Total Net	Claims
	ned and es Were	Direct and			Direct and		Direct and		Direct and		Salvage and	Paid Cols (4 - 5 + 6 - 7	Reported Direct and
	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+8-9)	Assumed
1.	Prior	XXX	XXX	XXX	133	133	9	9	0	0	0	0	XXX
2.	2010	1,524	1,524	0		363	28		67	67	0	0	94
3.	2011	1,305	1,305	0		495	76	76	62	62	0	0	83
4.	2012	1,273	1,273	0		315	38	38	67	67	0	0	81
5.	2013	1,271	1,271			177	34	34	61	61	0	0	70
6.	2014	1,100	1, 100	0	120	120	18	18	66	66	0	0	59
7.	2015	918	918	0	17	17	1	1	42	42	0	0	40
8.	2016	1, 121	1, 121	0	398	398	28	28	85	85	0	0	75
9.	2017	792	792	0	335	335	15	15	58	58	0	0	56
10.	2018	730	730	0	91	91	2	2	64	64	0	0	64
11.	2019	936	936	0	197	197	4	4	80	80	0	0	89
12.	Totals	XXX	XXX	XXX	2,640	2,640	255	255	651	651	0	0	XXX

												23	24	25
				Unpaid			e and Cost (			Adjusti				
		Case		Bulk +		Case		Bulk +		Other I				
		13 Direct	14	15 Direct and	16	17 Direct and	18	19 Direct	20	21 Direct	22	Salvage and Subrog- ation	Total Net Losses and Expenses	Number of Claims Outstand- ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	5,388	5,388	212	212	0	0	13	13	10	10	0	0	11
2.	2010	0	0	51	51	0	0	4	4	0	0	0	0	0
3.	2011	0	0	42	42	0	0	5	5	0	0	0	0	0
4.	2012	112	112	41	41	0	0	6	6	1	1	0	0	1
5.	2013	140	140	39	39	0	0	7	7	1	1	0	0	1
6.	2014	0	0	53	53	0	0	7	7	0	0	0	0	0
7.	2015	0	0	46	46	0	0	7	7	0	0	0	0	0
8.	2016	40	40	57	57	0	0	10	10	1	1	0	0	1
9.	2017	24	24	46	46	0	0	10	10	2	2	0	0	2
10.	2018	0	0	46	46	0	0	14	14	0	0	0	0	0
11.	2019	373	373	0	0	0	0	0	0	26	26	0	0	28
12.	Totals	6,078	6,078	634	634	0	0	84	84	42	42	0	0	44

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves At	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2010	512	512	0	33.6	33.6	0.0	0	0	0.0	0	0
3.	2011	680	680	0	52.1	52.1	0.0	0	0	0.0	0	0
4.	2012	580	580	0	45.5	45.5	0.0	0	0	0.0	0	0
5.	2013	460	460	0	36.2	36.2	0.0	0	0	0.0	0	0
6.	2014	265	265	0	24.1	24.1	0.0	0	0	0.0	0	0
7.	2015	113	113	0	12.3	12.3	0.0	0	0	0.0	0	0
8.	2016	619	619	0	55.2	55.2	0.0	0	0	0.0	0	0
9.	2017	491	491	0	62.1	62.1	0.0	0	0	0.0	0	0
10.	2018	217	217	0	29.8	29.8	0.0	0	0	0.0	0	0
11.	2019	680	680	0	72.7	72.7	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

		Pre	emiums Earn	ed		•	Los	and Loss Ex	pense Payme	ents			12
_	ears in	1	2	3				and Cost	, ,	and Other	10	11	
	/hich				Loss Pa			t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	2	2	59	59	3	3	0	0	XXX
2.	2010	15 , 164	15 , 164	0	4,810	4,810	1,247	1,247	581	581	0	0	598
3.	2011	17,467	17,467	0	20,391	20,391	1,047	1,047	908	908	0	0	917
4.	2012	19,933	19,933	0	16,215	16,215	1,963	1,963	926	926	0	0	867
5.	2013	21,010	21,010	0	7,495	7,495	1,349	1,349	933	933	0	0	773
6.	2014	21,504	21,504	0	10,339	10,339	1,235	1,235	843	843	0	0	682
7.	2015	23,337	23,337	0	7,865	7,865	890	890	833	833	0	0	635
8.	2016	26,337	26,337	0	24,887	24,887	1,379	1,379	1,289	1,289	0	0	974
9.	2017	30,414	30,414	0	25,928	25,928	2,766	2,766	1,775	1,775	0	0	1,286
10.	2018	35,246	35,246	0	10,773	10,773	345	345	1,361	1,361	0	0	954
11.	2019	40,897	40,897	0	9,108	9,108	250	250	1,384	1,384	0	0	866
12.	Totals	XXX	XXX	XXX	137,814	137,814	12,530	12,530	10,836	10,836	0	0	XXX

												23	24	25
		0	Losses	Unpaid Bulk +	IDNID		e and Cost (				ing and			
		Case 13	Basis 14	15	16 16	Case 17	Basis 18	19	- IBNR 20	21	Unpaid 22	-		Number
		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	of Claims Outstand- ing Direct and Assumed
1.	Prior	70	70	117	117	150	150	52	52	6	6	0	0	4
2.	2010	0	0	112	112	0	0	46	46	0	0	0	0	0
3.	2011	0	0	166	166	0	0	94	94	0	0	0	0	0
4.	2012	0	0	195	195	0	0	115	115	0	0	0	0	0
5.	2013	1,000	1,000	202	202	0	0	176	176	1	1	0	0	1
6.	2014	317	317	408	408	207	207	288	288	11	11	0	0	8
7.	2015	125	125	546	546	36	36	489	489	6	6	0	0	4
8.	2016	1,590	1,590	1,001	1,001	489	489	638	638	17	17	0	0	12
9.	2017	1,692	1,692	2,070	2,070	1,494	1,494	1,308	1,308	48	48	0	0	35
10.	2018	2,431	2,431	4,784	4,784	269	269	2,333	2,333	76	76	0	0	55
11.	2019	9,762	9,762	4,532	4,532	237	237	0	0	253	253	0	0	183
12.	Totals	16,987	16,987	14,134	14,134	2,882	2,882	5,538	5,538	418	418	0	0	302

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	0.1		ter Discount
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
								L033	Lxperise	· ·		Oripaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2010	6,796	6,796	0	44.8	44.8	0.0	0	0	0.0	0	0
3.	2011	22,606	22,606	0	129.4	129.4	0.0	0	0	0.0	0	0
4.	2012	19,414	19,414	0	97.4	97.4	0.0	0	0	0.0	0	0
5.	2013	11, 157	11 , 157	0	53.1	53.1	0.0	0	0	0.0	0	0
6.	2014	13,648	13,648	0	63.5	63.5	0.0	0	0	0.0	0	0
7.	2015	10,789	10,789	0	46.2	46.2	0.0	0	0	0.0	0	0
8.	2016	31,289	31,289	0	118.8	118.8	0.0	0	0	0.0	0	0
9.	2017	37,081	37,081	0	121.9	121.9	0.0	0	0	0.0	0	0
10.	2018	22,374	22,374		63.5	63.5	0.0	0	0	0.0	0	0
11.	2019	25,527	25,527	0	62.4	62.4	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 **NONE**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made NONE

# SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY) (\$000 OMITTED)

		Pre	emiums Earne	ed		(400	Los		pense Payme	ents			12
	ears in	1	2	3			Defense		Adjusting		10	11	
	√hich				Loss Pa		Containmer	t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l <u>_</u>		Salvage and		Reported
	es Were	Direct and	0		Direct and		Direct and		Direct and			(4 - 5 + 6 - 7)	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2010	28	28	0	0	0	0	0	6	6	0	0	XXX
3.	2011	34	34	0	0	0	0	0	0	0	0	0	XXX
4.	2012	45	45	0	0	0	0	0	0	0	0	0	XXX
5.	2013	42	42	0	0	0	0	0	0	0	0	0	XXX
6.	2014	52	52	0	58	58	0	0	2	2	0	0	XXX
7.	2015	45	45	0	0	0	0	0	0	0	0	0	XXX
8.	2016	50	50	0	0	0	0	0	0	0	0	0	XXX
9.	2017	56	56	0	0	0	0	0	0	0	0	0	XXX
10.	2018	103	103	0	0	0	0	0	2	2	0	0	XXX
11.	2019	165	165	0	0	0	0	0	0	0	0	0	XXX
12.	Totals	XXX	XXX	XXX	58	58	0	0	10	10	0	0	XXX

		1				1				ı				
			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case		Bulk +	IBNR		Basis		- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	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

г		ı	Total		Loop and I	ana Evmanaa E	Daraantaaa			34	Net Balar	oo Choot
		Loccoc and	i otai d Loss Expense	oc Inquirrod		oss Expense F d /Premiums E		Nontabula	r Diccount	34	Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		20	21	20	23	30	31	32	33	Company	33	30
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
										Ŭ		
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2010	6	6	0	20.5	20.5	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	60	60	0	116.4	116.4	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	2	2	0	2.4	2.4	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)

		Pre	emiums Earn	ed		(400	Los	and Loss Ex	pense Payme	ents			12
-	ears in	1	2	3			Defense			and Other	10	11	
	/hich				Loss Pa	yments	Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7)	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2010	416	416	0	37	37	3	3	47	47	0	0	44
3.	2011	395	395	0	80	80	103	103	45	45	0	0	34
4.	2012	612	612	0	358	358	187	187	23	23	0	0	28
5.	2013	823	823	0	236	236	43	43	32	32	0	0	33
6.	2014	896	896	0	1,045	1,045	101	101	63	63	0	0	44
7.	2015	912	912	0	313	313	182	182	344	344	0	0	302
8.	2016	893	893	0	108	108	23	23	120	120	0	0	27
9.	2017	895	895	0	260	260	53	53	43	43	0	0	20
10.	2018	873	873	0	4	4	10	10	57	57	0	0	35
11.	2019	831	831	0	11	11	1	1	46	46	0	0	24
12.	Totals	XXX	XXX	XXX	2,452	2,452	705	705	818	818	0	0	XXX

												23	24	25
		Case		Unpaid Bulk +	IDNID		e and Cost (	Containment Bulk +		Adjusti				
		13	14	15	16	17	Basis 18	19	20	Other I	22 22			Number
			14		10		10		20		22	Salvage and	Total Net Losses	of Claims Outstand-
		Direct and		Direct and		Direct and		Direct and		Direct and		Subrog- ation	and Expenses	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	24	24	0	0	3	3	0	0	0	0	0
2.	2010	0	0	11	11	0	0	3	3	0	0	0	0	0
3.	2011	0	0	12	12	0	0	4	4	0	0	0	0	0
4.	2012	0	0	27	27	0	0	6	6	0	0	0	0	0
5.	2013	0	0	50	50	0	0	31	31	0	0	0	0	0
6.	2014	75	75	62	62	0	0	24	24	5	5	0	0	2
7.	2015	0	0	97	97	0	0	56	56	0	0	0	0	0
8.	2016	123	123	126	126	12	12	70	70	7	7	0	0	3
9.	2017	75	75	194	194	34	34	140	140	2	2	0	0	1
10.	2018	522	522	282	282	134	134	180	180	27	27	0	0	11
11.	2019	149	149	0	0	0	0	0	0	31	31	0	0	13
12.	Totals	944	944	886	886	180	180	517	517	73	73	0	0	30

			Total		Loss and L	oss Expense F	Parcantaga	-		34	Not Ralar	nce Sheet
		Losses and	Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	54		iter Discount
		26 Direct	27	28	29 Direct	30	31	32	33	Inter- Company Pooling	35	36 Loss
		and	Cadad	Net	and	Cadad	Not	Laga	Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2010	101	101	0	24.4	24.4	0.0	0	0	0.0	0	0
3.	2011	244	244	0	61.8	61.8	0.0	0	0	0.0	0	0
4.	2012	602	602	0	98.4	98.4	0.0	0	0	0.0	0	0
5.	2013	391	391	0	47.6	47.6	0.0	0	0	0.0	0	0
6.	2014	1,375	1,375	0	153.4	153.4	0.0	0	0	0.0	0	0
7.	2015	991	991	0	108.7	108.7	0.0	0	0	0.0	0	0
8.	2016	588	588	0	65.9	65.9	0.0	0	0	0.0	0	0
9.	2017	801	801	0	89.5	89.5	0.0	0	0	0.0	0	0
10.	2018	1,215	1,215	0	139.2	139.2	0.0	0	0	0.0	0	0
11.	2019	239	239	0	28.7	28.7	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

		Pre	emiums Earne	ed		(400	Los		pense Payme	ents			12
-	ears in	1	2	3				and Cost	Adjusting		10	11	
	/hich				Loss Pa		Containmer	t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	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	1	1	0	0	0	0	0	0	0	0	0	0
5.	2013	65	65	0	0	0	0	0	0	0	0	0	0
6.	2014	106	106	0	100	100	0	0	2	2	0	0	1
7.	2015	72	72	0	0	0	0	0	0	0	0	0	0
8.	2016	90	90	0	25	25	31	31	7	7	0	0	4
9.	2017	109	109	0	13	13	64	64	47	47	0	0	23
10.	2018	83	83	0	0	0	36	36	31	31	0	0	14
11.	2019	58	58	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	137	137	131	131	87	87	0	0	XXX

												23	24	25
		Case		Unpaid Bulk +	IDNID	Detens Case		Containment Bulk +		Adjusti Other				
		13	14	15	16	17	18	19	20	21	22			Number
					.0	.,	.0					Salvage and	Total Net Losses	of Claims Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	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
	2013	0	0	0		Λ	0	0	0	0	0	0	0	0
5.			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	(1)	(1)	0	0	1	1	0	0	0	0	0
9.	2017	3	3	(2)	(2)	15	15	3	3	1	1	0	0	1
10.	2018	65	65	(3)	(3)	37	37	5	5	4	4	0	0	3
11.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	68	68	(6)	(6)	52	52	9	9	6	6	0	0	4

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	ice Sheet
		Losses and	Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	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	(25.4)	(25.4)	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	102	102	0	96.1	96.1	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	63	63	0	70.2	70.2	0.0	0	0	0.0	0	0
9.	2017	144	144	0	131.9	131.9	0.0	0	0	0.0	0	0
10.	2018	174	174	0	210.6	210.6	0.0	0	0	0.0	0	0
11.	2019	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

### SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

		Pro	emiums Earn	ed		•	Los	s and Loss Ex	pense Payme	ents			12
Ye	ars in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
W	/hich				Loss Pa	yments	Containmer	nt Payments	Paym	nents			Number of
Premiu	ums Were				4	5	6	7	8	9		Total Net	Claims
Earr	ned and										Salvage and	Paid Cols	Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	49	49	0	0	0	0	0	0	XXX
2.	2018	1,582	1,582	0	1	1	0	0	4	4	0	0	XXX
3.	2019	2,564	2,564	0	27	27	0	0	3	3	0	0	XXX
4.	Totals	XXX	XXX	XXX	77	77	0	0	7	7	0	0	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid		ng and			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other I	Jnpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	1,000	1,000	66	66	0	0	22	22	1	1	0	0	1
2.	2018	0	0	50	50	0	0	18	18	0	0	0	0	0
3.	2019	0	0	845	845	0	0	0	0	0	0	0	0	0
4.	Totals	1,000	1,000	962	962	0	0	41	41	1	1	0	0	1

		Losses and	Total d Loss Expense	es Incurred		oss Expense F		Nontabula	r Discount	34		nce Sheet ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and	Direct and Assumed Ceded Net						Loss	Company Pooling Participation	Losses	Loss Expenses
			Ceded	Net	and Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2018	73	73	0	4.6	4.6	0.0	0	0	0.0	0	0
3.	2019	875	875	0	34.1	34.1	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

	Pr	emiums Earn	ed			Los	s and Loss Ex	kpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	Paym	nents			Number of
Premiums Wei	е			4	5	6	7	8	9		Total Net	Claims
Earned and										Salvage and	Paid Cols	Reported
Losses Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	xxx	xxx	0	0	0	0	0	0	0	0	XXX
2. 2018	189	189	0	206	206	0	0	17	17	0	0	37
3. 2019	166	166	0	45	45	0	0	9	9	0	0	20
4. Totals	XXX	XXX	XXX	250	250	0	0	25	25	0	0	XXX

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

			Total			oss Expense F				34		ice Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2018	220	220	0	116.1	116.1	0.0	0	0	0.0	0	0
3.	2019	86	86	0	51.9	51.9	0.0	0	0	0.0	0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

## Schedule P - Part 1K - Fidelity/Surety NONE

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

NONE

Schedule P - Part 1M - International NONE

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

NONE

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines NONE

## SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE (\$000 OMITTED)

		Pre	emiums Earne	ed		(400	Los		pense Payme	ents			12
	ars in	1	2	3			Defense		Adjusting		10	11	
	/hich				Loss Pa		Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l <u>_</u>		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	xxx	XXX	0	0	(16)	(16)	1	1	0	0	xxx
2.	2010	146	146	0	135	135	48	48	1	1	0	0	1
3.	2011	55	55	0	0	0	0	0	0	0	0	0	0
4.	2012	111	111	0	535	535	164	164	2	2	0	0	2
5.	2013	153	153	0	0	0	0	0	0	0	0	0	0
6.	2014	145	145	0	0	0	0	0	5	5	0	0	5
7.	2015	185	185	0	0	0	0	0	0	0	0	0	0
8.	2016	207	207	0	67	67	62	62	2	2	0	0	2
9.	2017	206	206	0	0	0	0	0	0	0	0	0	0
10.	2018	242	242	0	0	0	0	0	3	3	0	0	1
11.	2019	314	314	0	0	0	1	1	12	12	0	0	6
12.	Totals	XXX	XXX	XXX	737	737	261	261	25	25	0	0	XXX

												23	24	25
				Unpaid			e and Cost C				ing and			
		Case 13	Basis 14	Bulk +	IBNR 16	Case 17	Basis 18	19	- IBNR 20	Other 21	Unpaid 22			Number
			14		16		10		20		22	Salvage and	Total Net Losses	of Claims Outstand-
		Direct		Direct		Direct and		Direct		Direct and		Subrog- ation	and	ing Direct and
		and Assumed	Ceded	and Assumed	Ceded	Assumed	Ceded	and Assumed	Ceded	Assumed	Ceded	Anticipated	Expenses Unpaid	Assumed
1.	Prior	10	10	7	7	35	35	4	4	0	0	0	0	1
2.	2010	0	0	1	1	0	0	0	0	0	0	0	0	0
3.	2011	0	0	2	2	0	0	1	1	0	0	0	0	0
4.	2012	0	0	4	4	0	0	5	5	0	0	0	0	0
5.	2013	0	0	8	8	0	0	7	7	0	0	0	0	0
6.	2014	0	0	10	10	0	0	8	8	0	0	0	0	0
7.	2015	0	0	18	18	0	0	9	9	0	0	0	0	0
8.	2016	0	0	26	26	0	0	14	14	0	0	0	0	0
9.	2017	0	0	39	39	0	0	26	26	0	0	0	0	0
10.	2018	0	0	55	55	0	0	35	35	0	0	0	0	0
11.	2019	103	103	111	111	399	399	51	51	0	0	0	0	2
12.	Totals	113	113	281	281	434	434	161	161	0	0	0	0	3

			Total			oss Expense F				34	Net Balar	
			Loss Expense			d /Premiums E		Nontabula			Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2010	186	186	0	127.2	127.2	0.0	0	0	0.0	0	0
3.	2011	3	3	0	6.1	6.1	0.0	0	0	0.0	0	0
4.	2012	710	710	0	641.9	641.9	0.0	0	0	0.0	0	0
5.	2013	15	15	0	9.7	9.7	0.0	0	0	0.0	0	0
6.	2014	23	23	0	15.7	15.7	0.0	0	0	0.0	0	0
7.	2015	27	27	0	14.4	14.4	0.0	0	0	0.0	0	0
8.	2016	172	172	0	82.9	82.9	0.0	0	0	0.0	0	0
9.	2017	65	65	0	31.7	31.7	0.0	0	0	0.0	0	0
10.	2018	93	93	0	38.5	38.5	0.0	0	0	0.0	0	0
11.	2019	677	677	0	215.8	215.8	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

#### NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made **NONE** 

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

NONE

Schedule P - Part 2T - Warranty
NONE

#### SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	CU	MULATIVE PA	ID NET LOSSES	S AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI					1	Number of	Number of
Years in	า   1	2	3	4	5	6	7	8	9	10	Claims	Claims
Which											Closed	Closed
Losses											With	Without
Were	, , , , , ,	0011	2010	0010	2014	2015	2010	0017	0010	0010	Loss	Loss
Incurred			2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1. Prio	r000											
2. 2010	0											
3. 201	1XXX											
4. 2012	2XXX	xxx.										
5. 2013	3XXX	xxx	xxx									
6. 2014	4XXX	xxx	xxx	. X.			<b>.</b>					
7. 201	5XXX	xxx	xxx	X	XX							
8. 2016	6XXX	XXX.	xxx	xxx		XX						
9. 2017	7XXX	xxx	xxx	XXX	XXX	XXX	XXX					
10. 2018	8XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX				
11. 2019	9 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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	(XX		<b></b>				 	
8.	2016	XXX	XXX	XXX	X	XX	xx /	<b></b>			 	
9.	2017	XXX	XXX	XXX	X	XX	XX	<b></b>			 	
10.	2018	XXX	XXX	XXX	XXX		XXX		VVV		 	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

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	65	27
3.	2011	XXX	0	0	0	0	0	0	0	0	0	53	10
4.	2012	XXX	XXX	0	0			0	0	0	0	50	13
5.	2013	XXX	XXX	XXX	0	0	0	0	0	0	0	45	14
6.	2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	50	34
7.	2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	37	10
8.	2016	XXX	XXX	XXX	XXX	XXX			0	0	0	41	14
9.	2017	XXX	0	0	0	27	14						
10.	2018	XXX	0	0	27	10							
11.	2019	XXX	0	15	7								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	24	0
2.	2010	0	0	0	0	0	0	0	0	0	0	59	35
3.	2011	XXX	0	0	0	0	0	0	0	0	0	44	39
4.	2012	XXX	XXX	0	0	0	0	0	0	0	0	44	36
5.	2013	XXX	XXX	XXX	0	0	0	0	0	0	0	46	23
6.	2014	XXX	XXX	XXX	XXX	0			0	0	0	29	30
7.	2015	XXX	XXX	XXX	XXX	XXX	0				0	17	23
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	51	23
9.	2017	XXX	0	0	0	44	10						
10.	2018	XXX	0	0	53	11							
11.	2019	XXX	0	45	16								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	57	0
2.	2010	0	0	0	0		0	0	0	0	0	308	290
3.	2011	XXX	0	0	0	0	0	0	0	0	0	520	397
4.	2012	XXX	XXX	0	0	0	0	0	0	0	0	433	434
5.	2013	XXX	XXX	XXX	0	0	0	0	0	0	0	344	428
6.	2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	352	322
7.	2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	347	284
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	561	401
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX				0	553	698
10.	2018	XXX	0	0	441	458							
11.	2019	XXX	0	379	304								

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI			1			Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	Vhich											Closed	Closed
	osses											With	Without
	Vere .											Loss	Loss
Inc	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1.	Prior	000											
2.	2010	ļ										ļ	
3.	2011	XXX											
4.	2012	XXX	XXX										
5.	2013	XXX	XXX	XXX									
6.	2014	XXX	XXX	XXX	. X.		\ \ \ \	<b></b>					
7.	2015	XXX	XXX	XXX	<b>X</b>	XX							
8.	2016	XXX	XXX	XXX	XXX		XX						
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			

SCHEDULE P - PART 3F - SECTION 2	- MEDICAL PROFESSIONAL LIABILITY -	<b>CLAIMS-MADE</b>
----------------------------------	------------------------------------	--------------------

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						 	
8.	2016	XXX	XXX	XXX	.X X	XX	\ \( \infty \)	<b></b>			 	
9.	2017	XXX	XXX	XXX	X	XX	XX	<b>M</b> (			 	
10.	2018	XXX	XXX	XXX	xxx		XXX		VVV		 	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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
8.	2016	XXX	XXX	XXX	. X	XX	000 1	<b>\</b>			 XXX	XXX
9.	2017	XXX	XXX	XXX	X	XX	l	<b>N</b> : (			 XXX	XXX
10.		XXX		XXX	XXX		.XXX		XXX		 XXX	XXX
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

#### 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	9	35
3.	2011	XXX	0	0	0	0	0	0	0	0	0	5	29
4.	2012	XXX	XXX	0	0	0	0	0	0	0	0	13	15
5.	2013	XXX	XXX	XXX	0	0	0	0	0	0	0	10	23
6.	2014	XXX	XXX	XXX	XXX	0		0	0	0	0	12	30
7.	2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	42	260
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	9	15
9.	2017	XXX	0	0	0	8	11						
10.	2018	XXX	0	0	5	19							
11.	2019	XXX	0	2	9								

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

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	0	0
4.	2012	XXX	XXX	0	0	0	0	0	0	0	0	0	0
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	1	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	2	2
9.	2017	XXX	0	0	0	2	20						
10.	2018	XXX	0	0	0	11							
11.	2019	XXX	0	0	0								

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

	CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 Of	MITTED)					Number of	Number of
Years in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
Which											Closed	Closed
Losses										With	Without	
Were	ere ere										Loss	Loss
Incurred	2010	2011	2012	13	14	01	2 5	2017	2018	2019	Payment	Payment
1. Prior	XXX	XXX	XXX	X	xx			000			XXX	XXX
2. 2018	XXX	XXX	XXX	XXX	X	XX	\				XXX	XXX
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

| 1 | Prior | XXX | 000 | 0   | 0 | 0  | 0  |
|---|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|----|----|
| 2 | 2018  | XXX | 0   | 0 | 24 | 13 |
| 3 | 2019  | XXX | 0 | 7  | 10 |

#### 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
	3.	2019	XXX	XXX	XXX	×	XX	$\infty$			xxx	XXX	XXX
Į	<u> </u>	20.0	7001	7000	7000						7001	7000	7000

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

		· · · = = · ·		<i>,</i>	• • • • •		(··· · · ·		<u> </u>	,,		 	
1.	Prior	XXX	XXX	XXX	XXX	)	00	XXX	)			XXX	XXX
2	2018	XXX	XXX	XXX			λX			XXX		XXX	xxx
2.													
3.	2019	XXX	XXX	XXX	X	+	XX	XX		XXX	XXX	XXX	XXX
						_							

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

				3011	LDULL	F - FAI	1 I SIVI -	114 1 1 111	IAHON	AL		
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	x x	(X		<b>\</b>			 xxx	xxx
8.	2016	xxx	XXX	xxx	X	xx					 xxx	xxx
9.	2017	XXX	XXX	XXX	XXX.		XXX		<b></b>		 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

# Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property **N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

#### SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
Vo	ars in	1 1	2	3	4	(\$000 OI	WITTED) 6	7	8	9	10	Number of Claims	Number of Claims
	/hich	'	2	3	4	3	0	,	0	9	10	Closed	Closed
	osses											With	Without
	Vere	2212		2212	00.40		22.5	2212	00.47	0010	0010	Loss	Loss
Inc	curred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1.	Prior	000	0	0	0	0	0	0	0	0	0	3	0
2.	2010	0	0	0	0	0	0	0	0	0	0	1	0
3.	2011	XXX	0	0		0		0	0	0	0	0	0
4.	2012	XXX	XXX	0	0	0	0	0	0	0	0	2	0
5.	2013	XXX	XXX	XXX			0			0	0	0	0
6.	2014	XXX	XXX	XXX	XXX	0	0	0			0	0	5
7.	2015	XXX	XXX	XXX	XXX	XXX	0				0	0	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	0			0	1	1
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	4

#### SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS 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	X X			<b>\</b>				 
8.	2016	xxx	XXX	XXX	x	xx						 
9.	2017	xxx	XXX	XXX	xxx		XXX		<b></b>			 
10.	2018	XXX	XXX			 						
11.	2019	XXX	XXX	XXX								

#### SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

	<u> </u>							,	<u> </u>	. •		
1. Prior	XXX	XXX	xxx	XXX	xxx	XXX	XXX	000			XXX	xxx
2. 2018	xxx	xxx	XXX	XXX		XXX					xxx	xxx
3. 2019	XXX	xxx	xxx		xx	$\infty$			xxx		xxx	xxx
	1									1		

#### **SCHEDULE P - PART 3T - WARRANTY**

				3(			AIII JI	- WAII	ILANI			
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000		 	
2	2018	XXX	XXX	XXX	XXX		XXX					
٦.	2019	XXX	XXX	XXX		XX	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			XXX		

Schedule P - Part 4A - Homeowners/Farmowners

#### NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical **NONE** 

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical NONE

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

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

Schedule P - Part 4G - Special Liability

NONE

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

NONE

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

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

## Schedule P - Part 4M - International NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property **NONE** 

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability **NONE** 

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

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made NONE

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

NONE

Schedule P - Part 4T - Warranty
NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1 **NONE** 

Schedule P - Part 5A - Homeowners/Farmowners - Section 2 **NONE** 

Schedule P - Part 5A - Homeowners/Farmowners - Section 3 **NONE** 

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

NONE

## SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	emiums e Earned Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	14	2	0	0	0	0	0	0	0	0
2.	2010	53	61	65	65	65	65	65	65	65	65
3.	2011	xxx	38	49	51	52	53	53	53	53	53
4.	2012	xxx	XXX	34	47	48	50	50	50	50	50
5.	2013	XXX	XXX	XXX	38	44	45	45	45	45	45
6.	2014	xxx	XXX	XXX	XXX	31	44	47	47	50	50
7.	2015	xxx	xxx	xxx	XXX	XXX	29	35	36	36	37
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	29	37	41	41
9.	2017	xxx	XXX	XXX	XXX	XXX	XXX	XXX	19	25	27
10.	2018	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	19	27
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

#### **SECTION 2**

					<u> </u>	ECTION A	<u> </u>					
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END										
Years in Which Premiums Were Earned and Losses		1	2	3	4	5	6	7	8	9	10	
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1.	Prior	3	2	0	0	0	0	0	0	0	0	
2.	2010	16	7	0	0	0	0	0	0	0	0	
3.	2011	XXX	14	3	1	0	0	0	0	0	0	
4.	2012	xxx	XXX	14	3	2	0	0	0	0	0	
5.	2013	xxx	xxx	xxx	5	0	0	0	0	0	0	
6.	2014	XXX	XXX	XXX	XXX	22	6	3	3	0	0	
7.	2015	XXX	xxx	xxx	XXX	XXX	9	3	1	1	0	
8.	2016	xxx	xxx	xxx	XXX	XXX	XXX	8	4	0	0	
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	3	1	
10.	2018	XXX	xxx	xxx	XXX	xxx	xxx	XXX	xxx	8	2	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	

#### **SECTION 3**

		,				LCTION .												
					NUMBER OF C		TED DIRECT AN	<u>ID ASSUMED A</u>	T YEAR END									
Years in Which Premiums Were Earned and Losses Were Incurred		1	2	3	4	5	6	7	8	9	10							
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019							
1.	Prior	2	2	0	0	0	0	0	0	0								
2.	2010	85	91	92	92	92	92	92	92	92	9							
3.	2011	xxx	57	62	62	62	63	63	63	63	6							
4.	2012	XXX	XXX	61	63	63	63	63	63	63	6							
5.	2013	xxx	XXX	XXX	52	57	59	59	59	59	5							
6.	2014	xxx	XXX	XXX	XXX	78	84	84	84	84	8							
7.	2015	XXX	XXX	XXX	XXX	XXX	44	47	47	47	4							
8.	2016	xxx	XXX	xxx	XXX	XXX	XXX	45	54	55	5							
9.	2017	xxx	XXX	xxx	XXX	XXX	XXX	XXX	36	40	4							
10.	2018	xxx	XXX	xxx	XXX	XXX	XXX	XXX	XXX	34	3							
11	2019	xxx	xxx	XXX	XXX	xxx	XXX	XXX	xxx	XXX	3							

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

		CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	in Which	1	2	3	4	5	6	7	8	9	10
Premiums											
Were Earned and Losses											
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	20	13	6	2	0	0	0	2	1	0
2.	2010	21	44	53	56	59	59	59	59	59	59
3.	2011	XXX	14	29	39	40	44	44	44	44	44
4.	2012	xxx	XXX	19	38	43	43	43	43	43	44
5.	2013	xxx	xxx	XXX	19	44	44	46	46	46	46
6.	2014	XXX	XXX	XXX	XXX	14	21	28	29	29	29
7.	2015	xxx	XXX	XXX	XXX	XXX	13	15	15	16	17
8.	2016	xxx	XXX	XXX	XXX	XXX	xxx	34	44	47	51
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	43	44
10.	2018	xxx	XXX	xxx	XXX	XXX	xxx	xxx	xxx	41	53
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45

#### **SECTION 2**

					3							
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END										
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10	
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1.	Prior	34	22	15	13	14	14	14	12	11	11	
2.	2010	30	13	4	2	0	0	0	0	0	0	
3.	2011	XXX	24	14	5	4	0	0	0	0	0	
4.	2012	XXX	XXX	32	7	0	0	0	0	2	1	
5.	2013	XXX	XXX	XXX	21	2	2	0	0	0	1	
6.	2014	XXX	XXX	XXX	XXX	8	4	0	0	0	0	
7.	2015	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0	
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	15	3	5	1	
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	2	2	
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	0	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	

#### SECTION 3

					S	ECTION:	3					
		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END										
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	O	10	
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1.	Prior	12	1	1	0	1	0	0	0	0	0	
2.	2010	76	91	92	93	94	94	94	94	94	94	
3.	2011	XXX	71	81	83	83	83	83	83	83	83	
4.	2012	XXX	XXX	74	79	79	79	79	79	81	81	
5.	2013	XXX	XXX	XXX	54	69	69	69	69	69	70	
6.	2014	XXX	XXX	XXX	XXX	50	55	58	59	59	59	
7.	2015	XXX	XXX	XXX	XXX	XXX	31	36	36	39	40	
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	68	70	75	75	
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	55	56	
10.	2018	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	59	64	
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	

# SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	emiums e Earned Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	65	34	12	6	2	1	0	1	0	1
2.	2010	209	290	299	304	305	306	306	308	308	308
3.	2011	xxx	359	467	499	513	517	517	519	520	520
4.	2012	xxx	XXX	248	372	409	424	429	431	433	433
5.	2013	XXX	XXX	XXX	200	311	329	336	344	344	344
6.	2014	xxx	XXX	XXX	XXX	232	319	329	341	345	352
7.	2015	xxx	XXX	XXX	XXX	XXX	210	312	336	345	347
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	344	503	543	561
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	329	511	553
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	441
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	379

#### **SECTION 2**

		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
				NUMBEF	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	59	27	11	7	3	1	2	5	4	4
2.	2010	133	27	11	2	1	1	2	1	0	0
3.	2011	xxx	135	44	18	5	2	4	1	0	0
4.	2012	xxx	XXX	178	59	33	14	9	8	0	0
5.	2013	xxx	XXX	XXX	138	34	18	7	3	1	1
6.	2014	XXX	XXX	XXX	XXX	115	26	17	24	19	8
7.	2015	xxx	XXX	XXX	XXX	XXX	123	37	16	5	4
8.	2016	xxx	XXX	XXX	XXX	XXX	XXX	185	73	34	12
9.	2017	xxx	XXX	XXX	XXX	XXX	XXX	XXX	241	78	35
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187	55
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	183

#### **SECTION 3**

				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	AT YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	83	27	6	7	3	4	1	4	1	3
2.	2010	502	575	588	590	592	594	595	598	598	598
3.	2011	xxx	762	876	902	910	913	915	916	917	917
4.	2012	xxx	XXX	702	828	861	863	865	867	867	867
5.	2013	xxx	xxx	XXX	649	744	760	766	773	773	773
6.	2014	xxx	XXX	XXX	XXX	575	641	657	679	682	682
7.	2015	xxx	XXX	XXX	XXX	XXX	510	608	627	631	635
8.	2016	xxx	XXX	XXX	XXX	xxx	xxx	793	941	970	974
9.	2017	xxx	XXX	XXX	XXX	xxx	xxx	xxx	1,067	1,246	1,286
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	816	954
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	866

# Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B NONE

# SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums Earned										
	Losses										
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	1	0	0	0	0	0	0	0	0	0
2.	2010	2	9	9	9	9	9	9	9	9	9
3.	2011	xxx	1	3	3	3	5	5	5	5	5
4.	2012	xxx	XXX	4	8	10	12	13	13	13	13
5.	2013	XXX	XXX	XXX	2	6	10	10	10	10	10
6.	2014	XXX	XXX	XXX	XXX	5	11	11	12	12	12
7.	2015	XXX	XXX	XXX	XXX	XXX	4	39	42	42	42
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	2	4	9	9
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4	8
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	5
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

#### **SECTION 2A**

	SECTION 2A           Years in         NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END           ars in Which         1         2         3         4         5         6         7         8         9         10										
Ye	ears in			NUMBEF	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
Were	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	2	1	0	0	0	0	0	0	0	0
2.	2010	14	2	0	0	0	0	0	0	0	0
3.	2011	XXX	5	6	3	2	0	0	0	0	0
4.	2012	XXX	XXX	6	4	2	0	0	0	0	0
5.	2013	XXX	XXX	XXX	12	8	0	0	0	0	0
6.	2014	XXX	XXX	XXX	XXX	9	2	3	0	1	2
7.	2015	XXX	XXX	XXX	XXX	XXX	258	7	4	1	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	13	6	3	3
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	5	1
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	11
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

#### **SECTION 3A**

					JL	CHONS	<b>A</b>				
Ye	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	O	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	2	0	0	0	0	0	0	0	0	0
2.	2010	36	44	44	44	44	44	44	44	44	44
3.	2011	xxx	29	34	34	34	34	34	34	34	34
4.	2012	XXX	XXX	19	26	27	27	28	28	28	28
5.	2013	xxx	XXX	XXX	23	33	33	33	33	33	33
6.	2014	xxx	XXX	xxx	XXX	32	38	41	41	42	44
7.	2015	xxx	XXX	XXX	XXX	XXX	271	294	299	302	302
8.	2016	xxx	XXX	xxx	XXX	XXX	XXX	19	24	27	27
9.	2017	xxx	XXX	xxx	XXX	XXX	xxx	XXX	18	20	20
10.	2018	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	35
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

# SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE SECTION 1B

Υe	Years in remiums         CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END           7         8           9         7           8         9           9         8           9         9				AR END						
		1	2	3	4	5	6	7	8	9	10
Were	miums Earned Losses										
Were	Incurred	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	0	0	0	0	0	0	0
4.	2012	xxx	XXX	0	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	1	1	1	1
7.	2015	xxx	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	2
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 2B**

	Years in NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END										
Years in Years in Which Premiums         NUMBER OF CLAIMS OUTSTANDING           1         2         3         4         5							DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were		1	2	3	4	5	6	7	8	9	10
	Incurred	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	0	0	0	0	0	0	0
4.	2012	xxx	xxx	0	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	3	0	0	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	2	1
10.	2018	xxx	xxx	xxx	XXX	XXX	XXX	XXX	XXX	3	3
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

#### **SECTION 3B**

Υe	Years in ars in Which Premiums ere Earned         CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END         6         7         8         9										
		1	2	3	4	5	6	7	8	9	10
Were	e Earned Losses										
Were	Incurred	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	0	0	0	0	0	0	0
4.	2012	XXX	XXX	0	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	1	1	1	1
7.	2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9.	2017	xxx	19	23	23						
10.	2018	XXX	11	14							
11.	2019	XXX	0								

# SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE SECTION 1A

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

#### **SECTION 2A**

	Years in NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END										
Υe	ars in			NUMBER	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SSUMED AT YE	AR END	·	·
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	2	3	2	2	0	0	0	2	0	1
2.	2010	0	0	0	1	1	0	0	0	0	0
3.	2011	XXX	0	0	0	0	0	0	0	0	0
4.	2012	xxx	XXX	1	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	4	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	1	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	2

#### **SECTION 3A**

		rs in CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
Ye	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ID ASSUMED A	T YEAR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1.	Prior	2	1	0	0	0	0	0	2	0	
2.	2010	0	0	0	1	1	1	1	1	1	
3.	2011	xxx	0	0	0	0	0	0	0	0	
4.	2012	xxx	XXX	1	2	2	2	2	2	2	
5.	2013	xxx	XXX	XXX	0	0	0	0	0	0	
6.	2014	XXX	XXX	XXX	XXX	4	5	5	5	5	
7.	2015	xxx	XXX	XXX	XXX	XXX	0	0	0	0	
8.	2016	xxx	XXX	XXX	XXX	XXX	XXX	1	1	2	
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	f

# Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B NONE

Schedule P - Part 5T - Warranty - Section 1 **NONE** 

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2010	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	0
3.	2011	XXX	1 , 173	1 , 173	1 , 172	1 , 172	1, 172	1, 172	1, 172	1, 172	1, 172	0
4.	2012	XXX	XXX	1,113	1,111	1,112	1, 112	1, 112	1,112	1, 112	1,112	0
5.	2013	XXX	XXX	XXX	1 , 147	1, 148	1, 149	1, 149	1 , 149	1, 149	1, 149	0
6.	2014	XXX	XXX	XXX	XXX	1 , 165	1, 167	1 , 167	1 , 167	1 , 167	1 , 167	0
7.	2015	XXX	XXX	XXX	XXX	XXX	1,049	1,049	1,049	1,049	1,049	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	838	838	838	838	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	791	793	793	0
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	773	773	0
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	688	688
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	688
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,209	1, 173	1,113	1,144	1,167	1,051	838	791	775	688	XXX

#### **SECTION 2**

					•		· -					
Ye	ears in Which			CUMULATIV	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
V	lere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2010	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	1,209	0
3.	2011	XXX	1, 173	1 , 173	1 , 172	1, 172	1, 172	1, 172	1, 172	1 , 172	1 , 172	0
4.	2012	XXX	XXX	1, 113	1,111	1,112	1, 112	1, 112	1, 112	1,112	1,112	0
5.	2013	XXX	XXX	XXX	1, 147	1, 148	1, 149	1, 149	1, 149	1, 149	1, 149	0
6.	2014	XXX	XXX	XXX	XXX	1 , 165	1, 167	1, 167	1, 167	1 , 167	1 , 167	0
7.	2015	XXX	XXX	XXX	XXX	XXX	1,049	1,049	1,049	1,049	1,049	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	838	838	838	838	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	791	793	793	0
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	773	773	0
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	688	688
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	688
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,209	1,173	1,113	1,144	1,167	1,051	838	791	775	688	XXX

# SCHEDULE P - PART 6D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION) SECTION 1

					3		N I					
Ye	ears in Which		CUMU	LATIVE PREN	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	1D (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
V	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	114	(3)	(3)	0	(6)	0	0	0	0	0	0
2.	2010	1,410	1,490	1,495	1,493	1,493	1,493	1,493	1,493	1,493	1,493	0
3.	2011	XXX	1,228	1,294	1,294	1,293	1,293	1,293	1,293	1,293	1,293	0
4.	2012	XXX	XXX	1,205	1,267	1,267	1,261	1,261	1,261	1,261	1,261	0
5.	2013	XXX	XXX	XXX	1,210	1,245	1,244	1,243	1,243	1,243	1,243	0
6.	2014	XXX	XXX	XXX	XXX	1.072	1, 165	1, 163	1.163	1.163	1, 163	0
7.	2015	XXX	XXX	XXX	XXX	XXX	833	905	909	909	909	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	1.052	1.133	1.136	1.136	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	755	751	(4)
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	679	742	63
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	877	877
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	936
13.												
13.	Earned Premiums											
	(Sch P-Pt. 1)	1.524	1.305	1.273	1.271	1.100	918	1, 121	792	730	936	XXX

#### SECTION 2

					3		N 2					
Ye	ars in Which			CUMULATI	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	114	(3)	(3)	0	(6)	0	0	0	0	0	0
2.	2010	1,410	1,490	1 , 495	1,493	1,493	1,493	1,493	1,493	1,493	1,493	0
3.	2011	XXX	1,228	1,294	1,294	1,293	1,293	1,293	1,293	1,293	1,293	0
4.	2012	XXX	XXX	1,205	1,267	1,267	1,261	1,261	1,261	1,261	1,261	0
5.	2013	XXX	XXX	XXX	1,210	1,245	1,244	1,243	1,243	1,243	1,243	0
6.	2014	XXX	XXX	XXX	XXX	1,072	1, 165	1, 163	1, 163	1, 163	1, 163	0
7.	2015	XXX	XXX	XXX	XXX	XXX	833	905	909	909	909	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	1,052	1,133	1 , 136	1 , 136	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	755	751	(4)
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	679	742	63
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	877	877
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	936
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,524	1,305	1,273	1,271	1,100	918	1,121	792	730	936	XXX

# SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL SECTION 1

Υe	ears in Which		CUMUI	LATIVE PREM	IIUMS EARNE	D DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	(14)	(14)	0	0	0	0	0	0	0	0	0
2.	2010	15 , 179	15 , 168	15 , 166	15 , 166	15 , 166	15, 166	15, 166	15 , 166	15 , 166	15 , 166	0
3.	2011	XXX	17,493	17,575	17,565	17,564	17,564	17,564	17,564	17,564	17,564	0
4.	2012	XXX	XXX	19,852	19,926	19,921	19,921	19,921	19,921	19,921	19,921	0
5.	2013	XXX	XXX	XXX	20,945	21,022	21,027	21,027	21,027	21,027	21,027	0
6.	2014	XXX	XXX	XXX	XXX	21,434	21,506	21,510	21,510	21,510	21,510	0
7.	2015	XXX	XXX	XXX	XXX	XXX	23,260	23,291	23,281	23,281	23,281	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	26,302	26,362	26,302	26,302	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,364	30,441	30,479	38
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,229	35,485	256
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,603	40.603
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,897
13.	Earned Premiums											
	(Sch P-Pt. 1)	15,164	17,467	19,933	21,010	21,504	23,337	26,337	30,414	35,246	40,897	XXX

#### **SECTION 2**

							· –					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	lere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	(14)	(14)	0	0	0	0	0	0	0	0	0
2.	2010	15, 179	15 , 168	15 , 166	15 , 166	15 , 166	15, 166	15 , 166	15 , 166	15 , 166	15 , 166	0
3.	2011	XXX	17,493	17,575	17,565	17,564	17,564	17,564	17,564	17,564	17,564	0
4.	2012	XXX	XXX	19,852	19,926	19,921	19,921	19,921	19,921	19,921	19,921	0
5.	2013	XXX	XXX	XXX	20,945	21,022	21,027	21,027	21,027	21,027	21,027	0
6.	2014	XXX	XXX	XXX	XXX	21,434	21,506	21,510	21,510	21,510	21,510	0
7.	2015	XXX	XXX	XXX	XXX	XXX	23,260	23,291	23,281	23,281	23,281	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	26,302	26,362	26,302	26,302	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30.364	30.441	30,479	38
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,229	35,485	256
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,603	40.603
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40.897
13.	Earned											, .
10.	Premiums											
	(Sch P-Pt. 1)	15,164	17,467	19,933	21,010	21,504	23,337	26,337	30,414	35,246	40,897	XXX

# SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	ID (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
a	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	3	(14)	0	0	0	0	0	0	0	0	0
2.	2010	413	398	398	398	398	398	398	398	398	398	0
3.	2011	XXX	424	440	443	443	443	443	443	443	443	0
4.	2012	XXX	XXX	596	625	627	627	627	627	627	627	0
5.	2013	XXX	XXX	XXX	790	816	817	817	817	817	817	0
6.	2014	XXX	XXX	XXX	XXX	868	891	892	892	892	892	0
7.	2015	XXX	XXX	XXX	XXX	XXX	888	915	911	911	911	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	865	852	852	852	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	912	936	944	8
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	849	887	38
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	784	784
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	831
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	416	395	612	823	896	912	893	895	873	831	XXX

#### **SECTION 2A**

					3		1					
Υe	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
٧	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	3	(14)	0	0	0	0	0	0	0	0	0
2.	2010	413	398	398	398	398	398	398	398	398	398	0
3.	2011	XXX	424	440	443	443	443	443	443	443	443	0
4.	2012	XXX	XXX	596	625	627	627	627	627	627	627	0
5.	2013	XXX	XXX	XXX	790	816	817	817	817	817	817	0
6.	2014	XXX	XXX	XXX	XXX	868	891	892	892	892	892	0
7.	2015	XXX	XXX	XXX	XXX	XXX	888	915	911	911	911	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	865	852	852	852	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	912	936	944	8
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	849	887	38
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	784	784
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	831
13.	Earned Premiums (Sch P-Pt. 1)	416	395	612	823	896	912	893	895	873	831	XXX

### SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE SECTION 1B

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	lere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
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	1	1	1	1	1	1	1	1	0
5.	2013	XXX	XXX	XXX	65	65	65	65	65	65	65	0
6.	2014	XXX	XXX	XXX	XXX	106	106	106	106	106	106	0
7.	2015	XXX	XXX	XXX	XXX	XXX	72	72	72	72	72	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	90	90	90	90	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	109	109	0
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	83	0
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	58
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58
13.	Earned Premiums				0.5	400	70	00	400			
	(Sch P-Pt. 1)	0	0	1	65	106	/2	90	109	83	58	XXX

#### **SECTION 2B**

					•							
Ye	ears in Which			CUMULATI	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
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	1	1	1	1	1	1	1	1	0
5.	2013	XXX	XXX	XXX	65	65	65	65	65	65	65	0
6.	2014	XXX	XXX	XXX	XXX	106	106	106	106	106	106	0
7.	2015	XXX	XXX	XXX	XXX	XXX	72	72	72	72	72	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	90	90	90	90	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	109	109	0
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	83	0
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58	58
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	0	0	1	65	106	72	90	109	83	58	XXX

# SCHEDULE P - PART 6M - INTERNATIONAL SECTION 1

Ye	ears in Which		CUMU	LATIVE PREM	MIUMS EARN	ED DIRECT A	ND ASSUME	D AT YEAR E	ND (\$000 OM	ITTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned and Losses Vere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Year Premiums Earned
1.	Prior						<b>_</b>					
2.	2010											
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX								
6.	2014	XXX	XXX		XXX							
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		××	X	XX					
9.	2017	XXX	XXX		XX	X		XXX				
10.	2018	XXX	XXX		XXX	,	X	XXX	XXX			
11.	2019	XXX	XXX	<del>XX</del>	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

#### SECTION 2

					5	SECTIO	N 2					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned and Losses											Year
	lere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Premiums Earned
1.	Prior											
2.	2010											
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	X <u>XX</u>								
6.	2014	XXX	XXX		XXX							<b>_</b>
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		XX	X	🗱					
9.	2017	XXX	XXX		XX	X		XXX				
10.	2018	XXX	XXX		XXX	,	X	٧٧٧	XXX			
11.	2019	XXX	XXX	<del>XX</del>	XXX		XXX		XXX	XXX	-	
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											XXX

# Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1 NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2 **NONE** 

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

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2 **NONE** 

# SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in Which		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)											
	Premiums	1	2	3	4	5	6	7	8	9	10	Current		
	Vere Earned											Year		
	and Losses											Premiums		
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned		
1.	Prior	1	(13)	0	0	0	0	0	0	0	0	0		
2.	2010	145	127	126	126	126	126	126	126	126	126	0		
3.	2011	XXX	86	76	77	77	77	77	77	77	77	0		
4.	2012	XXX	XXX	121	130	129	129	129	129	129	129	0		
5.	2013	XXX	XXX	XXX	144	148	148	148	148	148	148	0		
6.	2014	XXX	XXX	XXX	XXX	141	130	128	128	128	128	0		
7.	2015	XXX	XXX	XXX	XXX	XXX	196	188	184	184	184	0		
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	217	202	202	202	0		
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	232	235	3		
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	262	27		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	284	284		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314		
13.	Earned													
	Premiums													
	(Sch P-Pt. 1)	146	55	111	153	145	185	207	206	242	314	XXX		

#### **SECTION 2A**

					•							
Ye	ears in Which			CUMULATIV	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
V	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior	1	(13)	0	0	0	0	0	0	0	0	0
2.	2010	145	127	126	126	126	126	126	126	126	126	0
3.	2011	XXX	86	76	77	77	77	77	77	77	77	0
4.	2012	XXX	XXX	121	130	129	129	129	129	129	129	0
5.	2013	XXX	XXX	XXX	144	148	148	148	148	148	148	0
6.	2014	XXX	XXX	XXX	XXX	141	130	128	128	128	128	0
7.	2015	XXX	XXX	XXX	XXX	XXX	196	188	184	184	184	0
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	217	202	202	202	0
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	232	235	3
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	262	27
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	284	284
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	146	55	111	153	145	185	207	206	242	314	XXX

# SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE SECTION 1B

					_		–					
Ye	ars in Which		CUMU	LATIVE PREI	MIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	lere Earned											Year
	and Losses											Premiums
W	ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Earned
1.	Prior										<b></b>	
2.	2010											
3.	2011	XXX										
4.	2012	XXX	XXX									
5.	2013	XXX	XXX	XXX								
6.	2014	XXX	XXX		XXX		<b></b>					
7.	2015	XXX	XXX		XXX							
8.	2016	XXX	XXX		XX	X	XX					
9.	2017	XXX	XXX		XX	X		XXX				
10.	2018	XXX	XXX		XXX		X	XXX	XXX		1	
11.	2019	XXX	XXX	<b>X</b>	XXX	AXX	XXX		XXX	XXX		1
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)											XXX

#### SECTION 2B

					S	ECHON	12B							
Ye	ears in Which	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)												
	Premiums	1	2	3	4	5	6	7	8	9	10	Current		
	Vere Earned											Year		
	and Losses /ere Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Premiums Earned		
1.	Prior								= 0.11		1			
2.	2010													
3.	2011	xxx												
4.	2012	XXX	XXX											
5.	2013	XXX	XXX	X <u>XX</u>										
6.	2014	XXX	XXX		XXX									
7.	2015	XXX	XXX		XXX	Х								
8.	2016	XXX	XXX		XX	X	\ XX							
9.	2017	XXX	XXX		\ XX \	X		XXX				<b></b>		
10.	2018	XXX	XXX		XXX	,	XX		XXX					
11.	2019	XXX	XXX	X	XXX		XXX		XXX	XXX				
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	-		
13.	Earned													
	Premiums (Sch P-Pt. 1)											XXX		

# Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts NONE

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

  NONE
- Schedule P Part 7A Section 3 Primary Loss Sensitive Contracts **NONE**
- Schedule P Part 7A Section 4 Primary Loss Sensitive Contracts

  NONE
- Schedule P Part 7A Section 5 Primary Loss Sensitive Contracts

  NONE
- Schedule P Part 7B Section 1 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 2 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 3 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 4 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 5 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 6 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 7 Reinsurance Loss Sensitive Contracts **NONE**

#### **SCHEDULE P INTERROGATORIES**

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are no		OR) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (a endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge of the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "questions:	ge or at no additional cost?	
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, els dollars)?	ewhere in this statement (in	\$ <u>0</u>
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 of Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	on the Underwriting and Yes	3 [ ] No [ ] N/A [
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the followin Schedule P:	owing table corresponding to where	these reserves are reported
		DDR Reserve Schedule P, Part 1F, Medic Column 24: Total Net Losse	cal Professional Liability
	Years in Which Premiums Were Earned and Losses Were Incurred	Section 1: Occurrence	Section 2: Claims-Made
	Prior		0
1.602	2010	0	0
	2011		
	2012		
	2013		
	2014		
1.607	2015	0	0
	2017		
	2018		
	2019		
	Totals	0	0
2.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definition.  The Adjusting and Other expense payments and reserves should be allocated to the years in which the lost number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the	e expenses (now reported as " s in this statement? sses were incurred based on the expense between companies in a	Yes [ X ] No [ ]
	other expense incurred by reinsurers, or in those situations where suitable claim count information is not expense should be allocated by reinsurers, or in those situations where suitable claim count information is not expense should be allocated by a reasonable method determined by the company and described in Inter reported in this Statement?	eurance contract. For Adjusting and available, Adjusting and Other rogatory 7, below. Are they so	Yes [X] No []
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of fut net of such discounts on Page 10?		
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instruction reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular 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 being filed.	ar discounting. Work papers	
5.	What were the net premiums in force at the end of the year for: (in thousands of dollars)  5.1 Fid	elity	0
	5.2 Su	rety	0
6. 7.1	Claim count information is reported per claim or per claimant (Indicate which).  If not the same in all years, explain in Interrogatory 7.  The information provided in Schedule P will be used by many persons to estimate the adequacy of the cur among other things. Are there any especially significant events, coverage, retention or accounting change considered when making such analyses?	rent loss and expense reserves, ges that have occurred that must be	
7.2	(An extended statement may be attached.)  Larger than expected catastrophes were experienced during accident year 2017		

#### **SCHEDULE T - PART 2**

#### **INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

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

#### SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
'	_	J	7	J	U	,	0		10	!!	Type	If	17	15	
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
								D!			,				
						Exchange		Domi-	- 1-		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
iroup		Company		Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	3	quired?	?
ode	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NI A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA		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	NI A	AIX, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	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	NI A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	Y	
	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	
	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	NI A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NI A	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	NI A	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group		36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group		38–3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	N	
	The Hanover Insurance Group		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	NI A	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	NI A	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	NI A	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	NI A	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	NI A	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	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	NI A	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		16-1140177				NOVA Casualty Company	NY MA	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.		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 MI	NI A NI A	Professionals Direct, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.			The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	36064	04-3063898 98-1303999				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000 100.000	The Hanover Insurance Group, Inc.	N	
	The Hanover Insurance Group	41602	75-1827351				The Hanover Atlantic Insurance Company Ltd. The Hanover Casualty Company	BMU		The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	Y	
		22292	13-5129825				The Hanover Insurance Company	. I I X	HEUDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc The Hanover Insurance Group, Inc.	IV	
	The Hanover Insurance Group The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Company	NH	UIP	opus mivestment management, inc.	Ownership, Board, Management	0.000	The nationer trisurance droup, Inc.	IV	
	The Hanover Insurance Group	13147	74-3242673			inew fork Stock Exchange	The Hanover National Insurance Company	NH	JIP	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	IV	
	The Hanover Insurance Group		86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	IV	
	The Hanover Insurance Group		04-2448927				VeraVest Investments. Inc.	NA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NI	
088	The Hanover Insurance Group		52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NI	
	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.	NI	
	THE HAHOVEL HISULANCE GLOUP		104-2044100				ver rain nordings, inc.	.   INIU	NI W	THE HAHOVEL THOULANCE GLOUP, THE.	ownership, board, management	100.000	THE HAHOVEL HISULANCE GLOUP, INC		

Asterisk				хp	a l	
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#### SCHEDULE Y

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

NAIC   D   Names of Insurers and Parent,   Shareholder   Company   D   Names of Insurers and Parent,   Shareholder   Company   Code   Company   Code   Company   Code   Company   Code   Company   Code   C		1 7111 4	COMMA			IIIAIIOAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AI I ILIA I LO		
NAIC   D   Names of Insurers and Parent,   Shareholder   Capital   Company   Code   C	1 2	3	4	5	6	7	8	9	10 11	12	13
NAIC Company   D											
NAIC   NAIC   Company   Display   Names of Insurers and Parent,   Shareholder   Contributions   Capital Estate, Mortgage Coans or Other Investments   Capital Estate, Mortgage Coans or Other Investments   Capital Estate, Mortgage Coans or Other Investments   Contributions   Capital Estate, Mortgage Coans or Other Investments   Contributions   Capital Estate, Mortgage Coans or Other Investments   Capital Estate, Mortgage Coans or Other Investments   Contributions   Capital Estate, Mortgage Coans or Other Investments   Capital Estate, Maring Estate, Mortgage Coans or Other Investments   Capital Estate, Maring Estate, Mortgage Coans or Other Investments   Capital Estate, Maring Estate, Maring Estate, Maring Estate, Mortgage Coans or Other Investments   Capital Estate, Maring											
NAIC Company   ID Names of Insurers and Parent, Code   Number   Subsidiaries or Affiliates   Dividends   Capital Contributions   Capital Code   Company   Number   Subsidiaries or Affiliates   Dividends   Capital Contributions   Contribu											
Name of Insurers and Parent, Company   D   Names of Insurers and Parent, Company   Names of Insurers and Parent, Company   D   Names of Insurers and Parent, Company   D   Names of Insurers and Parent, Company   Names of Insurers and Parent, Com											
Code Number   Code Number   Code Number   Subsidiaries or Affiliates   Dividends   Contributions   Contribut	NAIC						Managament				
Code   Number   Subsidiaries or Affiliates   Dividends   Contributions   Other Investments   Affiliate(s)   Service Contracts   Agreements   Business   Totals   Taken/(Liability)	-	Names of Insurers and Parent	Shareholder	Canital							
1283   20-5235338   All X Special I Y Insurance Co.   0   0   0   0   0   0   0   0   0										Totals	
20-287570   AlX Holdings   Inc.   (300,000)   0   0   0   0   0   0   0   0   0			0	0	0	0	0	0	0	0	
10212   04-32726955   All Inerica Financial Blanefit Ins Co.   (400,000)   0   0   0   0   0   0   0   0   0			(300,000)	0	0	0	0	0	0	(300,000)	0
41404   22-2643430	10212 04-3272695		(400,000)	0	0	0	0	0	0	(400,000)	200.993.914
12260   52-1827116     Campmed Casual ty & Indemnity Company,   (500,000)   (500,000)   (500,000)   (500,000)   (13,257,580   (121,007,441)   (155,159,317)   (1714	41840 23-2643430			3,000,000	0	0	0	(68,370,702)	0	(65,370,702)	
Inc.   (500,000)   0   0   0   0   0   0   0   0   0	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	0	0	0	0	0	0	(200,000)	0
Inc.   (500,000)   0   0   0   0   0   0   0   0   0	12260 52-1827116	Campmed Casualty & Indemnity Company,									
10714   36-4123481   Citizens Insurance Co. of Illinois   0   0   0   0   0   0   0   0   0		Inc	(500,000)	0	0	0	0	0	0	(500,000)	13,257,580
10176   38-3167100   Citizens Insurance Co. of Ohio   (1,300,000)   0   0   0   0   0   0   (1,300,000)   16,930,325	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)
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 Afferican Insurance Co.   0   1,000,000   0   0   0   (85,150,827)   0   0   (84,150,827)   419,640,349   349,997   349,			0	0	0	0	0	0	0	0	
36064   04-3063898   The Hanover American Insurance Co.   0   1,000,000   0   0   0   0   0   0   0   0			(1,300,000)	0	0	0	0	0	0		
98-1300399   The Hanover Atlantic Insurance Company   0   0   0   0   0   0   0   0   0			0	12,000,000	0	0	0	(105, 181, 977)	0	(93, 181, 977)	1,039,144,547
2292   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)   1705   86-1070355   Hanover New Jersey Insurance Company   (800,000)   0   0   0   0   0   0   0   (800,000)   3,108   14602   75-1827351   The Hanover Casualty Company   (1,000,000)   0   0   0   0   0   0   (170,000,000)   75,959,220   16-1140177   Nova Casualty Co.		The Hanover American Insurance Co.	0	1,000,000	0	0	0	(85, 150, 827)	0	(84, 150, 827)	
11705   86-1070355   Hanover New Jersey Insurance Company   (800,000)   0   0   0   0   0   0   0   0   0			0	0	0	0	0	0	0	0	
A 1602   75-1827351   The Hanover Casualty Company   (1,000,000)   0   0   0   0   0   (1,000,000)   75,959,220				(16,000,000)	17,495,094	0	(95,888,923)	519,793,556	(125,000,000)	, ,	
22306       04-2217600       Massachusetts Bay Insurance Company       (3,000,000)       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       0       539,451,795         04-3263626       The Hanover Insurance Group, Inc.       140,000,000       0       69,599,891       0       0       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       98,000,291				0	0	0	0	0	0		
42552       16-1140177       NOVA Casualty Co.       0       <				0	0	0	0	0	0		
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   (300,000)   0   0   0   0   0   0   0   0   0			(3,000,000)	0	0	0	0	(173,094,315)	0	(176,094,315)	, ,
13147			0	0	0	0	0	0	0	0	539,451,795
				0	69,599,891	0	(64, 194, 356)	0	125,000,000		0
				0	0	0	0	0	0	, , ,	0
999999 Control Totals 0 0 0 0 0 0 xxx 0 0 0 0		Verlan Fire Insurance Co.	, , ,	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
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
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
11.	AUGUST FILING  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
ne foll	lowing supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business cov	ered by the sunnlement

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?	1
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	1
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	i
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	i
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	i
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Y
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	·
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	1
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	1
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	Υ
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?	1
26.	electronically with the NAIC by March 1?  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?	,
27.	electronically with the NAIC by March 1?  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?	
28.	NAIC by March 1? 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?	
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	1
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	1
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	1
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?	1
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?	1
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	Υ
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC	
36.	by April 1? 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?	
	state of domicile and the NAIC by April 1?AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Υ

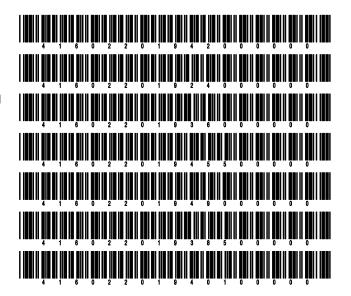
13. 14. 15. 16. 17. 18. 19. 21. 22. 23. 25. 26. 27.

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26. 27. 28. 29. 30. 31. 32. 33.

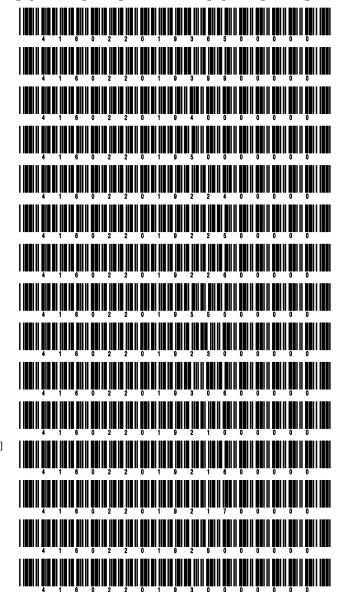
36. Bar Codes

- 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]
- 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]
- 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]



# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE HANOVER CASUALTY COMPANY OVERFLOW PAGE FOR WRITE-INS

# NONE



#### **DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

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

| any Na                        | ame HANOVER   | CAS                                | SUALTY C   | ЮМ                    | PANY  |                    |   |               |  |                    |  |                     |                                    |                                |                        |        |
|-------------------------------|---|------------------------------------|--|-----------------------|---|--------------------|---|---------------|--|--------------------|--|---------------------|------------------------------------|--------------------------------|------------------------|--------|
|                               |   |                                    |  |                       |   |                    |   |               |  |                    |  |                     |                                    |                                |                        |        |
| orting                        | entity writes any o   | direct                             | tor and office   | r (D8                 | &O) business,   | pleas              | se provide the t  | follov        | ving:  |                    |  |                     |                                    |                                |                        |        |
| Mono                          | oline Policies  |                                    |  |                       |   |                    |   |               |  |                    |  |                     |                                    |                                |                        |        |
|                               |   |                                    |  | ı                     |   |                    |   |               | Direct   | Defer              | nse and Cost   |                     | Pe                                 | ercenta                        | ge of                  |        |
|                               | Direct  | Prem                               | niums  |                       | D   | irect L            | Losses  |               |  |                    | inment   |                     |                                    | orce P                         |                        |        |
|                               | 1   | 1                                  | 2  |                       | 3   |                    | 4   |               | 5  |                    | 6  |                     | 7                                  |                                | 8                      |        |
|                               | Written   |                                    | Earned   |                       | Paid  |                    | Incurred  |               | Paid   |                    | Incurred   |                     | Claims Mad                         | le                             | Occurrence             |        |
|                               | \$  | ) \$.                              |  | 0                     | \$  | 0                  | \$  | 0             | \$   | 0                  | \$   | 0                   | 0.0                                | %                              | 0.0                    | %      |
| 2.1 [                         | mercial Multiple Popularies  Does the reporting  Can the direct pres                | entit                              | ty provide D&  | kO lia                | ability coverag   | , ,                |   |               | 0 ,  |                    |  |                     |                                    |                                | Yes [ X ]<br>Yes [ X ] |        |
| 2.1 E<br>2.2 C<br>2.3 F       |   | entity<br>mium<br>estion           | ty provide D&<br>n earned for E<br>n 2.2 is yes,           | kO lia<br>D&O         | ability coverag   | age pr             | rovided as part<br>r estimated dire                                       | of a<br>ect p | CMP packag<br>remium earne                                       | ed pol<br>ed am    | licy be quantified<br>ount for D&O lial                                | d or es<br>bility c | stimated?<br>overage               |                                | Yes [ X ]              | Vo     |
| 2.1 E<br>2.2 C<br>2.3 F       | Does the reporting<br>Can the direct prer<br>If the answer to qu                    | entity<br>mium<br>estion           | ty provide D&<br>n earned for E<br>n 2.2 is yes,           | kO lia<br>D&O         | ability coverag   | age pr             | rovided as part<br>r estimated dire<br>2.31 Amount                        | of a<br>ect p | CMP packag<br>remium earne<br>ntified:                           | ed po<br>ed am     | licy be quantified<br>ount for D&O lial                                | d or es<br>bility c | stimated?<br>overage               | \$                             | Yes [ X ]              | No<br> |
| 2.1 [<br>2.2 (<br>2.3 li<br>i | Does the reporting<br>Can the direct prer<br>If the answer to qu                    | entity<br>mium<br>estion<br>polici | ty provide D&<br>n earned for E<br>n 2.2 is yes,  <br>iies | kO lia<br>D&O<br>prov | ability coverag<br>liability covera<br>ide the quanti   | age pr             | rovided as part<br>r estimated dir<br>2.31 Amount<br>2.32 Amount          | of a<br>ect p | CMP packag<br>remium earne<br>ntified:                           | ed po<br>ed am     | licy be quantified<br>ount for D&O lial                                | d or es<br>bility c | stimated?<br>overage               | \$                             | Yes [ X ]              | No<br> |
| 2.1 [<br>2.2 (<br>2.3 li<br>i | Does the reporting<br>Can the direct prer<br>If the answer to qu<br>in CMP packaged | entity<br>mium<br>estion<br>polici | ty provide D&<br>n earned for E<br>n 2.2 is yes,  <br>iies | kO lia<br>D&O<br>prov | ability coverag<br>liability covera<br>ide the quanti   | age pr             | rovided as part<br>r estimated dir<br>2.31 Amount<br>2.32 Amount          | of a<br>ect p | CMP packag<br>remium earne<br>ntified:                           | ed poled amo       | licy be quantified bunt for D&O lial                                   | d or es<br>bility c | stimated?<br>overage               | \$                             | Yes [ X ]              | No<br> |
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