

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## **ANNUAL STATEMENT**

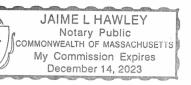
FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Verlan Fire Insurance Company

0088 0088 NAIC Company Code 10815 Employer's ID Number

Organized under the Laws of	(Current) (		State of Dominile or Dort of E	man All I
Country of Domicile	New Ha		, State of Domicile or Port of E tes of America	ntry NH
Incorporated/Organized	01/01/2009		Commenced Business _	02/24/1970
Statutory Home Office	4 Bedford Farms Dri	ve. Suite 107		Bedford, NH, US 03110-5905
	(Street and No		(City o	or Town, State, Country and Zip Code)
Main Administrative Office		440 Lin	coln Street	
	Variables MA 110 04052 0000	• .	and Number)	500 050 7000
	Vorcester, MA, US 01653-0002 Town, State, Country and Zip 0	Code)		508-853-7200 Area Code) (Telephone Number)
Mail Address	440 Lincoln Stroo	,	•	
	440 Lincoln Stree (Street and Number or P.			Worcester, MA, US 01653-0002 or Town, State, Country and Zip Code)
Primary Location of Books and	1 Records	440 Lir	ncoln Street	
Filliary Location of Books and			and Number)	
	Vorcester, MA, US 01653-0002	\- d-\		508-853-7200-8557928
(City or	Town, State, Country and Zip C	ode)	(/	Area Code) (Telephone Number)
Internet Website Address		WWW.HA	ANOVER.COM	
Statutory Statement Contact	Dennis	M. Hazelwood		508-853-7200-8557928
, DH	AZELWOOD@HANOVER.CO!	(Name)		(Area Code) (Telephone Number)
	(E-mail Address)	VI		508-853-6332 (FAX Number)
President	John Conne		Vice President & Transurer	Nathaniel William Clarkin #
Senior Vice President &	Charles Frede		vice President & Treasurer _	Natifallel William Clarkin #
Denise Maureen Lowsley Warren Ell	utive Vice President & CFO , Executive Vice President ison Barnes is Kerrigan Jr.	Bryan James Salvator  DIRECTORS  Jeffrey	Jr., Executive Vice President & GC re, Executive Vice President OR TRUSTEES Mark Farber Ty-Lunn Lee #	
	ner Roche		mes Salvatore	Denise Maureen Lowsley  Mark Joseph Welzenbach
	,	•		
State of County of	Massachusetts Worcester	ss		
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the	sets were the absolute property dexhibits, schedules and explaid reporting entity as of the reporting entity as of the reporting statement instructions addifferences in reporting not releascope of this attestation by thing differences due to electronic	y of the said reporting ent inations therein contained, riting period stated above, and Accounting Practices lated to accounting pract e described officers also it of filing) of the enclosed sta	tity, free and clear from any liens, annexed or referred to, is a full and of its income and deductions and Procedures manual except tices and procedures, according includes the related corresponding	porting entity, and that on the reporting period stated above so or claims thereon, except as herein stated, and that thi and true statement of all the assets and liabilities and of the stherefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state go to the best of their information, knowledge and belief and electronic filing with the NAIC, when required, that is a sy be requested by various regulators in lieu of or in additional transfer of the state of the st
President			esident & Secretary	Vice President & Treasurer
Subscribed and sworn to be for 2nd day of Jaime L. Hawley Notary December 14, 2023		ary, 2022	a. Is this an original filin b. If no, 1. State the amendm 2. Date filed	nent number





## **ASSETS**

			Current Year		Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1.	Bonds (Schedule D)		0		
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens.	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)	0	0	0	0
5.	Cash (\$				
	(\$0 , Schedule E - Part 2) and short-term				
	investments (\$0 , Schedule DA)	176,386	0	176,386	965,508
6.	Contract loans (including \$0 premium notes)	0	0	0	0
7.	Derivatives (Schedule DB)	0	0	0	0
8.	Other invested assets (Schedule BA)	0			
9.	Receivable for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)			25,763,688	
13.	Title plants less \$0 charged off (for Title insurers				
	only)	0	0	0	0
14.	Investment income due and accrued	185,787	0	185,787	199,381
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$0 ) and				
	contracts subject to redetermination (\$0 )	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	46		46	1,368
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17.	Amounts receivable relating to uninsured plans	0	0	0	0
18.1	Current federal and foreign income tax recoverable and interest thereon $\ldots \ldots$	1,736	0	1,736	0
18.2	Net deferred tax asset	0	0	0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software	0	0	0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$0 )				0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
23.	Receivables from parent, subsidiaries and affiliates				0
24.	Health care (\$0 ) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	0	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	25 051 257	_	25 051 257	25 006 057
07	Protected Cell Accounts (Lines 12 to 25)	20,951,25/	u	25,951,25/	25,960,657
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	25,951,257	0		25,986,857
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.			0	0	0
1103.		l _	0	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	n	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	n
2501.	Totals (Lines 1101 tillu 1103 plus 1198)(Line 11 above)	_	0		0
				0	
2502.		0	0	0	
2503.	Commence of annualising with installing OF form and discount	0	0	0	
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

## LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	0	0
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		0
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	0	0
4.	Commissions payable, contingent commissions and other similar charges	0	0
5.	Other expenses (excluding taxes, licenses and fees)	0	0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	0	3, 132
7.2	Net deferred tax liability	19,240	14,657
8.	Borrowed money \$0 and interest thereon \$	0	0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$55,884,160 and including warranty reserves of \$		
	health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health		
	Service Act)	0	0
10.	Advance premium	0	0
11.	Dividends declared and unpaid:		
	11.1 Stockholders	0	0
	11.2 Policyholders	0	0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others	0	0
15.	Remittances and items not allocated	0	0
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 3, Column 78)	0	0
17.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18.	Drafts outstanding	0	0
19.	Payable to parent, subsidiaries and affiliates	2,659	2,435
20.	Derivatives	0	0
21.	Payable for securities	0	0
22.	Payable for securities lending	0	0
23.	Liability for amounts held under uninsured plans	0	0
24.	Capital notes \$0 and interest thereon \$	0	0
25.	Aggregate write-ins for liabilities	0	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	21,899	20,224
27.	Protected cell liabilities	. 0	0
28.	Total liabilities (Lines 26 and 27)	21,899	20,224
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	5,000,000	5,000,000
31.	Preferred capital stock	0	0
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes	0	0
34.	Gross paid in and contributed surplus	500,000	500,000
35.	Unassigned funds (surplus)	20,429,358	20,466,633
36.	Less treasury stock, at cost:		
	36.1	0	0
	36.20 shares preferred (value included in Line 31 \$	0	0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	25,929,358	25,966,633
38.	TOTALS (Page 2, Line 28, Col. 3)	25,951,257	25,986,857
	DETAILS OF WRITE-INS		
2501.		0	0
2502.		0	0
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0
2901.	, , , , , , , , , , , , , , , , , , , ,	0	0
2902.			0
2903.			.0
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201.	Totals (Ellies 2001 tilla 2000 pius 2000)(Ellie 20 abovo)	<u>*</u>	
3201.			
3202.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0
	,		

## STATEMENT OF INCOME

		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4).	0	0
2.	DEDUCTIONS: Losses incurred (Part 2, Line 35, Column 7)	0	0
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		0
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		0
5.	Aggregate write-ins for underwriting deductions	0	0
6.	Total underwriting deductions (Lines 2 through 5)	0	0
7.	Net income of protected cells		0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	0	0
0	INVESTMENT INCOME	700 040	754 000
	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains or (losses) less capital gains tax of \$	708,319	/54,232
10.	Gains (Losses))	(1,398)	2,500
11.	Net investment gain (loss) (Lines 9 + 10)		756,732
	OTHER INCOME	,	
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered		
	\$0 amount charged off \$0 )		0
	Finance and service charges not included in premiums		0
14.	Aggregate write-ins for miscellaneous income	. 0	0
15.	Total other income (Lines 12 through 14)	0	0
16.	(Lines 8 + 11 + 15)	706,921	756,732
17.	Dividends to policyholders	0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	706 021	756,732
19.	Federal and foreign income taxes incurred	139,614	155,938
20.	Net income (Line 18 minus Line 19)(to Line 22)	567,307	600,794
	CAPITAL AND SURPLUS ACCOUNT	,	
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	25,966,633	25,565,483
22.	Net income (from Line 20)	567,307	600,794
23.	Net transfers (to) from Protected Cell accounts		0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		0
25.	Change in net unrealized foreign exchange capital gain (loss)		0
26. 27.	Change in net deferred income tax  Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)		
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes	0	0
30.	Surplus (contributed to) withdrawn from protected cells	0	0
31.	Cumulative effect of changes in accounting principles	0	0
32.	Capital changes:		
	32.1 Paid in		0
	32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus	0	 
33.	Surplus adjustments:	0	0
00.	33.1 Paid in	0	500,000
	33.2 Transferred to capital (Stock Dividend)	0	0
	33.3 Transferred from capital	0	0
34.	Net remittances from or (to) Home Office	0	0
35.	Dividends to stockholders		(700,000)
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		0
37. 38.	Aggregate write-ins for gains and losses in surplus  Change in surplus as regards policyholders for the year (Lines 22 through 37)	(37,275)	401,150
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	25,929,358	25,966,633
	DETAILS OF WRITE-INS	25,025,000	_0,000,000
0501.		0	0
0502.			0
0503.		0	0
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401.		0	0
1402. 1403.			0
1498.	Summary of remaining write-ins for Line 14 from overflow page		0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0
3701.		0	0
3702.		0	0
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0
3799.	Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)	0	0

		1	2
		Current Year	Prior Year
	Cook from Operations	Current real	riioi reai
4	Cash from Operations		0
	Premiums collected net of reinsurance		0
	Net investment income		781,576
	Miscellaneous income		704 570
	Total (Lines 1 through 3)		781,576
	Benefit and loss related payments		
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
	Commissions, expenses paid and aggregate write-ins for deductions		0
	Dividends paid to policyholders		
9. I	Federal and foreign income taxes paid (recovered) net of \$	150,999	160,000
10.	Total (Lines 5 through 9)	149,677	140,955
11.	Net cash from operations (Line 4 minus Line 10)	579,540	640,621
12.	Cash from Investments  Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	2 750 660	/ £10 970
	12.2 Stocks		4,619,872
	12.3 Mortgage loans		0
	12.4 Real estate		0
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,759,668	4,619,872
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	5,086,066	5,210,335
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	297,563
	13.7 Total investments acquired (Lines 13.1 to 13.6)	5,086,066	5,507,898
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,326,398)	(888,026
	Cash from Financing and Miscellaneous Sources		
	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	42,488	700,000
	16.6 Other cash provided (applied)	224	(18,366
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(42,264)	(218,366
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(789, 122)	(465,771
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	965,508	1,431,279
	19.2 End of period (Line 18 plus Line 19.1)	176,386	965,508
	oplemental disclosures of cash flow information for non-cash transactions: Bonds sold in settlement of intercompany dividend	(553, 102)	0
	Accrued interest on bonds sold in settlement of intercompany dividend		

## Underwriting and Investment Exhibit - Part 1 - Premiums Earned **NONE**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums **NONE** 

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

		1	Reinsurance Assumed		Reinsurar	6	
			2	3	4	5	Net Premiums Written
	Line of Business	Direct Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Cols. 1+2+3-4-5
1.	Fire	67 572 030	0	10,450	67,582,479	0	1
2.	Allied lines			3,953	38,391,430		(1)
		, , ,		,			(1)
3.	Farmowners multiple peril				0		0
4.	Homeowners multiple peril				0	0	0
5.	Commercial multiple peril	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0
9.	Inland marine			0		0	0
10.	Financial guaranty			0	0	0	0
11.1	Medical professional liability - occurrence	0	0	0	0	0	0
11.2	Medical professional liability -						
	claims-made	0	0	0	0	0	0
12.	Earthquake	1,770,357	0	0	1,770,357	0	0
13.	Group accident and health	0	0	0	0	0	0
14.	Credit accident and health (group						
	and individual)	0	0	0	0	0	0
15.	Other accident and health	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0
17.1	Other liability - occurrence	0	0	0	0	0	0
17.2	Other liability - claims-made				0	0	
17.3	Excess workers' compensation						
	•						
18.1	Products liability - occurrence				0		0
18.2	Products liability - claims-made					0	0
19.1, 19.2	Private passenger auto liability	0	0	0	0	0	0
19.3, 19.4	Commercial auto liability	0	0	0	0	0	0
21.	Auto physical damage	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0
	Surety	0	0	0	0	0	0
24.							
26.	Burglary and theft			0	0	0	0
27.	Boiler and machinery	6,824,935	0	0	6,824,935	0	0
28.	Credit	0	0	0	0	0	0
29.	International	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0
31.	Reinsurance - nonproportional						
	assumed property	XXX	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	<b>XXX</b>	0	0	0	0	0
			0			0	
33.	Reinsurance - nonproportional assumed financial lines	xxx	0	0	0	0	0
34.	Aggregate write-ins for other lines of						
J +.	business	0	0	0	0	0	0
35.	TOTALS	114,731,066	0	14,403	114,745,469	0	0
	DETAILS OF WRITE-INS						
3401.							
3402.							
3403.							
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus						
5455.	3498)(Line 34 above)	0	0	0	0	0	0

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

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

		PART 2 - L	OSSES PAID AND			1			1
			Losses Paid Less Salvage			5	6	7	8
		1	2	3	4	Net Losses Unpaid		Losses Incurred	Percentage of Losses Incurred (Col. 7, Part 2) to
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3)	Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Current Year (Cols. 4 + 5 - 6)	Premiums Earned (Col. 4, Part 1)
1.	Fire	80,649,226	4,665	80,653,891	0	0	0	0	0.0
2.	Allied lines	23,041,978	2,617	23,044,595	0	0	0	0	0.0
	Farmowners multiple peril	0	0	0	0	0	0	0	0.0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0.0
5.	Commercial multiple peril	0	0	0	0	0	0	0	0.0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0.0
8.	Ocean marine	0	0	0	0	0	0	0	0.0
9.	Inland marine	7.416	0	7.416	0	0	0	0	0.0
10.	Financial quaranty	.0	0		0	0	0	0	0.0
	Medical professional liability - occurrence	0	0	0	0	0	0	0	0.0
	Medical professional liability - claims-made	0	0	0	0	0	0	0	0.0
12.	Earthquake	0	0	0	0	0	0	0	0.0
	Group accident and health	.0	0	0	0	0	0	0	0.0
	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0.0
15.	Other accident and health	0	0	0	0	0	0	0	0.0
16.	Workers' compensation	0	0	0	0	0	0	0	0.0
	Other liability - occurrence	0	60	60	0	0	0	0	0.0
	Other liability - claims-made	0	0	0	0	0	0	0	0.0
	Excess workers' compensation	0	0	0	0	0	0	0	0.0
	Products liability - occurrence	0	0	0	0	0	0	0	0.0
	Products liability - claims-made	0	0	0	0	0	0	0	0.0
	Private passenger auto liability	0	0	0	0	0	0	0	0.0
	Commercial auto liability	0	0	0	0	0	0	0	0.0
	Auto physical damage	0	0	0	0	0	0	0	0.0
	Aircraft (all perils)	0	0	0	0	0	0	0	0.0
23.	Fidelity	0	0	0	0	0	0	0	0.0
24.	Surety	0	0	0	0	0	0	0	0.0
	Burglary and theft	0	0	0	0	0	0	0	0.0
	Boiler and machinery	577, 189	0	577, 189	0	0	0	0	0.0
28.	Credit	0	0	0	0	0	0	0	0.0
29.	International	0	0	0	0	0	0	0	0.0
30.	Warranty	0	0	0	0	0	0	0	0.0
	Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
	Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0	0	0.0
	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35.	TOTALS	104,275,809	7,342	104,283,151	0	0	0	0	
	DETAILS OF WRITE-INS			, , ,					
3401.	-	0	0	0	0	0	0	0	0.0
3402.		0	0	0	0	0	0	0	0.0
3403.		0	0	0	0	0	0	0	0.0
	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0
0.00.	. State (Emile & 101 till & 100 plac & 100/(Emile of above)	U	U	U	U	ı U	U	U	0.0

## UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES  Reported Losses Incurred But Not Reported 8					9			
		1	2	3	4	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustmer Expenses
1.	Fire		233	44,538,872	0		281	16,493,466		
2.	Allied lines	11,317,674	640	11,318,314	0	7,783,452	850	7 , 784 , 302	0	
3.	Farmowners multiple peril		0	0	0	0	0	0	0	
4.	Homeowners multiple peril		0	0	0	0	0	0	0	
5.	Commercial multiple peril	0	0	0	0	0	0	0	0	
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	
8.	Ocean marine		0	0	0	0	0	0	0	
9.	Inland marine	14	0	14	0	120,767	0	120,767	0	
10.	Financial guaranty		0	0	0	0	0	0	0	
11.1	Medical professional liability - occurrence	0	0	0	0	0	0	0	0	
11.2	Medical professional liability - claims-made		0	0	0	0	0	0	0	
12.	Earthquake		0	0	0	81,489	0	81,489		
13.	Group accident and health	0	0	0	0	0	0	0	(a)0	
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	
15.	Other accident and health	0	0	0	0	0	0	0	(a)0	
16.	Workers' compensation	0	0	0	0	0	0	0	0	
17.1	Other liability - occurrence	0	249,038	249,038	0	0	349,760	349,760	0	
17.2	Other liability - claims-made		0	0	0	0	0	0	0	
17.3	Excess workers' compensation	0	0	0	0	0	0	0		
18.1	Products liability - occurrence	0	49,747	49,747	0	0	271,669	271,669	0	
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0	
19.1, 19.2	Private passenger auto liability	0	0	0	0	0	0	0	0	
9.3, 19.4	Commercial auto liability	0	0	0	0	0	0	0	0	
21.	Auto physical damage	0	0	0	0	0	0	0	0	
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	
23.	Fidelity	0	0	0	0	0	0	0	0	
24.	Surety	0	0	0	0	0	0	0	0	
26.	Burglary and theft	0	0	0	0	0	0	0	0	
27.	Boiler and machinery	296,977	0	296,977	0	0	0	0	0	
28.	Credit	0	0	0	0	0	0	0	0	
29.	International	0	0	0	0	0	0	0	0	
30.	Warranty	0	0	0	0	0	0	0	0	
31.	Reinsurance - nonproportional assumed property	xxx	0	0	0	XXX	0	0	0	
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	0	0	0	
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	
34.	Aggregate write-ins for other lines of business		0	0	0	0	0	0	0	
35.	TOTALS	56,153,304	299,658	56,452,962	0	24,478,893	622,560	25,101,453	0	
	DETAILS OF WRITE-INS			· '			,	· ,		
3401.										
3402.										
3403.										
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	

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

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	TAIN	3 - EXPENSES 1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:		,		
	1.1 Direct	1,633,090	0	0	1,633,090
	1.2 Reinsurance assumed	48,801	0	0	48,801
	1.3 Reinsurance ceded	1,681,891	0	0	1,681,891
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	0	0	0	0
2.	Commission and brokerage:				
	2.1 Direct excluding contingent	0	16, 187,751	0	16, 187,751
	2.2 Reinsurance assumed, excluding contingent	0	1,172	0	1,172
	2.3 Reinsurance ceded, excluding contingent	0	16,188,923	0	16, 188,923
	2.4 Contingent - direct	0	(484,028)	0	(484,028)
	2.5 Contingent - reinsurance assumed	0	0	0	0
	2.6 Contingent - reinsurance ceded	0	(484,028)	0	(484,028)
	2.7 Policy and membership fees	. 0	0	0	0
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0
3.	Allowances to managers and agents			0	0
4.	Advertising				12
5.	Boards, bureaus and associations			0	
6.	Surveys and underwriting reports			0	
7.	Audit of assureds' records			0	0
8.	Salary and related items:				
-	8.1 Salaries	0	0	16.347	16,347
	8.2 Payroll taxes			0	0
9.	Employee relations and welfare				
10.	Insurance			0	0
11.	Directors' fees			0	
12.	Travel and travel items			95	
13.	Rent and rent items			486	
14.	Equipment			3,576	
15.	Cost or depreciation of EDP equipment and software			0	0
	Printing and stationery				
16.				25 52	
17.	Postage, telephone and telegraph, exchange and express	_			
18.	Legal and auditing		0	224	224
19.	Totals (Lines 3 to 18)	0	0	23,971	23,971
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0			0	
	20.2 Insurance department licenses and fees			0	0
	20.3 Gross guaranty association assessments			0	0
	20.4 All other (excluding federal and foreign income and real estate)	0	0	0	0
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)			0	0
21.	Real estate expenses			0	0
22.	Real estate taxes			0	
23.	Reimbursements by uninsured plans			0	
24.	Aggregate write-ins for miscellaneous expenses			10,499	
25.	Total expenses incurred			,	(a)34,470
26.	Less unpaid expenses - current year			0	
27.	Add unpaid expenses - prior year			0	0
28.	Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29.	Amounts receivable relating to uninsured plans, current year	0	0	0	0
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	34,470	34,470
	DETAILS OF WRITE-INS				
2401.	Custodial Fees	0	0	2,723	2,723
2402.	Outside Data Processing	0	0	6,425	6,425
2403.	Miscellaneous	0	0	1,351	1,351
2498.	Summary of remaining write-ins for Line 24 from overflow page	0		0	0
2400	Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	10,499	10,499

(a) Includes management fees of \$ ......31,747 to affiliates and \$ ......0 to non-affiliates.

## **EXHIBIT OF NET INVESTMENT INCOME**

			1		2
		Collected	During Year	Earned [	Ouring Year
1.	U.S. Government bonds	(a)	93,610		98,200
1.1	Bonds exempt from U.S. tax	(a)	1,324		989
1.2	Other bonds (unaffiliated)	(a)	657,355		639,514
1.3	Bonds of affiliates	(a)	0		
2.1	Preferred stocks (unaffiliated)	(b)	0		0
2.11	Preferred stocks of affiliates	(b)	0		0
2.2	Common stocks (unaffiliated)		0		0
2.21	Common stocks of affiliates		0		0
3.	Mortgage loans	(c)	0		0
4.	Real estate	(d)	0		0
5	Contract loans				0
6	Cash, cash equivalents and short-term investments		68		61
7	Derivative instruments		0		0
8.	Other invested assets				0
9.	Aggregate write-ins for investment income		4,025		4,025
10.	Total gross investment income		756,382		742,789
11.	Investment expenses			(g)	34,470
12.	Investment taxes, licenses and fees, excluding federal income taxes				0
13.	Interest expense			(h)	0
14.	Depreciation on real estate and other invested assets			(i)	0
15.	Aggregate write-ins for deductions from investment income				0
16.	Total deductions (Lines 11 through 15)				34,470
17.	Net investment income (Line 10 minus Line 16)				708,319
	DETAILS OF WRITE-INS				
0901.	Miscellaneous Investment Income		4,025		4,025
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page		0		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		4,025		4,025
1501.					
1502.					
1503.					
1598.	Summary of remaining write-ins for Line 15 from overflow page				0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)				0

(a) Includes \$	19,100	accrual of discount less \$30,814	amortization of premium and less $\$ 3,737	paid for accrued interest on purchases.
(b) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$0	paid for accrued dividends on purchases.
(c) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$0	paid for accrued interest on purchases.
(d) Includes \$	0	for company's occupancy of its own building	s; and excludes \$0 interest on encur	mbrances.
(e) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$0	paid for accrued interest on purchases.
(f) Includes \$	0	accrual of discount less \$0	amortization of premium.	
	0 d and Separate Acc		.0 investment taxes, licenses and fees, excluding fede	ral income taxes, attributable to
(h) Includes \$	0	interest on surplus notes and \$	0 interest on capital notes.	
(i) Includes \$	0	depreciation on real estate and \$	depreciation on other invested assets.	

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		1	2	3	4	5
		•	-			
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	(239)	0	(239)	0	0
1.2	Other bonds (unaffiliated)	5,359	0	5,359	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)		0	0	0	0
10.	Total capital gains (losses)	5.120	0	5,120	0	0
_	DETAILS OF WRITE-INS	,		· ·		
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
0990.	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,					
	above)	0	0	0	0	0

## Exhibit 1 - Analysis of Non-Admitted Assets and Related Items **NONE**

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

#### A. Accounting Practices

The financial statements of Verlan Fire Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the State of New Hampshire Insurance Department.

The State of New Hampshire Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of New Hampshire for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Hampshire Insurance Law. The National Association of Insurance Commissioners ("NAIC") "Accounting Practices and Procedures Manual" ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of New Hampshire. The State has not adopted any prescribed accounting practices that differ from those found in NAIC SAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Hampshire is shown below:

	SSAP#	F/S Page	F/S Line #	2021		2020
NET INCOME	CO/II #	1 ugo	Line n	2021	-	2020
(1) State basis (Page 4, Line 20, Columns 1 & 2)	xxx	XXX	XXX	\$ 567,307	\$	600,794
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$	-
(4) NAIC SAP (1-2-3=4)	xxx	XXX	XXX	\$ 567.307	\$	600.794
SURPLUS						
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	XXX	\$ 25,929,358	\$	25,966,633
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	ιP:		\$ -	\$	-
(7) State Permitted Practices that are an increase/(decrease) f	rom NAIC SAF	<b>P</b> :		\$ -	\$	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	xxx	\$ 25,929,358	\$	25.966.633

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by loans are stated at either amortized cost or fair value, using the scientific interest method, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
- (3) Common stocks are carried at fair value.
- (4) The Company does not own any preferred stocks.
- (5) The Company does not own any mortgage loans.
- (6) Loan-backed securities are stated at either amortized cost or fair value, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.
- (7) The Company does not own any stocks of, or have any interest in, any subsidiaries.
- (8) The Company does not own any other invested assets
- (9) The Company does not own any derivatives.
- (10) The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11)Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported ("IBNR"). Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior year.
- (13) The Company does not write major medical insurance with prescription drug coverage.
- D. Going Concern

Not applicable

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

Not applicable

#### NOTE 3 Business Combinations and Goodwill

#### NOTE 4 Discontinued Operations

Not applicable

#### NOTE 5 Investments

Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

Debt Restructuring

The Company did not have any restructured debt.

Reverse Mortgages

The Company does not own any reverse mortgages.

- Loan-Backed Securities
  - (1) Prepayment assumptions for loan-backed and structured securities were obtained from prepayment models that are sensitive to refinancing, turnover, equity take-out and other relevant factors. These assumptions are consistent with the current interest rate and economic environment.
  - (2) Not applicable
  - (3) The Company had no securities with a recognized other-than-temporary impairment.
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months 8.776 2. 12 Months or Longer 5.680

b) The aggregate related fair value of securities with unrealized losses:

625 774 1 Less than 12 Months 2. 12 Months or Longer 178.093

(5) The Company employs a systematic methodology to determine if a decline in market value below book/adjusted carrying value is other-than-temporary. In determining whether a decline in fair value below book/adjusted carrying value is other-than-temporary, the Company evaluates several factors and determining whether a decline in rair value below book/adjusted carrying value is other-trian-temporary, the Company evaluates several financial condition; the issuer's credit and financial strength ratings; the issuer's financial performance, including earnings trends, dividend payments, and asset quality; any specific events which may influence the operations of the issuer including governmental actions; a weakening of the general market conditions in the industry or geographic region in which the issuer operates; the length of time and degree to which the fair value of an issuer's securities remains below cost; the Company's intent and ability to hold the security until such time to allow for the expected recovery in value; and with respect to fixed maturity investments, any factors that might raise doubt about the issuer's ability to pay all amounts due according to the contractual terms. These factors are applied to all securities

E., F., G., H., I., J., K.

- Restricted Assets
  - 1. Restricted Assets (Including Pledged)

					Gro	oss (Admitt	ed &	Nonadmitt	ed)	Restricted				
		Current Year							6		7			
	1	1 2			3		4		5					
Restricted Asset Category	Total Ge Accor (G/A	unt	P Cel	G/A upporting rotected II Account Activity (a)	Ce R	Total Protected Il Account estricted Assets	Ce Sı	rotected Ill Account Assets upporting (A Activity (b)		Total (1 plus 3)	F	Total From Prior Year	(Dec	crease/ rease) (5 nus 6)
a. Subject to contractual obligation for which														
liability is not shown	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
b. Collateral held under security lending														
agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
c. Subject to repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
d. Subject to reverse repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
e. Subject to dollar repurchase agreements f. Subject to dollar reverse repurchase	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
g. Placed under option contracts h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
i. FHLB capital stock	φ e	-	\$	-	\$	-	φ	-	9	-	Φ	-	φ	-
i. On deposit with states	\$ 3,501	- 0EE	\$	-	\$	-	Φ	-	\$	3,501,855	Φ	3,501,120	э \$	735
ř ·		,655	φ	-		-	φ	-	Ф	3,301,633	φ	3,301,120	φ	733
k. On deposit with other regulatory bodies I. Pledged collateral to FHLB (including assets	\$	-	ъ	-	\$	-	Ъ	-	Þ	-	Ъ	-	Ъ	-
backing funding agreements) m. Pledged as collateral not captured in other	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
categories	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
n. Other restricted assets	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
o. Total Restricted Assets	\$ 3,501	,855	\$	-	\$	-	\$	-	\$	3,501,855	\$	3,501,120	\$	735

- (a) Subset of Column 1
- (b) Subset of Column 3

	Current Year						
	8 9 Percentage						
					10	11	
Restricted Asset Category		Total Non- admitted estricted		Total Admitted Restricted 5 minus 8)	Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)	
a. Subject to contractual obligation for which							
liability is not shown	\$	-	\$	-	0.000%	0.000%	
b. Collateral held under security lending							
agreements	\$	-	\$	-	0.000%	0.000%	
c. Subject to repurchase agreements	\$	-	\$	-	0.000%	0.000%	
d. Subject to reverse repurchase agreements	\$	-	\$	-	0.000%	0.000%	
e. Subject to dollar repurchase agreements f. Subject to dollar reverse repurchase	\$	-	\$	-	0.000%	0.000%	
agreements	\$	-	\$	-	0.000%	0.000%	
g. Placed under option contracts	\$	-	\$	-	0.000%	0.000%	
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$	_	\$	_	0.000%	0.000%	
i. FHLB capital stock	\$	_	\$	_	0.000%	0.000%	
i. On deposit with states	\$	_	\$	3,501,855	13.494%	13.494%	
k. On deposit with other regulatory bodies	\$	-	\$	-,,	0.000%	0.000%	
Pledged collateral to FHLB (including assets backing funding agreements)     Pledged as collateral not captured in other	\$	-	\$	-	0.000%	0.000%	
categories	\$	_	\$	-	0.000%	0.000%	
n. Other restricted assets	\$	_	\$	_	0.000%	0.000%	
o. Total Restricted Assets	\$			3,501,855	13.494%	13.494%	

- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28
- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

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

Not applicable

M., N., O., P.

Not applicable

Q. Prepayment Penalty and Acceleration Fees

	Gene	eral Account	Prot	ected Cell
1. Number of CUSIPs		3		0
Aggregate Amount of Investment Income	\$	25.923	\$	-

R. Reporting Entity's Share of Cash Pool by Asset Type

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

The Company did not have any due and accrued amounts over 90 days past due to exclude from surplus.

NOTE 8 Derivative Instruments

#### NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

	As of	End of Current	Period		12/31/2020		Change			
	(1)	(2)	(3) (Col. 1 + 2)	(4)	(5)	(6) (Col. 4 + 5)	(7) (Col. 1 - 4)	(8) (Col. 2 - 5)	(9) (Col. 7 + 8)	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
(a) Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(f) Deferred Tax Liabilities	\$ -	\$ 19,239	\$ 19,239	\$ -	\$ 14,657	\$ 14,657	\$ -	\$ 4,582	\$ 4,582	
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (19.239)	\$ (19.239)	\$ -	\$ (14.657)	\$ (14.657)	\$ -	\$ (4.582)	\$ (4,582)	

2.

	As of	End of Current	Period		12/31/2020		Change			
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total	
Admission Calculation Components SSAP No. 101		,			•		•			
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Adjusted Gross Deferred Tax     Assets Expected to be Realized     Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Adjusted Gross Deferred Tax     Assets Allowed per Limitation     Threshold.	xxx	XXX	\$ 3,892,290	XXX	xxx	\$ 3,897,193	XXX	xxx	\$ (4,903	
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	s -	\$ -	s -	\$ -	\$ -	\$ -	\$ -	\$	

3.

a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.

2021	2020
10267 000%	22222 000%

b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

\$ 25,929,358 \$ 25,966,633

- 4. Tax Planning Strategies
  - a. There is no financial impact of the Company's tax planning strategies.
  - b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [ ] No [X]

B. The Company does not have any deferred tax liabilities that are not recognized for amounts described in Accounting Standards Codification 740, Income Tax.

- C. Current income taxes incurred consist of the following major components:
  - 1. Current Income Tax
    - (a) Federal
    - (b) Foreign
    - (c) Subtotal
    - (d) Federal income tax on net capital gains
    - (e) Utilization of capital loss carry-forwards
    - (f) Other
    - (g) Federal and foreign income taxes incurred
  - 2. Deferred Tax Assets:
    - (a) Ordinary:
      - (1) Discounting of unpaid losses
      - (2) Unearned premium reserve
      - (3) Policyholder reserves
      - (4) Investments
      - (5) Deferred acquisition costs
      - (6) Policyholder dividends accrual
      - (7) Fixed Assets
      - (8) Compensation and benefits accrual
      - (9) Pension accrual
      - (10) Receivables nonadmitted
      - (11) Net operating loss carry-forward
      - (12) Tax credit carry-forward
      - (13) Other (including items <5% of total ordinary tax assets) (99) Subtotal
    - (b) Statutory valuation allowance adjustment
    - (c) Nonadmitted
    - (d) Admitted ordinary deferred tax assets (2a99 2b 2c)
    - (e) Capital:
      - (1) Investments
      - (2) Net capital loss carry-forward
      - (3) Real estate
      - (4) Other (including items <5% of total ordinary tax assets) (99) Subtotal
    - (f) Statutory valuation allowance adjustment
    - (g) Nonadmitted
    - (h) Admitted capital deferred tax assets (2e99 2f 2g)
    - (i) Admitted deferred tax assets (2d + 2h)
  - 3. Deferred Tax Liabilities:
    - (a) Ordinary:
      - (1) Investments
      - (2) Fixed Assets
      - (3) Deferred and uncollected premium
      - (4) Policyholder reserves
      - (5) Other (including items <5% of total ordinary tax liabilities)</li>(99) Subtotal
    - (b) Capital:
      - (1) Investments
      - (2) Real estate
      - (3) Other (including items <5% of total capital tax liabilities) (99) Subtotal
  - (c) Deferred tax liabilities (3a99 + 3b99) 4. Net deferred tax assets/liabilities (2i - 3c)
  - 4. Net deletted tax assets/flabilities (21 30)

(1) As of End of	(	2)		(3) (Col. 1 - 2)
Current Period	12/31	/2020		Change
\$ 139,614	\$	155,938	\$	(16,324)
\$ -	\$	-	\$	-
\$ 139,614		155,938	\$	(16,324)
\$ 6,518	\$	3,910	\$	2,608
\$ - \$ -	\$ \$	-	\$	-
\$ 146,132		159,848	\$	(13,716)
φ 140,132	φ	139,040	Ψ	(13,710)
\$ -	\$	-	\$	-
\$ -	\$	-	\$	-
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¢ 40.000	œ	14657	o o	4 500
\$ 19,239 \$ -	\$ \$	14,657	\$ \$	4,582
\$ -	\$ \$		\$	-
\$ 19,239	\$	14,657	\$	4,582
\$ 19,239	\$	14,657	\$	4,582
\$ (19,239)	\$	(14,657)	\$	(4,582)
				/

The change in net deferred income taxes is comprised of the following, exclusive of non-admitted assets:

Adjusted gross deferred tax assets
Total deferred tax liabilities
Net deferred tax assets (liabilities)
Tax effect of change in unrealized gains (losses)
Change in net deferred income tax

(1) of End of ent Period	(2) 12/31/2020	(3) (Col. 1 - 2) Change
\$ -	\$ -	\$ -
\$ 19,239	\$ 14,657	\$ 4,582
\$ (19,239)	\$ (14,657)	\$ (4,582)
		\$ -
		\$ (4,582)

#### D. Reconciliation of Federal Income Tax Rate to Actual Effective Tax Rate

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

Tax provision at statutory rate
Tax exempt income deduction
Return to provision and other
Total

Federal income taxes incurred
Realized capital gains tax
Change in net deferred income taxes
Total statutory income taxes

As of End of C	urrent Period
Tax	Rate
\$ 149,822	21.0%
\$ (175)	0.0%
\$ 1,067	0.1%
\$ 150,714	21.1%

	As of End of C	urrent Period
	Tax	Rate
\$	139,614	19.6%
\$	6,518	0.9%
\$	4,582	0.6%
\$	150,714	21.1%

- E. Operating Loss and Tax Credit Carryforwards
  - 1. At the end of the current reporting period, the Company has no net operating loss carryforwards and no capital loss carryforwards.
  - 2. The Company has the following federal income taxes which are available for recoupment in the event of future losses:

For the tax year 2020: \$ 141,673 For the tax year 2021: \$ 124,540

3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC

AIX, Inc.

AIX Insurance Services of California, Inc.

AIX Specialty Insurance Company

Allmerica Financial Alliance Insurance Company Allmerica Financial Benefit Insurance Company

Allmerica Plus Insurance Agency, Inc. Campania Holding Company, Inc.

Campmed Casualty & Indemnity Company, Inc. Citizens Insurance Company of America Citizens Insurance Company of Illinois Citizens Insurance Company of Ohio

Citizens Insurance Company of the Midwest

Educators Insurance Agency, Inc. Hanover Specialty Insurance Brokers, Inc. Massachusetts Bay Insurance Company

NOVA Casualty Company

Opus Investment Management, Inc.

Professionals Direct, Inc.

The Hanover American Insurance Company
The Hanover Atlantic Insurance Company Ltd.

The Hanover Casualty Company
The Hanover Insurance Company
The Hanover Insurance Group, Inc.
The Hanover National Insurance Company
The Hanover New Jersey Insurance Company

VeraVest Investments, Inc. Verlan Holdings, Inc.

- 2. The Board of Directors has delegated to Company Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of The Hanover Insurance Group, Inc. ("THG") is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG's subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.
- G. The Company has no federal or foreign income tax loss contingencies, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.
- H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

#### NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Natue of Relationships

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn, is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus"), which, in turn, is a wholly-owned non-insurance subsidiary of THG, a publicly traded company incorporated in Delaware.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

The Company declared an ordinary common stock dividend to the Parent Company, Hanover on November 2, 2021, totaling \$600,000, which was settled with \$42,488 in cash and \$557,512 in securities on November 17, 2021.

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

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$2,659 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

Companies affiliated with Hanover have entered into an intercompany Consolidated Service Agreement. Under the agreement, legal entities will be charged the cost of the service provided or expenses paid by the entity providing the service or paying the expense. In addition, these entities will be charged a portion of the costs associated with activities that are performed for the good of THG legal entities.

Investment related services are provided by Opus pursuant to an intercompany Advisory Agreement.

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

H., I., J., K., L., M., N., O.

Not applicable

#### NOTE 11 Debt

Not applicable

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

The labor for the Company is provided and paid for by Hanover. As such, the Company is included in the benefit plans in force for Hanover. Charges for actual salary and benefit costs for services provided to the Company by Hanover employees are ceded 100% pursuant to the Company's Intercompany Reinsurance Agreement.

A., B., C., D., E., F., G., H., I.

Not applicable

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

A. Outstanding Shares

The Company has 10,000 shares of \$500 par value common stock authorized and 10,000 shares issued and outstanding.

B. Dividend Rate of Preferred Stock

Not applicable

C-F. Dividend Restrictions

Pursuant to New Hampshire's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the New Hampshire Insurance Commissioner, is limited to the lesser of 10% of statutory policyholder surplus as of the preceding December 31, or net income. The Company declared an ordinary dividend of \$600,000 to Hanover on November 2, 2021. Accordingly, the maximum dividend that can be paid at January 1, 2022 without further approval is \$2,800 and the Company can not declare a further dividend without further approval until November 2, 2022, at which time the maximum dividend is \$602.800.

G-M.

Not applicable

#### NOTE 14 Liabilities, Contingencies and Assessments

A., B., C., D., E., F.

Not applicable

G. All Other Contingencies

The Company routinely engages in various legal proceedings in the normal course of business, including claims for punitive damages. In the opinion of management, none of such contingencies are expected to have a material effect on the Company's financial position, although it is possible that the results of operations in a particular quarter or annual period would be materially affected by an adverse development or unfavorable outcome.

#### NOTE 15 Leases

The Company has no material lease obligations at this time

## NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

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

A., B.

Not applicable

C. Wash Sales

The Company generally does not sell and reacquire securities within 30 days of the sale date. There were no wash sale transactions with a NAIC designation of 3 or below in the current year.

#### NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

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

Not applicable

#### NOTE 20 Fair Value Measurements

Α.

- (1) Fair Value Measurements at Reporting Date
  - a. There were no assets carried at fair value at the end of the reporting period.

- b. The Company does not have any liabilities measured at fair value at the end of the reporting period.
- (2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.
- (3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

The Company utilizes a third party pricing service for the valuation of the majority of its fixed maturity securities and receives one quote per security. When quoted market prices in an active market are available, they are provided by the pricing service as the fair value and such values are classified as Level 1. Since fixed maturities other than U.S. Treasury securities generally do not trade on a daily basis, the pricing service prepares estimates of fair value for those securities using pricing applications based on a market approach. Inputs into the fair value pricing applications which are common to all asset classes include benchmark U.S. Treasury security yield curves, reported trades of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities and structural characteristics of the security, such as maturity date, coupon, mandatory principal payment dates, frequency of interest and principal payments and optional principal redemption features. Inputs into the fair value applications that are unique by asset class include, but are not limited to:

- U.S. government determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- All other governments estimates of appropriate market spread versus underlying related sovereign treasury curves dependent on liquidity and direct or contingent support.
- Corporate bonds, which are included in Industrial and miscellaneous bonds overall credit quality, including assessments of the level and variability of: economic sensitivity; liquidity; corporate financial policies; management quality; regulatory environment; competitive position; ownership; restrictive covenants; and security or collateral.
- Municipal bonds, which are included in States, territories and possessions; Political subdivisions of states, territories and possessions; and Special revenue
  and special assessment obligations overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales
  or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and
  susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.
- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations ("CMOs") which are included in U.S. governments
  and Special revenue and special assessment obligations estimates of prepayment speeds based upon: historical prepayment rate trends; underlying
  collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government
  or monetary authority support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs, which are included in Industrial and miscellaneous estimates of prepayment speeds based
  upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics;
  interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; delinquency/default trends; and severity of loss
  upon default and length of time to recover proceeds following default.
- Commercial mortgage-backed securities, which are included in Industrial and miscellaneous bonds overall credit quality, including assessments of the
  value and supply/demand characteristics of: collateral type such as office, retail, residential, lodging, or other; geographic concentration by region, state,
  metropolitan statistical area and locale; vintage year; historical collateral performance including defeasance, delinquency, default and special servicer
  trends; and capital structure support features.
- Asset-backed securities, which are included in Industrial and miscellaneous bonds overall credit quality, including assessments of the underlying
  collateral type such as credit card receivables, auto loan receivables and equipment lease receivables; geographic diversification; vintage year; historical
  collateral performance including delinquency, default and casualty trends; economic conditions influencing use rates and resale values; and contract
  structural support features.

Generally, all prices provided by the pricing service, except actively traded securities with quoted market prices, are reported as Level 2.

The Company holds privately placed corporate bonds and certain other bonds that do not have an active market and for which the pricing service cannot provide fair values. The Company determines fair values for these securities using either matrix pricing or broker quotes. The Company will use observable market data to the extent it is available, but is also required to use a certain amount of unobservable judgment due to the illiquid nature of the securities involved. Additionally, the Company may obtain nonbinding broker quotes which are reported as Level 3.

- (5) Not applicable
- B. Not applicable
- C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial	Aggragata						Not Apr	ot Value	Not Dr	antinable
Type of Financial	Aggregate							set Value		acticable
Instrument	Fair Value	Ad	mitted Assets	(Level 1)	(Level 2)	(Level 3)	(N	AV)	(Carryi	ng Value)
Bonds	\$ 26,281,404	\$	25,587,302	\$ 4,715,037	\$ 21,566,367	\$ -	\$	-	\$	
Cash and Short Term										
Investments	\$ 176,386	\$	176,386	\$ 176,386	\$ -	\$ -	\$	-	\$	-

D., E.

Not applicable

#### NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures

The Company elected to use rounding to the nearest dollar in reporting amounts in the Statement, except as otherwise directed by instructions.

The Company reported \$0 for premiums receivable due from policyholders, agents and ceding insurers on Page 2 line 15. The Company has no accounts receivable for uninsured plans and amounts due from agents, controlled or controlling persons.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

The Company has reviewed its investments in mortgage-backed securities and has determined that these investments are not subprime.

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

#### NOTE 22 Events Subsequent

Not applicable

#### NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Members of a Group

Grou Cod	I'	Reinsurer Name	Unsecured Amount
88	13-5129825	The Hanover Insurance Company	\$ 139,586,000

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

(1)

		Assumed Reinsurance			Ceded Reinsurance				Net			
		remium Reserve		nmission Equity		remium Reserve		mission quity		Premium Reserve		nmission Equity
a. Affiliates	\$	-	\$	-	\$ 5	5,884,159	\$	-	\$ (	55,884,159)	\$	-
b. All Other	_\$	7,389	\$	599	\$	-	\$	-	\$	7,389	\$	599
c. Total	\$	7.389	\$	599	\$ 5	5.884.159	\$	-	\$ (	55.876.770)	\$	599

d. Direct Unearned Premium Reserve

\$ 55,876,770

- (2) Not applicable
- (3) Not applicable

D.,E.,F.,G.,H.,I.,J.,K.

Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

#### NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

12/31/2021

3. Was anticipated investment income utilized in the calculation?

Yes [X] No [1

#### NOTE 31 High Deductibles

Not applicable

#### NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

#### NOTE 33 Asbestos/Environmental Reserves

Does the Company have on the books, or has it ever written an insured for which you have identified a potential for existence of, a liability due to asbestos losses?

Yes (X) No ()

The Company had limited exposure to asbestos losses and LAE. These claims were closed without indemnity payment.

The Company tries to estimate the full impact of the asbestos exposure by establishing full case basis reserves on all known losses and computing IBNR based on

- 1.-3. The Company had no outstanding, incurred or paid Asbestos losses and loss adjustment expenses for the past five years.
- B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE):

Not applicable

State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR):

Not applicable

Does the Company have on the books, or has it ever written an insured for which you have identified a potential for existence of, a liability due to environmental losses?

Yes (X) No ( )

The Company has exposure to environmental losses and LAE from its casualty program during the period from 1978 through 1983, for policies issued by a former subsidiary. Claims were predominantly related to the remediation of hazardous waste sites.

The Company tries to estimate the full impact of the environmental exposure by establishing full case basis reserves on all known losses and computing IBNR based on previous experience.

The Company's environmental-related losses (including coverage dispute costs) for each of the five most recent calendar years were as follows:

- (1) Direct None
- (2) Assumed Reinsurance

		2017		2018		2019		2020		2021	
a. Beginning reserves:	\$	1,106,206	\$	1,094,441	\$	1,042,972	\$	1,042,541	\$	1,034,052	
<ul><li>b. Incurred losses and loss adjustment expense:</li></ul>	\$	1.548	\$	(48.959)	\$	1.734	\$	(6.198)	\$	47.437	
c. Calendar year payments for losses and loss	•	.,0.0	•	(10,000)	•	.,	•	(0, 100)	•	.,,	
adjustment expenses:	\$	13,313	\$	2,510	\$	2,165	\$	2,291	\$	47,383	
d. Ending reserves:	\$	1,094,441	\$	1,042,972	\$	1,042,541	\$	1,034,052	\$	1,034,106	

(3) Net of Ceded Reinsurance - None

State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE):

(1) Direct Basis:	\$ -
(2) Assumed Reinsurance Basis:	\$ 751,067
(3) Net of Ceded Reinsurance Basis:	\$ -

State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBINR):	
(1) Direct Basis:	\$ -
(2) Assumed Reinsurance Basis:	\$ 401,307
(3) Net of Ceded Reinsurance Basis:	\$ -

#### NOTE 34 Subscriber Savings Accounts

Not applicable

#### NOTE 35 Multiple Peril Crop Insurance

Not applicable

#### NOTE 36 Financial Guaranty Insurance

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System c is an insurer?  If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.				X]No	0 [	]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insura such regulatory official of the state of domicile of the principal insurer in the Eproviding disclosure substantially similar to the standards adopted by the Natits Model Insurance Holding Company System Regulatory Act and model regulatory and disclosure requirements substantially similar to the	Holding Company System, a regist tional Association of Insurance Co gulations pertaining thereto, or is t	tration statement ommissioners (NAIC) in the reporting entity	[ X ] No [	1 /	N/A [	]
1.3	State Regulating?			New Har	npshire	е	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	·		Yes [	X ] N	0 [	]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued	d by the SEC for the entity/group.	<u> </u>	00009	44695		
2.1	Has any change been made during the year of this statement in the charter, reporting entity?			Yes [	] No	o [ X	]
2.2	If yes, date of change:		<u> </u>				
3.1	State as of what date the latest financial examination of the reporting entity w	as made or is being made		12/31	/2019		
3.2	State the as of date that the latest financial examination report became availar entity. This date should be the date of the examined balance sheet and not the			12/31	/2019		
3.3	State as of what date the latest financial examination report became available domicile or the reporting entity. This is the release date or completion date of examination (balance sheet date).	ne date of the	04/01	/2021			
3.4	By what department or departments?  New Hampshire Department of Insurance						
3.5	Have all financial statement adjustments within the latest financial examinate statement filed with Departments?			[ ] No [	]	N/A [	Х ]
3.6	Have all of the recommendations within the latest financial examination report	rt been complied with?	Yes	[ ] No [	] [	N/A [	Х]
4.1		of the reporting entity), receive cred	dit or commissions for or contro	Yes [			
4.2	During the period covered by this statement, did any sales/service organizative receive credit or commissions for or control a substantial part (more than 20 premiums) of:	on owned in whole or in part by th percent of any major line of busing	e reporting entity or an affiliate ess measured on direct	,	-		-
		ew business?			_	-	
5.1	Has the reporting entity been a party to a merger or consolidation during the If yes, complete and file the merger history data file with the NAIC.	period covered by this statement?	)	Yes [	] No	o [ X	]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of don ceased to exist as a result of the merger or consolidation.	nicile (use two letter state abbrevi	ation) for any entity that has				
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrat revoked by any governmental entity during the reporting period?				] N	lo [ X	]
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly con	ntrol 10% or more of the reporting	entity?	Yes [	] No	lo [ X	]
7.2	If yes, 7.21 State the percentage of foreign control;	is a mutual or reciprocal, the nat	ionality of its manager or	<u>-</u>	0.0		%
	1 Nationality	2 Type of En	tit.	7			
	Nationality	Type of En	uty	-			

## **GENERAL INTERROGATORIES**

Is the company affiliated with one or more banks, thrifts or securities of the fresponse to 8.3 is yes, please provide below the names and location	firms?					
regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commiss	e Office of the Comptroller of the Currency (OCC),	regulated the Feder	d by a fee	deral	Yes [ X	] No [ ]
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC	]
					YES	-
Is the reporting entity a depository institution holding company with sign	gnificant insurance operations as defined by the Bo	oard of Go	overnors		Voc [	] No [ X ]
If response to 8.5 is no, is the reporting entity a company or subsidiar	y of a company that has otherwise been made sub	ject to the	•		_	X ] N/A [ ]
	=					
Has the insurer been granted any exemptions to the prohibited non-a requirements as allowed in Section 7H of the Annual Financial Repor	udit services provided by the certified independent ting Model Regulation (Model Audit Rule), or subs	public ac	countan milar sta	: ite	Yes [	] No [ X ]
If the response to 10.1 is yes, provide information related to this exem	nption:					
Has the insurer been granted any exemptions related to the other req allowed for in Section 18A of the Model Regulation, or substantially si	uirements of the Annual Financial Reporting Mode imilar state law or regulation?	l Regulati	ion as		Yes [	] No [ X ]
Has the reporting entity established an Audit Committee in compliand If the response to 10.5 is no or n/a, please explain					] No [	] N/A [ ]
firm) of the individual providing the statement of actuarial opinion/cert	ification?			•		
					Yes [	] No [ X ]
	9 . ,				•	
						(
If, yes provide explanation:					P	
What changes have been made during the year in the United States in	manager or the United States trustees of the repor	ting entity	?			
					Yes [	] No [ ]
						] No [ ]
					] No [	] N/A [
similar functions) of the reporting entity subject to a code of ethics, wh	nich includes the following standards?	·			Yes [ X	] No [ ]
c. Compliance with applicable governmental laws, rules and regulatio	ns;	ntity;				
e. Accountability for adherence to the code.	Tor persons identified in the code, and					
If the response to 14.1 is No, please explain:						
Has the code of ethics for senior managers been amended?					Yes [	] No [ X ]
					Yes [	] No [ X ]
	Is the reporting entity a depository institution holding company with six Federal Reserve System or a subsidiary of the reporting entity?  If response to 8.5 is no, is the reporting entity a company or subsidiar Federal Reserve Board's capital rule?  What is the name and address of the independent certified public acc PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Bothas the insurer been granted any exemptions to the prohibited non-a requirements as allowed in Section 7H of the Annual Financial Report aw or regulation?  If the response to 10.1 is yes, provide information related to this exemplated for in Section 18A of the Model Regulation, or substantially siff the response to 10.3 is yes, provide information related to this exemplated for in Section 18A of the Model Regulation, or substantially siff the response to 10.3 is yes, provide information related to this exemplated for in Section 18A of the Model Regulation, or substantially siff the response to 10.5 is no or n/a, please explain  What is the name, address and affiliation (officer/employee of the repitirm) of the individual providing the statement of actuarial opinion/cert Jonathan Blake, Vice President and Lead Reserving Actuary, F/CAS, Does the reporting entity own any securities of a real estate holding of 12.11 Name of real 12.12 Number of part 12.13 Total book/actific, yes provide explanation:  FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITY What changes have been made during the year in the United States of a real estate holding of a state there been any changes made to any of the trust indentures during any state approved for the reporting entity subject to a code of ethics, where the senior officers (principal executive officer, principal financial cosimilar functions) of the reporting entity subject to a code of ethics, where the senior officers (principal executive officer, principal financial cosimilar functions of the reporting of violations to an appropriate personal complexity of the prompt internal reporting of viol	Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Brederal Reserve System or a subsidiary of the reporting entity?  If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subrederal Reserve Board's capital rule?  What is the name and address of the independent certified public accountant or accounting firm retained to conduct the PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210  Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or subsidiary or regulation?  If the response to 10.1 is yes, provide information related to this exemption:  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  If the response to 10.3 is yes, provide information related to this exemption:  Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  If the response to 10.5 is no or ria, please explain  What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with ifm) of the individual providing the statement of actuarial opinion/certification?  Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653  Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  12.11 Name of real estate holding company.  12.12 Number of parcels involved  12.13 Total book/adjusted carrying value  If, yes provide explanation:  FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  What changes have been made during the year	Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Grederal Reserve System or a subsidiary of the reporting entity?  If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the rederal Reserve Board's capital rule?  What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual a PricewaterhouseCoopers. LLP. 101 Seaport Boulevard, Suite 500, Boston, MA 02210  Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public ac requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially silvavor regulation?  If the response to 10.1 is yes, provide information related to this exemption:  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  If the response to 10.1 is yes, provide information related to this exemption:  Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  If the response to 10.5 is no or n/a, please explain  What is the name, address and affiliation (office/employee of the reporting entity or actuary/consultant associated with an actuarity on the individual providing the statement of actuarial opinion/certification?  Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653  Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectity?  12.11 Number of parcels involved  12.13 Total book/adjusted carrying value  If, yes provide explanation:  FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:  What is statement contain all business transacted f	Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors rederal Reserve System or a subsidiary of the reporting entity?  If response to 8.6 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the rederal Reserve Board's capital rule?  What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210  Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant equirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state ave or regulation? If the response to 10.1 is yes, provide information related to this exemption:  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  If the response to 10.3 is yes, provide information related to this exemption:  Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  If the response to 10.5 is no or n/a, please explain  What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting) of the individual providing the statement of actuarial opinion/certification?  Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoin Street, Worcester, MA 01653  Does the reporting entity own any securities are ale state holding company or otherwise hold real estate indirectly?  12.11 Name of real estate holding company or otherwise hold real estate indirectly?  12.12 Number of parcetis involved  12.13 Total book/adjust	is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity?  Ir response to 8.5 is no., is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?  Yes [What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual and received in the state of the independent public accountant or accounting firm retained to conduct the annual and requirements as allowed in Section 71 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state aw or regulation?  If the response to 10.1 is yes, provide information related to this exemption:  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  If the response to 10.1 is yes, provide information related to this exemption:  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  If the response to 10.5 is no or n/a, please explain  What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653  Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  12.11 Number of parcels involved  12.13 Total book/adjusted carrying value  14. Even provide explanation:  FOR U	the terporting entity a depository institution holding company with significant insurance operations as defined by the Board Governors of Federal Reserve System or a subsidiary of the reporting entity?  Yes [ 1 response to 3.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?  Procedual Foundation of Board's capital rule?  What is the name and address of the independent certified public accountant or accountant frematined to conduct the annual audit?  Procedual Foundation of 10 5 sepons boulevard, Suite 500, Boston, MA 02210  Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 71 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state way or regulation?  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18 of the Model Regulation, or substantially similar state law or regulation?  Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18 of the Model Regulation, or substantially similar state law or regulation?  Has the response to 10.5 is persporting entity or actually state insurance laws?  Wes [ X ] No [ If the response to 10.5 is persporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm of the individual providing the statement of actuarial opinion/certification?  For united States and the state insurance laws?  Yes [ 1 2 1 1 1 Name of real estate holding company or otherwise hold real estate indirectly?  Yes [ 4 2 1 1 Name of real estate holding c

## **GENERAL INTERROGATORIES**

	SVO Bank List?	)	o reinsurance where the issuing or confirming bank is not	١	Yes [ ] No [ )		
5.2	If the response bank of the Lett	to 15.1 is yes, indicate the American Bankers Association er of Credit and describe the circumstances in which the L	(ABA) Routing Number and the name of the issuing or con etter of Credit is triggered.	firming			
	1 American Bankers Association (ABA) Routing	2	3		4		
	Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Cred		Amount		
				•			
i.	Is the purchase	or sale of all investments of the reporting entity passed up	OF DIRECTORS on either by the board of directors or a subordinate commit	tee .	Yes [ X ] No [		
	Does the report thereof?	ing entity keep a complete permanent record of the proces	dings of its board of directors and all subordinate committe	ees 	Yes [ X ] No [		
			d of directors or trustees of any material interest or affiliation is in conflict with the official duties of such person?		Yes [ X ] No [		
			INANCIAL				
	Accounting Prin	ent been prepared using a basis of accounting other than ciples)?		1	Yes [ ] No [ )		
1	Total amount lo	aned during the year (inclusive of Separate Accounts, exc	usive of policy loans): 20.11 To directors or other officer				
			20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal Only)				
2		loans outstanding at the end of year (inclusive of Separate	Accounts, exclusive of				
	policy loans):	olicy loans):  20.21 To directors or other officers					
			20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal Only)	d			
.1	Were any asset obligation being	s reported in this statement subject to a contractual obliga reported in the statement?	ion to transfer to another party without the liability for such				
2	If yes, state the	amount thereof at December 31 of the current year:	21.21 Rented from others	\$			
			21.22 Borrowed from others	\$			
			21.23 Leased from others				
1	Does this stater	nent include payments for assessments as described in th	21.24 Othere Annual Statement Instructions other than guaranty fund o	or			
	guaranty associ	ation assessments?					
.2	If answer is yes		22.21 Amount paid as losses or risk				
			22.22 Amount paid as expenses				
1	Doos the report	ing antity report any amounts due from parent, subsidiarie	22.23 Other amounts paid				
			or affiliates on Page 2 of this statement?amount:				
	Does the insure 90 days?	r utilize third parties to pay agent commissions in which th	e amounts advanced by the third parties are not settled in f	ull within	Yes [ ] No [ )		
.2	If the response	to 24.1 is yes, identify the third-party that pays the agents a	and whether they are a related party.				
			Is the Third-Party Agent a Related Party				
		Name of Third-Party	(Yes/No)				
		IN'	/ESTMENT				
01	Were all the sto		rrent year, over which the reporting entity has exclusive co	ntrol. in			
			urities lending programs addressed in 25.03)		Yes [ X ] No [		

## **GENERAL INTERROGATORIES**

25.02	If no, give full and complete information relating thereto					
25.03	whether collateral is carried on or off-balance sheet. (an alte	program including value for collateral and amount of loaned securities, and rnative is to reference Note 17 where this information is also provided)				
25.04	For the reporting entity's securities lending program, report a Instructions.	mount of collateral for conforming programs as outlined in the Risk-Based Capital	\$			0
25.05	For the reporting entity's securities lending program, report a	amount of collateral for other programs.	\$			0
25.06	Does your securities lending program require 102% (domes outset of the contract?	tic securities) and 105% (foreign securities) from the counterparty at the	] No [	] N	/A [ X	. ]
25.07	Does the reporting entity non-admit when the collateral rece	ved from the counterparty falls below 100%?	] No [	] N	/A [ X	]
25.08	Does the reporting entity or the reporting entity 's securities conduct securities lending?	ending agent utilize the Master Securities lending Agreement (MSLA) to	] No [	] N	/A [ X	]
25.09	For the reporting entity's securities lending program state the	e amount of the following as of December 31 of the current year:				
	25.092 Total book adjusted/carrying value of	ral assets reported on Schedule DL, Parts 1 and 2 of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 reported on the liability page.	.\$			0
26.1	control of the reporting entity, or has the reporting entity sold	ng entity owned at December 31 of the current year not exclusively under the or transferred any assets subject to a put option contract that is currently in 25.03).	Yes [	X] No	[ ]	
26.2	If yes, state the amount thereof at December 31 of the curre	26.22 Subject to reverse repurchase agreements 26.23 Subject to dollar repurchase agreements 26.24 Subject to reverse dollar repurchase agreements 26.25 Placed under option agreements 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock 26.27 FHLB Capital Stock 26.28 On deposit with states 26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral pledged an FHLB	.\$	3	,501,8	0 0 0 0 0
		backing funding agreements  26.32 Other	\$			0 0
26.3	For category (26.26) provide the following:					
26.3	For category (26.26) provide the following:  1  Nature of Restriction	2 Description		3 nount		
26.3	1	Description		nount	0	
26.3	1 Nature of Restriction	Description		nount		
27.1	Nature of Restriction  Does the reporting entity have any hedging transactions reporting	Description	Yes [	] No	[ X ]	
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions reporting entity have any hedging transactions reporting the hedging programmer.	Description  orted on Schedule DB?  ram been made available to the domiciliary state?  Yes [	Yes [	] No	[ X ]	
27.1 27.2 .INES 2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reporting lifyes, has a comprehensive description of the hedging progulf no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING EN	Description  orted on Schedule DB?  ram been made available to the domiciliary state?  Yes [	Yes [ ] No [	] No	[ X ] /A [ X	]
27.1 27.2 .INES 2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reporting lifyes, has a comprehensive description of the hedging progulf no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING EN	Description  Orted on Schedule DB?  Fram been made available to the domiciliary state?  FITIES ONLY:  In annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes [  Yes [  Yes [  Yes [  Yes [	] No	[ X ] X /A [ X [ ] [ ] [ ]	]
27.1 27.2 INES 2 27.3	Nature of Restriction  If yes, has a comprehensive description of the hedging progulation of the hedging strategy at least the reporting entity utilized here are provided in the response to 27.3 is YES, does the reporting entity utilized by responding YES to 27.41 regarding utilizing the special at following:  The reporting entity has obtained explicit approval for the Hedging strategy subject to the special accounting accounting the special accounting the speci	Description  Ported on Schedule DB?  Param been made available to the domiciliary state?  Param been made available to the domiciliary sta	Yes [ ] No [ Yes [ Yes [ Yes [ Yes [	] No ] No ] No ] No	[ X ] A/X [ X ] A/X [	]
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  If yes, has a comprehensive description of the hedging prog If no, attach a description with this statement.  Nature of Restriction of the hedging prog If no, attach a description with this statement.  Nature of Restriction of the hedging Program of the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize of the response to 27.41 regarding utilizing the special at following:  The reporting entity has obtained explicit approval of the deging strategy subject to the special accounting entity has been obtained which indicent reserves and provides the impact of the hedging strategy within VM-21 and that the Clearly its actual day-to-day risk mitigation efforts.	Description  Ported on Schedule DB?  Param been made available to the domiciliary state?  Pannuity guarantees subject to fluctuations as a result of interest rate sensitivity?  Pannuity guarantees subject to fluctuations as a result of interest rate sensitivity?  Parameters accounting provision of SSAP No. 108  Parameters accounting practice  Parameters accounting guidance  Parameters of VM-21  Parameters	Yes [	No N	[ X ] A/X X X ] A/Y [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	. 1
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  If yes, has a comprehensive description of the hedging progular of the nedging entity utilized erivatives to hedge variable of the nedging strategy subject to the special accounting of the nedging strategy subject to the special accounting of the nedging strategy subject to the special accounting of the nedging strategy subject to the special accounting of the nedging strategy within VM-21 and that the Clearly its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December issuer, convertible into equity?	Description  Transported on Schedule DB?  Tra	Yes [ ] No [ Yes [ Yes [ Yes [ Yes [ Yes [	No No No No	[ X ] A/X	. ]
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  If yes, has a comprehensive description of the hedging prog of the notation of the hedging prog of the notation of the hedging prog of the nature of the nature of the hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize of the reporting entity utilize of the reporting entity in the reporting entity has obtained explicit approval of the Hedging strategy subject to the special accounting of the Natural Certification has been obtained which indice reserves and provides the impact of the hedging strategy within VM-21 and that the Clearly its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the curre excluding items in Schedule E - Part 3 - Special Deposits, reoffices, vaults or safety deposit boxes, were all stocks, bond custodial agreement with a qualified bank or trust company is	Description  Ported on Schedule DB?  Pram been made available to the domiciliary state?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state sensitivity?  Pram been made available to the domiciliary state?  Pram been made available to t	Yes [  Ye	No No No No	[ X ] //A [ X X ] A // X [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	. ]
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  Possible Tanasactions reposite of the hedging progular of the hedging progular of the hedging progular of the hedging progular of the hedging entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize the response to 27.41 regarding utilizing the special after of the reporting entity has obtained explicit approval for Hedging strategy subject to the special accounting to Actuarial certification has been obtained which indice reserves and provides the impact of the hedging strategy within VM-21 and that the Clearly its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the curre excluding items in Schedule E - Part 3 - Special Deposits, reconstructions of the curre of the province of the province of the curre of the province of the province of the curre of the province of th	Description  Tritles on Schedule DB?  Tritles	Yes [  Ye	No No No No	[ X ] //A [ X X ] A // X [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	. ]

## **GENERAL INTERROGATORIES**

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

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

29.03	Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes [	]	No [	Χ]
00 04					

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

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

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

1	2
Name of Firm or Individual	Affiliation
Opus Investment Management, Inc.	A

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
			Securities Exchange	
107569	Opus Investment Management, Inc.		Commission	DS.

30 1	Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and				
	Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?	Yes [	] N	No [	Χ

30.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
		0
30 2999 - Total		0

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

1	2	3	4
		Amount of Mutual	
		Fund's Book/Adjusted	
		Carrying Value	
	Name of Significant Holding of the	Attributable to the	Date of
Name of Mutual Fund (from above table)	Mutual Fund	Holding	Valuation
		0	

## **GENERAL INTERROGATORIES**

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

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	25,587,302	26,281,404	694, 102
31.2 Preferred stocks	0	0	0
31.3 Totals	25,587,302	26,281,404	694,102

31.4	Describe the sources or methods utilized in determining the fair values:				
	Fair values are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analysis				
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [	]	No [ X ]	
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?		]	No [ ]	
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:				
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes [ X	]	No [ ]	
34.	By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  b. Issuer or obligor is current on all contracted interest and principal payments.  c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  Has the reporting entity self-designated 5GI securities?	. Yes [	1	No [X]	
35.	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  a. The security was purchased prior to January 1, 2018.  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  Has the reporting entity self-designated PLGI securities?			No [ X ]	
36.	By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Yes [	1	No [ X ]	
37.	By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?  Yes I	X I No I	1	N/A [	
	tas the renormor entity folleg/renewed sport-term of cash equivalent investments in accordance with these criteria?	A I IVO I	- 1	IV/A I	

## **GENERAL INTERROGATORIES**

#### OTHER

	1 Name	2 Amount Paid
		0
ount of payments for legal	expenses, if any?	
ist the name of the firm and turing the period covered by t	the amount paid if any such payment represented 25% or this statement.	more of the total payments for legal expenses
	this statement.	2
ng the period covered by t	this statement.	2 Amount Paid
nount of payments for expe	this statement.  1  Name	Amount Paid  es, officers or departments of government, if ar
g the period covered by t	this statement.  1  Name  nditures in connection with matters before legislative bodi	Amount Paid  es, officers or departments of government, if ar

## **GENERAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [	] No [ X	]
1.2	If yes, indicate premium earned on U. S. business only.		\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experional Reason for excluding		\$		0_
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not include	uded in Item (1.2) above.	\$		0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.		\$		0
1.6	Individual policies:	Most current three years:	•		0
		1.61 Total premium earned			
		1.63 Number of covered lives			
		1.03 Nulliber of covered lives			0
		All years prior to most current three years			
		1.64 Total premium earned	\$		0
		1.65 Total incurred claims	\$		0
		1.66 Number of covered lives			0
1.7	Group policies:	Most current three years:			_
		1.71 Total premium earned			
		1.72 Total incurred claims			
		1.73 Number of covered lives			0
		All veges prior to most surrent three veges			
		All years prior to most current three years  1.74 Total premium earned			٥
		1.75 Total incurred claims			
		1.76 Number of covered lives			
2.	Health Test:				
		1 2 Current Year Prior Year			
	2.1 Premium Numerator				
	2.2 Premium Denominator				
	2.3 Premium Ratio (2.1/2.2)				
	2.4 Reserve Numerator				
	2.5 Reserve Denominator				
	2.6 Reserve Ratio (2.4/2.5)				
0.4	Did the reporting entity issue participating policies during the calendar year?		V .	1 N F V	,
3.1	bid the reporting entity issue participating policies during the calendar year?		Yes [	] No [ X	J
3.2	If yes, provide the amount of premium written for participating and/or non-participating p during the calendar year:	olicies			
	-	3.21 Participating policies	\$		0
		3.22 Non-participating policies	\$		0
4.	For mutual reporting Entities and Reciprocal Exchanges Only:		V F		
4.1	Does the reporting entity issue assessable policies?				]
4.2	Does the reporting entity issue non-assessable policies?	wholders?	. Yes [	] NO [	J 0.0
4.3 4.4	Total amount of assessments paid or ordered to be paid during the year on deposit note	es or contingent premiums.	\$		0.0
_					
5.	For Reciprocal Exchanges Only:				
5.1	Does the Exchange appoint local agents?		. Yes [	] No [	]
5.2	If yes, is the commission paid:  5.21 Out of Attorney's in-fact commission	pensationYes	[ 1 N <sub>2</sub> r	1 NI/A F	1
		change Yes			J 1
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in	n-fact?		) W// [	1
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, be			] No [	]
5.5	If yes, give full information				

## **GENERAL INTERROGATORIES**

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  Not applicable. The Company does not write worker's compensation coverage.					
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  The Company uses multiple models including RMS v18.1 and AIR Touchstone v8.2 Catastrophe Modeling software packages to estimate the Company's probable maximum loss. These exposures are a combination of personal and commercial property risks. The major concentration of losses is in the Northeast.					
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  The Company purchases catastrophe reinsurance with an occurrence limit of \$900 million excess \$200 million with no co-participation. For occurrences from \$1.1 billion to \$1.3 billion, we have coverage for 67% of losses. Additionally, there is a program feature which provides coverage in excess of \$250 million in aggregate catastrophe losses. This feature provides \$75 million of coverage, subject to 23% co-participation, that may respond either to an event that exceeds \$1.1 billion or to events in excess of \$250 million in aggregate catastrophe losses. The catastrophe losses subject to the aggregate feature are limited only to those catastrophe losses that exceed \$5 million of incurred losses per event and are subject to a per occurrence limit of \$200 million.					
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes	[	]	No [	Х ]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.  The Company cedes 100% of its business to Hanover.					
7.1	Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?	Yes	[	]	No [	Х]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions:					0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes	[	]	No [	]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes	[	]	No [	Х]
8.2	If yes, give full information					
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;					
	<ul><li>(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;</li><li>(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or</li><li>(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to</li></ul>					
	the ceding entity.	Yes	[	]	No [	X ]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or					
	(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes	]	]	No [	X ]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.					
9.4	Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes	[	]	No [	[ X ]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.				-	-
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	.,		,		
	(a) The entity does not utilize reinsurance; or, (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation			-	-	-
	supplement; or					_
10.	attestation supplement.  If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?  Yes [					
	to that which the original entity would have been required to charge had it retained the risks. Has this been done?	л ј INO	L	1	IN/ A	. і 1

## **GENERAL INTERROGATORIES**

11.1	Has the reporting entity guaranteed policies issued b	y any other entity and n	ow in force?			Yes [	] No [ X ]
11.2	If yes, give full information						
12.1	If the reporting entity recorded accrued retrospective amount of corresponding liabilities recorded for:	premiums on insurance	e contracts on Line 15.3	of the asset schedule,	Page 2, state the		
			aid losses				
		12.12 Unp	aid underwriting expens	ses (including loss adju	stment expenses)	.\$	0
12.2	Of the amount on Line 15.3, Page 2, state the amount	nt which is secured by le	etters of credit, collatera	I, and other funds		.\$	0
12.3	If the reporting entity underwrites commercial insurar accepted from its insureds covering unpaid premium	nce risks, such as worke s and/or unpaid losses?	ers' compensation, are p	premium notes or promi	ssory notes Yes [	] No [ X	] N/A [ ]
12.4	If yes, provide the range of interest rates charged und	der such notes during th	ne period covered by this	s statement:			
			n				0.0 %
		12.42 To					0.0 %
12.5	Are letters of credit or collateral and other funds rece promissory notes taken by a reporting entity, or to se losses under loss deductible features of commercial	cure any of the reporting	g entity's reported direct	unpaid loss reserves ,	including unpaid	Yes [	] No [ X ]
12.6	If yes, state the amount thereof at December 31 of the	e current year:					
	•	12.61 Lett	ers of credit			\$	0
			ateral and other funds				
13.1	Largest net aggregate amount insured in any one ris	k (excluding workers) co	omnensation):			\$	0
						~	
13.2	Does any reinsurance contract considered in the calc reinstatement provision?	culation of this amount i	nclude an aggregate lim	it of recovery without al	so including a	Yes [	] No [ X ]
13.3	State the number of reinsurance contracts (excluding facilities or facultative obligatory contracts) considered						1
14.1	Is the company a cedant in a multiple cedant reinsura	ance contract?				Yes [	] No [ X ]
14.2	If yes, please describe the method of allocating and	•	•				
14.3	If the answer to 14.1 is yes, are the methods describe					v . r	
	contracts?					Yes [	] No [ ]
14.4	If the answer to 14.3 is no, are all the methods descr	ibed in 14.2 entirely cor	tained in written agreen	nents?		Yes [	] No [ ]
14.5	If the answer to 14.4 is no, please explain:						
15.1	Has the reporting entity guaranteed any financed pre					Yes [	] No [ X ]
15.2	If yes, give full information						
16.1	Does the reporting entity write any warranty business If yes, disclose the following information for each of t					Yes [	] No [ X ]
		1	2	3	4		5
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned		ct Premium Earned

	1	2	3	4	5
	Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premium
	Incurred	Unpaid	Premium	Unearned	Earned
16.11 Home	0	0	0	0	0
16.12 Products	0	0	0	0	0
16.13 Automobile	0	0	0	0	0
16.14 Other*	0	0	0	0	0

<sup>\*</sup> Disclose type of coverage:

## **GENERAL INTERROGATORIES**

	provision for unauthorized reinsurance?	Yes [	]	No [ X ]	
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:	t from			
	17.11 Gross amount of unauthorized reinsurance in S from the statutory provision for unauthorized rei	insurance\$			.0
	17.12 Unfunded portion of Interrogatory 17.11	\$			0.
	17.13 Paid losses and loss adjustment expenses porti	ion of Interrogatory 17.11\$			0.
	17.14 Case reserves portion of Interrogatory 17.11				
	17.15 Incurred but not reported portion of Interrogator	y 17.11\$			0.
	17.16 Unearned premium portion of Interrogatory 17.1	 !1\$			0.
	17.17 Contingent commission portion of Interrogatory	17.11\$			.0
18.1	1 Do you act as a custodian for health savings accounts?	Yes [	]	No [ X ]	
18.2	2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$			0
18.3	3 Do you act as an administrator for health savings accounts?	Yes [	]	No [ X ]	
18.4	4 If yes, please provide the balance of funds administered as of the reporting date.	\$			0
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [	Х ]	No [ ]	
19.1	1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the reporting entity?		1	No [ ]	

## **FIVE-YEAR HISTORICAL DATA**

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

			s; show percentages			-
	Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)	1 2021	2 2020	3 2019	4 2018	5 2017
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,	0	0	0	0	0
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)			93,211,347	80,431,590	76,336,879
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	6,824,935	6,008,679	5,800,649	5,009,617	4,781,769
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6.	Total (Line 35)  Net Premiums Written (Page 8, Part 1B, Col. 6)	114,745,469	105,605,553	99,011,996	85,441,207	81,118,648
7. 8.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
9.	Property and liability combined lines (Lines 3, 4, 5		0	0	0	0
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		0	0	0	0
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12.	Total (Line 35)	0	0	0	0	0
	Statement of Income (Page 4)		_			
13 14.	Net underwriting gain (loss) (Line 8)	706 021	0 756.732	0 821,576	0 	0 807.202
14. 15.	Total other income (Line 15)	00,921	0	0	0	
16.	Dividends to policyholders (Line 17)	0	0	0	0	0
17.	Federal and foreign income taxes incurred (Line 19)	139,614	155,938	165,031	168,129	291,819
18.	Net income (Line 20)  Balance Sheet Lines (Pages 2 and 3)	567,307	600,794	656,545	673,549	515,383
19. 20.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)				25,541,496	25,359,136
	20.1 In course of collection (Line 15.1)	0	0	0	0	0
	20.2 Deferred and not yet due (Line 15.2)		0	0	0	0
21.	Total liabilities excluding protected cell business (Page 3, Line 26)		20,224			15,038
22.	Losses (Page 3, Line 1)	0	0	0	0	0
23.	Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24.	Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. 26.	Capital paid up (Page 3, Lines 30 & 31)	5,000,000	5,000,000 25,966,633		5,000,000	
20.	Cash Flow (Page 5)				20,014,010	23,044,000
27.	Net cash from operations (Line 11)	579,540	640,621	669,202	679,679	560,975
	Risk-Based Capital Analysis					
28. 29.	Total adjusted capital Authorized control level risk-based capital	25,929,358	25,966,633	25,565,483 117,968	25,514,810 125,606	
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0 Bonds (Line 1)		96.3			97.9
30. 31.	Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33.	Real estate (Lines 4.1, 4.2 & 4.3)	0.0		0.0		0.0
34.	Cash, cash equivalents and short-term investments (Line 5)	0.7	3.7	5.6	1.8	2.1
35.	Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36.	Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37.	Other invested assets (Line 8)	0.0	0.0	0.0		0.0
38. 39.	Receivables for securities (Line 9)					0.0
40.	Aggregate write-ins for invested assets (Line 11)		0.0	0.0	0.0	0.0
41.	Cash, cash equivalents and invested assets (Line 12)		100.0	100.0	100.0	100.0
42.	Investments in Parent, Subsidiaries and Affiliates Affiliated bonds (Schedule D, Summary, Line 12,					
42.	Col. 1)					
44.	Line 18, Col. 1)				0	
45.	Line 24, Col. 1)					
	in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46.	Affiliated mortgage loans on real estate				0	0
47.	All other affiliated	0	0	0		0
48. 49.	Total Investment in Parent included in Lines 42 to 47 above		0			0 0
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37					
	x 100.0)	0.0	0.0	0.0	0.0	0.0

## **FIVE-YEAR HISTORICAL DATA**

			continued)		1	_
		1 2021	2 2020	3 2019	4 2018	5 2017
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	0	0	0	0	0
52.	Dividends to stockholders (Line 35)	(600,000)	(700,000)	(600,000)	(500,000)	(1,700,000
53.	Change in surplus as regards policyholders for the year (Line 38)	(37,275)	401, 150	50,673	170,712	(1,180,199
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	60	888	431	1,369	11,532
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	103,705,902	46,196,395	75,798,648	49,827,839	49,524,489
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	577, 189	3,900,989	5,038,405	3,198,276	1,874,739
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.	Total (Line 35)	104,283,151	50,098,272	80,837,484	53,027,484	51,410,760
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)		0	0	0	0
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)		0	0	0	0
65.	Total (Line 35)	0	0	0	0	0
	Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)					0.0
68.	Loss expenses incurred (Line 3)			0.0	0.0	0.0
69.	Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	0.0	0.0
70.	Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	0.0	0.0
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)					
	One Year Loss Development (\$000 omitted)	0.0	0.0		0.0	0.0
74						
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	0	0	0	0	0
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)		0.0	0.0	0.0	0.0
	Two Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	0	0	0	0	0
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	0.0	0.0
	If a party to a merger, have the two most recent years					, 3.0

IOTE:	If a party to a merger, have the two most red	ent years	of this exhibit been rest	tated due to a merger in	compliance with the disclosure			
	requirements of SSAP No. 3, Accounting C	nanges ai	nd Correction of Errors?	·		Yes [	] No [	[ ]
	Manager and the second							

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

(\$000 OMITTED)

		Pr	emiums Earn	ed		(+	Los	,	pense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	ayments	Containmer	nt Payments	Payn	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	47	47	13	13	0	0	XXX
2.	2012	36,727	36,727	0	14,903	14,903	104	104	623	623	0	0	XXX
3.	2013	48,514	48,514	0	15,781	15,781	30	30	1,541	1,541	0	0	XXX
4.	2014	61,083	61,083	0	13,863	13,863	637	637	789	789	0	0	XXX
5.	2015	72,096	72,096	0	28,691	28,691	1,097	1,097	503	503		0	XXX
6.	2016	79 , 164	79 , 164	0	40,776	40,776	1,074	1,074	454	454	0	0	XXX
7.	2017	79,823	79,823	0	66,728	66,728	1,252	1,252	364	364	0	0	XXX
8.	2018	83,761	83,761	0	39 , 108	39 , 108	785	785	591	591	0	0	XXX
9.	2019	92,523	92,523	0	102,147	102 , 147	2, 127	2, 127	537	537	0	0	XXX
10.	2020	103,504	103,504	0	23,563	23,563	499	499	294	294	0	0	XXX
11.	2021	109,780	109,780	0	89,944	89,944	1,315	1,315	323	323	0	0	XXX
12.	Totals	XXX	XXX	XXX	435,503	435,503	8,966	8,966	6,032	6,032	0	0	XXX

												23	24	25
		Cooo	Losses Basis	Unpaid Bulk +	IDNID		e and Cost ( Basis		Unpaid - IBNR	Adjusting Unr				
		13	14	15	16	17	18	19	20	21	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	299	299	621	621	0	0	1,100	1,100	62	62	0	0	XXX
2.	2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	2013	0	0	11	11	0	0	0	0	0	0	0	0	XXX
4.	2014	0	0	4	4	0	0	0	0	0	0	0	0	XXX
5.	2015	2	2	11	11	0	0	0	0	1	1	0	0	XXX
6.	2016	3	3	80	80	0	0	3	3	1	1	0	0	XXX
7.	2017	4	4	148	148	0	0	6	6	7	7	0	0	XXX
8.	2018	13	13	153	153	0	0	8	8	3	3	0	0	xxx
9.	2019	3,423	3,423	2,543	2,543	0	0	58	58	7	7	0	0	xxx
10.	2020	8,247	8,247	2,405	2,405	0	0	94	94	30	30	0	0	XXX
11.	2021	44,462	44,462	19,124	19,124	0	0	675	675	93	93	0	0	XXX
12.	Totals	56,453	56,453	25,101	25,101	0	0	1,944	1,944	204	204	0	0	XXX

			Total			oss Expense F			D: .	34		ice Sheet
			Loss Expense			ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and	Ceded	Net	Loss	Loss	Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	iver	Assumed	Ceded	inet	LOSS	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2012	15,631	15,631	0	42.6	42.6	0.0	0	0	0.0	0	0
3.	2013	17,362	17,362	0	35.8	35.8	0.0	0	0	0.0	0	0
4.	2014	15,293	15,293	0	25.0	25.0	0.0	0	0	0.0	0	0
5.	2015	30,304	30,304	0	42.0	42.0	0.0	0	0	0.0	0	0
6.	2016	42,391	42,391	0	53.5	53.5	0.0	0	0	0.0	0	0
7.	2017	68,510	68,510	0	85.8	85.8	0.0	0	0	0.0	0	0
8.	2018	40,660	40,660	0	48.5	48.5	0.0	0	0	0.0	0	0
9.	2019	110,842	110,842	0	119.8	119.8	0.0	0	0	0.0	0	0
10.	2020	35 , 132	35 , 132	0	33.9	33.9	0.0	0	0	0.0	0	
11.	2021	155,936	155,936	0	142.0	142.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

Schedule P - Part 2 - Summary **N O N E** 

Schedule P - Part 3 - Summary
NONE

Schedule P - Part 4 - Summary **N O N E** 

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

		1	Gross Premiu Policy and Men Less Return F Premiums on	ms, Including nbership Fees, Premiums and Policies Not	y States and 7 4 Dividends	5	6	7	8	9 Direct Premiums Written for
	Chatag Etg	Active Status	2 Direct Premiums	3 Direct Premiums	Paid or Credited to Policyholders on Direct	Direct Losses Paid (Deducting	Direct Losses	Direct Losses	Finance and Service Charges Not Included in	Federal Purchasing Groups (Included in
1.	States, Etc. AlabamaAL	(a) I	Written 2,044,672	Earned 1,887,213	Business 0	Salvage) 595.966	(20.065)	Unpaid 0	Premiums 6	Column 2)
2.	AlaskaAK	N	0	0	0	0	0	0	0	0
3.	ArizonaAZ	L	421,616	458,860	0	0	0	0	0	0
4.	ArkansasAR	L		1,624,700	0	95,830	(172,566)	0	0	0
5.	CaliforniaCA	L		9,518,336	0	(1,310,634)	335 , 132	4, 182, 256	42	0
6. 7.	ColoradoCO ConnecticutCT	L	758,827 1,475,827	769,350 1,310,775	0	81,551 51,771	81,551 51,771	0	0	0
7. 8.	DelawareDF	L		94.380	0 0	0		0	0	0
9.	District of ColumbiaDC	<u>L</u>		0	0	0	0	0		0
10.	FloridaFL	L		98,536	0	0	0	0	0	0
11.	GeorgiaGA	L		5,991,815	0	804 , 189	1,130,009	2,880,112	103	0
12.	HawaiiHI	N		0	0	0	0	0	0	0
13.	IdahoID	<u>L</u>		178,316	0	0	0	0	0	0
14.	IllinoisIL	L		6,977,768	0	4,467,124	(1,616,894)	3,825,543	6	0
15. 16.	IndianaIN	L	6,371,708 167,275	5,570,106 174,829	0	357,446 0	(44,011) 0	194,456	43	0
16.	KansasKS	L		915,901	0	7,808	7,808	0 n	n	 n
18.	KentuckyKY	L		2,160,760	0	201,622	50.506	25,140	0	0 0
19.	LouisianaLA	<u>L</u>	' - · · · · ·	751,239	0	0	0	0	0	0
20.	MaineME	L		290,577	0	0	0	0	0	0
21.	MarylandMD	L	1,066,543	1,095,207	0	48,674	48,396	979	0	0
22.	MassachusettsMA	L		4,969,769	0	283,339	657,816	496,511	55	0
	MichiganMI	<u>L</u>	, , , , ,	4,968,522	0	255 , 180	1,829,454	1,615,354	18	0
24.	MinnesotaMN	L		1,401,472	0	1,660,195	125,922	0	0	0
	MississippiMS	L	2,517,825 1,798,527	2,268,683	0	1,368,123	1,549,496	181,373	0	0
26. 27.	MissouriMO MontanaMT	L		5,825	0 0	0	0	0	0	
28.	NebraskaNF	L		317,981	0	0		0	0	٥
29.	NevadaNV	L		594,990	0	10,000	10,000	0		0
30.	New HampshireNH	Ĺ		946,329	0	0	21,066	21,066	0	0
31.	New JerseyNJ	L	11,930,603	10,775,689	0	1,277,904	1,808,726	3,366,188	94	0
	New MexicoNM	L	212,460	138,487	0	0	0	0	0	0
33.	New YorkNY	L	, ,	5,528,983	0	1,715,312	111,938	494 , 735	6	0
	North CarolinaNC	<u>L</u>		4,412,672	0	208,556	208,556	0	18	0
35. 36.	North DakotaND OhioOH	L		5,044,215	0	0 71,256,712	0		0 12	0
	OklahomaOK	L	5,140,749 22,828	3,044,213	0	71,236,712	118,868,557 42,149	47,037,002		0
38.	OregonOR	L	1,717,090	2,245,401	0	893,981	(1,912,075)	233,550		
39.	PennsylvaniaPA	L	7,322,331	6,543,548	0	2,889,388	847,884	6, 123,871	0	0
40.	Rhode IslandRI	L	000 007	348,022	0	56,551	21,520	5,827	0	0
41.	South CarolinaSC	L	2,026,311	2,032,696	0	27, 186	(9,553)	6,112	22	0
42.	South DakotaSD	L	135,639	177,036	0	0	0	0	0	0
43.	TennesseeTN	L	3, 103, 859	3,369,879	0	8,309,617	12,960,446	5,578,474	37	0
44.	TexasTX	L	5,844,077	5, 130, 205	0	4,797,219	5,047,972	1,729,372	0	0
45. 46.	UtahUT VermontVT	L	563,890 200,218	490,762	0 0	0 0	0 0	0 0	0	
47.	VirginiaVA		1,109,628	1,100,337	0	2,902,379	2,173,912	1,822,086	0	
48.	WashingtonWA	L		1,590,752	0	4,827	(81.799)	1,531	0	0
49.	West VirginiaWV	<u>_</u>	644,315	551,992	0	0	210,657	210,657	0	0
50.	WisconsinWI	L	2,517,103	2,708,364	0	915,844	915,844	0	37	0
51.	WyomingWY	L	2,875	15,049	0	0	0	0	0	0
52.	American SamoaAS	N		0	0	0	0	0	0	0
53.	GuamGU	N		0	0	0	0	0		0
54. 55.	Puerto RicoPR U.S. Virgin IslandsVI	N N	0	0	0 0	0 0	0	0	0	0 
	Northern Mariana IslandsMP	NN.		0	0	0	0	0	0	0
	CanadaCAN	N	0	0	0	0	0	0	0	0
	Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59.	Totals	XXX	114,731,066	109,765,380	0	104,275,809	145,260,126	80,632,195	542	0
58001.	DETAILS OF WRITE-INS	1001								
58001. 58002.		XXX	-							
58002.		XXX	-							
	Summary of remaining write-ins for Line 58 from		_	-	_	_		_	_	_
E0000	overflow page	XXX	0	0	0	0	0	0	J0	0
o6999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58		0	0	0	0	0	0		

(a) Active Status Counts:

Premiums are allocated to those states where the insured property is located.

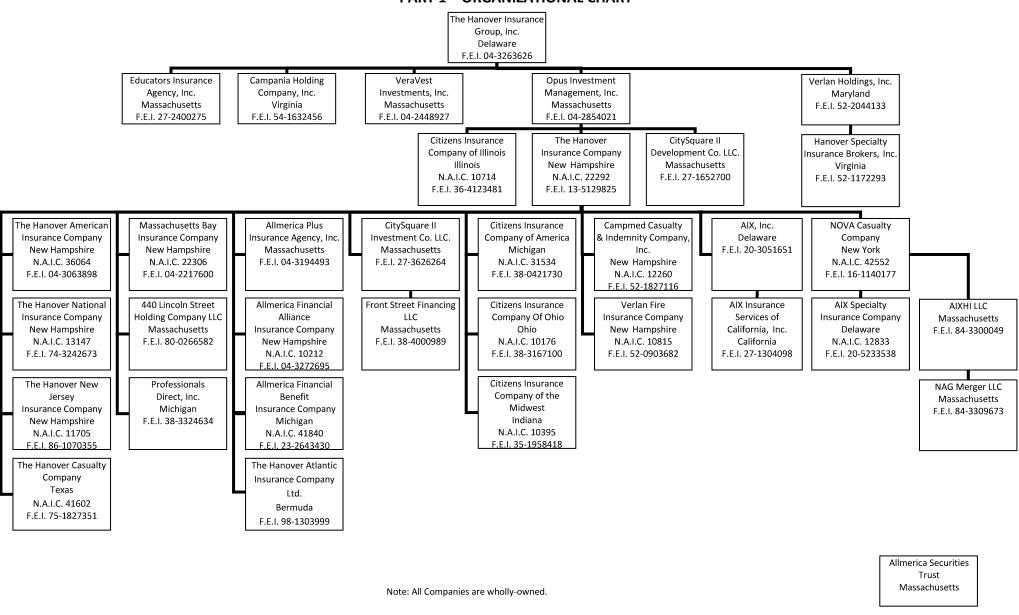
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI). D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.
(b) Explanation of basis of allocation of premiums by states, etc.

<sup>......49</sup> R - Registered - Non-domiciled RRGs......

Q - Qualified - Qualified or accredited reinsurer. ......0
N - None of the above - Not allowed to write

business in the state ...

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



Affiliated Investment Management Company

## ANNUAL STATEMENT FOR THE YEAR 2021 OF THE VERLAN FIRE INSURANCE COMPANY **OVERFLOW PAGE FOR WRITE-INS**

# NONE