

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

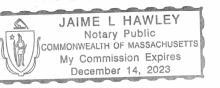
NAIC Group Code

## **ANNUAL STATEMENT**

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

Slabstory Home Office  1200 Grange Sivet  (Street and Number)  (Gety or Town. State. Country and Zip Code)  Main Administrative Office  440 Lincoln Street  (Greet and Number)  (Gety or Town. State. Country and Zip Code)  (Greet and Number)  Mail Address  440 Lincoln Street  Worndester, MA. U1935-3002  (Greet and Number)  Mail Address  440 Lincoln Street  Worndester, MA. U5 01653-0002  (Greet and Number)  Morroster MA. US 01653-0002  (Greet and Number)  Worndester, MA. US 01653-0002  (Greet and Number)  Worndester, MA. US 01653-0002  (Greet and Number)  (Greet and Number)  Worndester, MA. US 01653-0002  (Greet and Number)  Worndester, MA. US 01653-0002  (Greet and Number)  (Greet and Number)  Worndester, MA. US 01653-0002  (Greet and Number)  (Greet and Num	Organized under the Laws of Country of Domicile	Delaware	United States	, State of Domicile or Port of E	ntry	DE
Silvest and Number   City or Town, State, Country and Zip Code	Incorporated/Organized	06/20/2006		Commenced Business _	12/22/20	06
Main Administrative Office  Worrosater, MA, 01653-0002  (City or Town, State, Country and 2p Code)  Mail Address  Add Lincols Street  Worrosater, MA, US 01653-0002  (Street and Number or P.O. Box)  (City or Town, State, Country and Zip Code)  Worrosater, MA, US 01653-0002  (Street and Number or P.O. Box)  (City or Town, State, Country and Zip Code)  Worrosater, MA, US 01653-0002  (Street and Number or P.O. Box)  (City or Town, State, Country and Zip Code)  Worrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Worrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morrosater, MA, US 01653-0002  (City or Town, State, Country and	Statutory Home Office					
Worcester, IMA, 01653-0002   City or Town, State, Country and Zip Code)   (Aroa Code) (Toliphone Number)	Main Administrative Office	(Greek and Wallisel)	440 Linco		Town, State, Soundy and Zip C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(City or Town, State, Country and Zip Code)  Mail Address  440 Lincoin Street (Street and Number or P.O. Box)  (City or Town, State, Country and Zip Code)  Primary Location of Books and Records  440 Lincoin Street  Worcester, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  (						
Mail Address  Add Lincoln Street (Street and Number or P.O. Boty)  Primary Location of Books and Records  Morcester, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morcester, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  Morcester, MA, US 01653-0002  (City or Town, State, Country and Zip Code)  (Area Code) (Telephone Number)  (Farance Code) (Telephone Number)  (Farance Code) (Telephone Number)  (Farance Code) (Telephone Number)  (Farance Code) (Telephone Number)  State Code) (Telephone Number)  (Farance Code) (Telephone Number)  (Farance Code) (Telephone Number)  State Code Code) (Telephone Number)  (Farance Code) (Telephone Number)  State Code) (Telephone Number)  State Code) (Telephone Number)  (Farance Code) (Telephone Number)  State Code) (Telephone Number)  State Code) (Telephone Number)  OTHER  Senior Vice President & Treasurer  Secretary  Densis Marrae Elision Bannes  Densis Marrae Elision Bannes  Densis Faracta Karnigan Jr. (Executive Vice President & Secretary  Densis Marrae Elision Bannes  Densis Faracta Karnigan Jr. (Executive Vice President & Secretary  Densis Marrae Elision Bannes  Densis Faracta Karnigan Jr. (Executive Vice			,			
Street and Number or P. O. Boxy   (City or Town, State, Country and Zip Code)					, , ,	
Primary Location of Books and Records  Worroseter, MA, US 01653-0002 (City or Town, State, Country and Zip Code)  (City or Town, State, Country and Zip Code)  Internet Website Address  Statutory Statement Contact  Dennis M, Hazelwood (Name) (Race Code) (Telephone Number)  PHAZELWOOD@HANOVER.COM  Seasons (FAX Number)  OFFICERS  President John Conner Roche John Secretary  Charles Frederick Cronin  OTHER  Jeffrey Mark Farber, Executive Vice President & Cronin  Dennis Francis Kerrigan Jr. Executive Vice President & Williard Ty-Lun Lee #, Executive Vice President Dennis Francis Kerrigan Jr. Executive Vice Preside	Mail Address					'odo)
Steed and Number    Side-858-7200-8557928   (City or Town, State, Country and Zip Code)   (Area Code) (Telephone Number)	5:	,		,	Town, State, Country and Zip C	,ode)
Worcester, MA, US 01653-0002   Side 453-7200-8557208   (Area Code) (Telephone Number)	Primary Location of Books and Re	cords				
Statutory Statement Contact  Dennis M. Hazelwood  (Area Code) (Telephone Number)  Sole-853-720-8557928  (Area Code) (Telephone Number)  Sole-863-6332  (E-mail Address)  OFFICERS  President John Conner Roche  Vice President & Treasurer  Nathaniel William Clarkin #  Serior Vice President & Secretary  Charles Frederick Cronin  OTHER  Jeffrey Mark Farber, Executive Vice President & CFO  Denise Maureen Lowsley, Executive Vice President & CFO  Denise Maureen Lowsley, Executive Vice President & CFO  Denise Maureen Lowsley, Executive Vice President  Denise Francia Kerigan Jr.  John Conner Roche  Denise Francia Kerigan Jr.  John Conner Roche  Byan James Salvatore, Executive Vice President  Directors Of This reporting entity heing dily swom, each depose and say that they are the described officors of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement to gether with related withits, schedules and explanations therein contained, annexed or referred to is a full and this statement of all the assets and liabilities and schlarations required differences in reporting or related to accounting practices and Procedures manual except to be extent to the first and liabilities and properties and procedures manual except to be extent to the first and liabilities and procedures and pro	Worce	ester, MA, US 01653-0002	,		508-853-7200-8557928	
Statutory Statement Contact    Dennis M. Hazelwood	(City or Tow	n, State, Country and Zip Code)		(A	rea Code) (Telephone Number)	
Care Code) (Telephone Number)   Sole Sa5-3-4332   Sole Sa5-4332   Sole Sa5	Internet Website Address		WWW.HAN	OVER.COM		
Company   Comp	Statutory Statement Contact	Dennis M. Haze	lwood	1	508-853-7200-8557928	
CE-mail Address    CFAX Number	DHAZE	,			, , , ,	nber)
President & John Conner Roche Vice President & Treasurer Nathaniel William Clarkin #  Serior Vice President & Secretary Charles Frederick Cronin  OTHER  Dennis Francis Kerrigan Jr., Executive Vice President & GC  Bryan James Salvatore, Executive Vice President & GC  Bryan James Salvatore & Lindsay France Greenfield #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Vereignent Salvatore  Bryan James Salvatore  Mark Joseph Welzenbach  State of Massachusetts  County of Worcester  SS  Salvatore Massachusetts  SS  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, and of its income and deductions thereforn for the period ended, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the states of the said reporting entity free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the states of the extent that (1) state law may differ, or (2) that state uses or regulations require differences in reporting entries and procedures acnoridous thereform for the period ended, and have been complete in a	DIIAZE		·			
President & John Conner Roche Vice President & Treasurer Nathaniel William Clarkin #  Serior Vice President & Secretary Charles Frederick Cronin  OTHER  Dennis Francis Kerrigan Jr., Executive Vice President & GC  Bryan James Salvatore, Executive Vice President & GC  Bryan James Salvatore & Lindsay France Greenfield #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #  Dennis Francis Vereignent Salvatore  Bryan James Salvatore  Mark Joseph Welzenbach  State of Massachusetts  County of Worcester  SS  Salvatore Massachusetts  SS  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, and of its income and deductions thereforn for the period ended, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the states of the said reporting entity free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the states of the extent that (1) state law may differ, or (2) that state uses or regulations require differences in reporting entries and procedures acnoridous thereform for the period ended, and have been complete in a			OFFIC	SEDE		
Senior Vice President & Secretary  Charles Frederick Cronin  OTHER  Dennis Francis Kerrigan Jr. Executive Vice President & GC  GC  Bryan James Salvatore, Executive Vice President  DIRECTORS OR TRUSTES  Jeffrey Mark Farber, Executive Vice President  DIRECTORS OR TRUSTES  Jeffrey Mark Farber  Dennis Francis Kerrigan Jr. Williard Ty-Lunn Lee # Denie Maureen Lowaley  Dennis Francis Kerrigan Jr. Williard Ty-Lunn Lee # Denie Maureen Lowaley  John Conner Roche  Bryan James Salvatore  Bryan James Salvatore  Bryan James Salvatore  Directors of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefron from the period ended, and have been completed in accordance with the PAIC Annual Statement Instructions and Accounting Paractices and Procedures, according to the beat of their information, knowledge and beginned and assets and instructions and accounting period stated above, and of its income and deductions therefron for the period ended, and have been completed in accordance with the PAIC Annual Statement Instructions and Accounting Paractices and Procedures, according to the beat of their information, knowledge and beginned and some the paractices and Procedures manual exponding electronic filing with the NAIC Annual Statement instructions and excertance with the PAIC Annual Statement instructions and excertance with the PAIC Annual Statement instructions and excertance with the PAIC Annual Statement instructions and	President	John Conner Roche			Nathaniel William	Clarkin #
OTHER  Jeffrey Mark Farber, Executive Vice President & CFO Denise Maureen Loweley, Executive Vice President  Warren Ellison Barnes Dennis Francis Kerrigan Jr., Executive Vice President  Warren Ellison Barnes Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee #, Executive Vice President  Warren Ellison Barnes Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee # Denise Maureen Loweley John Conner Roche Bryan James Salvatore Bryan James Salvatore Mark Joseph Welzenbach  State of Massachusetts County of Worcester  The officers of this reporting entity being duly sworm, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and hat this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and officers of said reporting entity, and that on the reporting period stated above all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and hat this statement, together with related exhibits, schedules and explanations the termination of the propring entity and above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the PAIC Annual Statement Instructions and Accounting Practices and Procedures, according to the best of their information, knowledge and belief, respectively Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an accounting the procedures, according to the best of their information, knowledge and belief, respectively Furthermore, the scope of this attestation by the described officers al	Senior Vice President &				National Village	- Glaridin #
Dennis Francis Kerrigan Jr.   Willard Ty-Lunn Lee #   Denise Maureen Lowsley		Vice President & CFO	G	SC	Willard Ty-Lunn Lee #, Exe	ecutive Vice President
Denise Francis Kerrigan Jr.  John Conner Roche  Bryan James Salvatore  Mark Joseph Welzenbach  State of Massachusetts County of Worcester  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.  Subscribed and sworn to before me this  2nd day of February, 2022  a. Is this an original filling?  Yes [X] No []  b. If no,  1. State the amendment number.  2. Date filed  3. Number of pages attached.	Warren Ellison	Rarnee			Linday Franco	Croonfield #
State of Massachusetts County of Worcester  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief rules or regulations; the scope of this attestation by the described officers also includes related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.  Subscribed and sworn to before me this  2nd day of February, 2022  a. Is this an original filling?  Yes [ X ] No [ ]  b. If no,  1. State the amendment number.  2. Date filed  3. Number of pages attached						
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	all of the herein described assets statement, together with related ex condition and affairs of the said rej in accordance with the NAIC Annurules or regulations require differ respectively. Furthermore, the soc exact copy (except for formatting of to the enclosed statement.  John Conner Roch President  Subscribed and sworn to before median day of Jaime L. Hawley	were the absolute property of the shibits, schedules and explanations to orting entity as of the reporting perion all Statement Instructions and Accordences in reporting not related to ope of this attestation by the describifferences due to electronic filing) of the describifferences due to electronic filing of the electronic filing of the describing the describing of the describing of the describing the describing of the describence of the describing of the describing of the describing of the	caid reporting entity herein contained, at od stated above, an unting Practices an accounting practice ed officers also ince the enclosed state.  Charles Fred	a, free and clear from any liens nnexed or referred to, is a full a d of its income and deductions d Procedures manual except tes and procedures, according dudes the related correspondinment. The electronic filing may erick Cronin dent & Secretary  a. Is this an original filing b. If no,  1. State the amendm 2. Date filed	or claims thereon, except as h nd true statement of all the asse therefrom for the period ended, to the extent that: (1) state law n to the best of their informatic g electronic filing with the NAIC be requested by various regula	nerein stated, and that this ats and liabilities and of the and have been completed any differ; or, (2) that state on, knowledge and belief, when required, that is an tors in lieu of or in addition





## **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)	52,533,413	0		53,522,312	
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	
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 (\$1,398,399 , Schedule E - Part 1), cash equivalents					
	(\$0 , Schedule E - Part 2) and short-term					
	investments (\$0 , Schedule DA)	1,398,399	0	1,398,399	525,202	
6.	Contract loans (including \$ premium notes)					
	Derivatives (Schedule DB)					
	Other invested assets (Schedule BA)					
9.	Receivable for securities					
	Securities lending reinvested collateral assets (Schedule DL)					
	Aggregate write-ins for invested assets					
	Subtotals, cash and invested assets (Lines 1 to 11)					
	Title plants less \$0 charged off (for Title insurers					
	only)	0	0	0	0	
14.	Investment income due and accrued	365,458	0	365 , 458	377,602	
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 (\$					
	contracts subject to redetermination (\$	0	0	0	0	
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers				1,343,610	
	16.2 Funds held by or deposited with reinsured companies				0	
	16.3 Other amounts receivable under reinsurance contracts				0	
	Amounts receivable relating to uninsured plans				0	
	Current federal and foreign income tax recoverable and interest thereon				30,777	
	Net deferred tax asset					
	Guaranty funds receivable or on deposit					
20.	Electronic data processing equipment and software	570,720	570,720	0	0	
21.	Furniture and equipment, including health care delivery assets					
	(\$0 )					
	Net adjustment in assets and liabilities due to foreign exchange rates					
	Receivables from parent, subsidiaries and affiliates					
	Health care (\$0 ) and other amounts receivable					
	Aggregate write-ins for other than invested assets	906,904	906,904	0	0	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	55 935 431	1 477 624	54 457 807	55 807 216	
27.	From Separate Accounts, Segregated Accounts and Protected Cell	90,000,401	1,477,024	94,407,007	00,007,210	
	Accounts	0	0	0	0	
28.	Total (Lines 26 and 27)	55,935,431	1,477,624	54,457,807	55,807,216	
	DETAILS OF WRITE-INS					
1101.		0	0	0	0	
1102.						
1103.						
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	
	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0			0	
	Other Non-admitted Assets	906 904	906 904		0	
2502.						
2502.						
	Summary of remaining write-ins for Line 25 from overflow page					
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	906,904				
<u> </u>	rotato (Ellico 2001 tilla 2000 piao 2000)(Ellie 20 anove)	500,504	500,304	1 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	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))	28,040	0
7.2	Net deferred tax liability	0	0
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 \$80,097,000 and including warranty reserves of \$		
	health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health		
	Service Act)		0
10.	Advance premium	0	0
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	0	5,682
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		
24.	Capital notes \$0 and interest thereon \$0	0	0
25.	Aggregate write-ins for liabilities	0	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	263,640	5,682
27.	Protected cell liabilities	. 0	0
28.	Total liabilities (Lines 26 and 27)	263,640	5,682
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	45,668,776	45,668,776
35.	Unassigned funds (surplus)	3,525,391	5, 132, 758
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)	54, 194, 167	55,801,534
38.	TOTALS (Page 2, Line 28, Col. 3)	54,457,807	55,807,216
	DETAILS OF WRITE-INS		
2501.		0	0
2502.			
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.			
2903.			
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 (Ellios 2001 tilla 2000 pide 2000)(Ellio 20 diboto)	0	
3202.			
3203.			
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	Current real	Filor real
1.	Premiums earned (Part 1, Line 35, Column 4)	0	0
	DEDUCTIONS:		_
2. 3.	Losses incurred (Part 2, Line 35, Column 7)		0
3. 4.	Other underwriting expenses incurred (Part 3, Line 25, Column 1)		
5.	Aggregate write-ins for underwriting deductions		0
6.	Total underwriting deductions (Lines 2 through 5)	0	0
7.	Net income of protected cells	0	0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	0	0
	INVESTMENT INCOME	4 540 774	4 550 000
9. 10.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains or (losses) less capital gains tax of \$	1,519,//1	1,559,860
10.	Gains (Losses) )	73,766	(82,646)
11.	Net investment gain (loss) (Lines 9 + 10)		
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered		
	\$0 amount charged off \$0 )		
13.	Finance and service charges not included in premiums	0	0
14. 15.	Aggregate write-ins for miscellaneous income	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes		
	(Lines 8 + 11 + 15)	1,593,537	1,477,214
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)	1,593,537	1,477,214
19.	Federal and foreign income taxes incurred	223,870	283, 154
20.	Net income (Line 18 minus Line 19)(to Line 22)	1,369,667	1,194,060
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		
22. 23.	Net income (from Line 20)		
23. 24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25.	Change in net unrealized depict gains of (leaded) rede depict gains (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	_	_
29.	Change in surplus notes		0
30. 31.	Surplus (contributed to) withdrawn from protected cells  Cumulative effect of changes in accounting principles		0
32.	Capital changes:		
	32.1 Paid in	0	0
	32.2 Transferred from surplus (Stock Dividend)	0	0
	32.3 Transferred to surplus	0	0
33.	Surplus adjustments:		0
	33.1 Paid in		0
	33.3 Transferred from capital	0	0
34.	Net remittances from or (to) Home Office		0
35.	Dividends to stockholders		0
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37.	Aggregate write-ins for gains and losses in surplus	(4.007.007)	0 470 757
38. 39.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(1,607,367) 54,194,167	2,179,757 55,801,534
33.	DETAILS OF WRITE-INS	34, 194, 107	33,801,334
0501.		0	0
0502.			
0503.			
0598.		0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401. 1402.			0
1402.			
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.			
3703.	Cummany of remaining write ing for Line 27 from everflow page		
3798. 3799.	Summary of remaining write-ins for Line 37 from overflow page	0	0
5133.	Totals (Emiss of of this of so plas of so)/Line of above)	U	U

	3,13.1.1.2011		
		1	2
		Current Year	Prior Year
	Cash from Operations		_
1.	Premiums collected net of reinsurance		0
2.	Net investment income		1,608,819
3.	Miscellaneous income		0
4.	Total (Lines 1 through 3)		1,608,819
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7.	Commissions, expenses paid and aggregate write-ins for deductions		0
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$28,947 tax on capital gains (losses)	194,000	322,000
10.	Total (Lines 5 through 9)	(1,149,610)	1,139,058
11.	Net cash from operations (Line 4 minus Line 10)	2,922,398	469,761
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	7,556,541	8,199,806
	12.2 Stocks		0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	238
	12.7 Miscellaneous proceeds		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,556,541	8,200,044
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	8,202,568	11,562,167
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate		0
	13.5 Other invested assets		0
	13.6 Miscellaneous applications	0	400,000
	13.7 Total investments acquired (Lines 13.1 to 13.6)	8,202,568	11,962,167
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)	(646,027)	(3,762,124)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		0
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	267,634	0
	16.6 Other cash provided (applied)	(1,135,540)	1,273,439
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,403,174)	1,273,439
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	873, 197	(2,018,924
19.	Cash, cash equivalents and short-term investments:	5.5, 10.	(2,070,024
	19.1 Beginning of year	525,202	2,544,126
	19.2 End of period (Line 18 plus Line 19.1)	1,398,399	525,202
Vlote: C	upplemental disclosures of cash flow information for non-cash transactions:		
20.000	1. Bonds sold in settlement of stockholder dividend		0
20.000	2 Accrued interest on bonds sold in settlement of stockholder dividend	(15,725)	0
		1	

# 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		e Assumed	Reinsurance Ceded		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	23 019 763	0	0	23,019,763	0	0
	Allied lines				11, 184,810		0
2.							0
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril	0	0	0	0	0	0
5.	Commercial multiple peril	22,377,154	0	0	22,377,154	0	0
6.	Mortgage guaranty	0	0	0	0	0	0
8.	Ocean marine				0	0	0
_	Inland marine					0	
9.							
10.	Financial guaranty	0	0	0	0	0	0
11.1	Medical professional liability - occurrence	2,570,286	0	0	2,570,286	0	0
11.2	Medical professional liability -						
	claims-made						0
12.	Earthquake	0	0	0	0	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
16.	Workers' compensation	0	0	0		0	
17.1	Other liability - occurrence						
17.2	Other liability - claims-made					0	0
	-						
17.3	Excess workers' compensation						
18.1	Products liability - occurrence						0
18.2	Products liability - claims-made				0	0	0
19.1, 19.2	Private passenger auto liability	0	0	0	0	0	0
19.3, 19.4	Commercial auto liability	869,876	0	0	869,876	0	0
21.	Auto physical damage	675	0	0	675	0	0
22.	Aircraft (all perils)			0	0	0	0
				0	0	0	0
23.	Fidelity	0	0	0	0	0	0
24.	Surety			0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0
27.	Boiler and machinery	542,066	0	0	542,066	0	0
28.	Credit	0	0	0	0	0	0
29.	International		0	0	0	0	0
30.	Warranty		0	0	0		
		0	0		0	0	0
31.	Reinsurance - nonproportional assumed property	xxx	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability			0	0	0	0
33.	Reinsurance - nonproportional		0	0		0	0
აა.	assumed financial lines	xxx	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	172,420,788	0	0	172,420,788	0	0
	DETAILS OF WRITE-INS	, .20,100	<u> </u>		, .20,.30	<u> </u>	
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 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 - L	OSSES PAID AND				1		1
			Losses Paid L			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	6,824,949	0	6,824,949	0	0	.0	.0	0.0
2.	Allied lines	7,132,603	(81)	7, 132, 522	0	0	0	0	0.0
3.	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	7,998,824	0	7,998,824	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	916,378	0	916,378	0	0	0	0	0.0
10.	Financial guaranty	0	0	0	0	0	0	0	0.0
11.1	Medical professional liability - occurrence	1,115,000	0	1,115,000	0	0	0	0	0.0
11.2	Medical professional liability - claims-made	442,769	0		0	0	0	0	0.0
12.	Earthquake	0	0	0	0	0	0	0	0.0
13.	Group accident and health	0	0	0	0	0	0	0	0.0
14.	Credit accident and health (group and individual)	0	0	0	0	0	0	0	0.0
15.	Other accident and health	0	0	0	0	0	0	0	0.0
16.	Workers' compensation	0	0	0			0	 0	0.0
17.1	Other liability - occurrence	23,035,743	0	23,035,743	۰		0	 0	0.0
17.1	Other liability - claims-made	4,891,435	0	4,891,435		0	0		0.0
17.2	Excess workers' compensation	1,4001,400	 n		0		0	۰	0.0
18.1	Products liability - occurrence	503,488	 n	503,488		0	0	٥٠	0.0
_	Products liability - claims-made			005,400		0	0	٥٠	0.0
18.2	Private passenger auto liability	0		0			0	٥٠	0.0
				0		0	0	٥٠	0.0
,	Commercial auto liability	(6,280)		(6,280)	0		0	٥٥	
21.	Auto physical damage	(6,280)		(6,280)	ں	0	0	٥٥	0.0
22.	Aircraft (all perils)			0	ں		0	٥٥	0.0
23.	Fidelity					0	0		
24.	Surety	0			0 	0	0		0.0
26.	Burglary and theft	13,902	0	13,902				0	0.0
27.	Boiler and machinery		0	0	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
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0		0	0	0.0
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
34.	Aggregate write-ins for other lines of business	0	0	0	0		0	0	0.0
35.	TOTALS	52,868,811	(81)	52,868,730	0	0	0	0	0.0
	DETAILS OF WRITE-INS								
3401.									ļ
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	0.0

#### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

				d Losses			curred 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 Adjustm Expenses
1.	Fire	7,235,114	0	7,235,114	0	1, 129,083	0	1,129,083	0	
2.	Allied lines	5,558,814	0	5,558,814	0	1,403,759	0	1,403,759	0	
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	
5.	Commercial multiple peril	8,001,818	0	8,001,818	0	19,589,789	0	19,589,789	0	
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	
8.	Ocean marine	0	0	0	0	0	0	0	0	
9.	Inland marine		0	76,425	0	1,553,748	0	1,553,748	0	
10.	Financial guaranty	0	0	0	0	0	0	0	0	
11.1	Medical professional liability - occurrence	1,247,191	0	1,247,191	0	2,470,210	0	2,470,210	0	
11.2	Medical professional liability - claims-made	4,990,876	0	4,990,876	0	5,385,068	0	5,385,068	0	
12.	Earthquake	0	0	0	0	0	0	0	0	
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	62,054,416	0	62,054,416	0	33,895,318	0	33,895,318	0	
17.2	Other liability - claims-made	14,591,836	0	14,591,836	0	7,456,201	0	7,456,201	0	
17.3	Excess workers' compensation	0	0	0	0	427,254	0	427,254	0	
18.1	Products liability - occurrence	7,830,641	0	7,830,641	0	3,941,107	0	3,941,107	0	
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0	
	,	0	0	0	0	0	0	0	0	
	Commercial auto liability	1,743,771	0	1,743,771	0	7,058,403	0	7,058,403	0	
21.	Auto physical damage	14,000	0	14,000	0	97,520	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	149	0	149	0	
26.	Burglary and theft	13.001	0	13,001	0	214,596	0	214,596	0	
27.	Boiler and machinery	0	0	0	0	319,438	0	319,438	0	
28.	Credit	0	0	0	0	0	0	0	0	
29.	International	0	0	0	0	0	0	0	0	
30.	Warranty	0	n	0	0	n	n	n	n	
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX		0	0	
	Reinsurance - nonproportional assumed liability	XXX		0	0	XXX		0	n	
	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX			n	
	Aggregate write-ins for other lines of business	0	0	0	0		0	n	n	
3 <del>4</del> . 35.	TOTALS	113,357,903	0	113,357,903	0	84.941.643	0	84.941.643	0	
აა.	DETAILS OF WRITE-INS	113,337,903	U	110,007,800	U	04, 341,043	U	04,341,043	U	
2404	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	

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

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	PARI 3	3 - EXPENSES 1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct		0		, , ,
	1.2 Reinsurance assumed		0	0	
	1.3 Reinsurance ceded	31,604,655	0	0	
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	0	0	0	0
2.	Commission and brokerage:	•	00 407 700	•	00 407 700
	2.1 Direct excluding contingent				, ,
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent - direct				
	2.5 Contingent - reinsurance assumed				
	2.6 Contingent - reinsurance ceded		1,607,879	0	1,607,879
	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)				
3.	Allowances to managers and agents				
4.	Advertising				
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records	0	0	0	0
8.	Salary and related items:	_	_		
	8.1 Salaries				
	8.2 Payroll taxes		0		
9.	Employee relations and welfare				
10.	Insurance		0		
11.	Directors' fees		0		
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				
15.	Cost or depreciation of EDP equipment and software			0	
16.	Printing and stationery			50	
17.	Postage, telephone and telegraph, exchange and express	0			
18.	Legal and auditing	0	0	447	447
19.	Totals (Lines 3 to 18)	0	0	47,943	47,943
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0				
	20.2 Insurance department licenses and fees		0		
	20.3 Gross guaranty association assessments			0	
	20.4 All other (excluding federal and foreign income and real estate)	0	0	0	· ·
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)			0	
21.	Real estate expenses			0	
22.	Real estate taxes		0		
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses			15,730	
25.	Total expenses incurred			,	(a)63,673
26.	Less unpaid expenses - current year		0		
27.	Add unpaid expenses - prior year				
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	63,673	63,673
	DETAILS OF WRITE-INS				
2401.	Custodial Fees			180	
2402.	Outside Data Processing			12,851	12,851
2403.				2,699	2,699
2498.	Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499.	Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	15,730	15,730

## **EXHIBIT OF NET INVESTMENT INCOME**

			1		2
					rned During Year
1.	U.S. Government bonds	(a)	112,984		110,772
1.1	Bonds exempt from U.S. tax	. (a)	85		0
1.2	Other bonds (unaffiliated)	(a)	1,481,835		1,471,982
1.3	Bonds of affiliates	(a)	0		0
2.1	Preferred stocks (unaffiliated)	(b)	0		0
2.11	Preferred stocks of affiliates		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		0
6	Cash, cash equivalents and short-term investments		76		81
7	Derivative instruments	(f)	0		0
8.	Other invested assets		0		0
9.	Aggregate write-ins for investment income		608		608
10.	Total gross investment income		1,595,588		1,583,444
11.	Investment expenses			(g)	63,673
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)				63,673
17.	Net investment income (Line 10 minus Line 16)				1,519,771
	DETAILS OF WRITE-INS				
0901.	Miscellaneous Investment Income		608		608
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)		608		608
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 \$	54,026	accrual of discount less \$75,024	amortization of premium and less \$	.3,146	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 or	n encui	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.		
	d and Separate Acc		.0 investment taxes, licenses and fees, excluding	ng fede	eral income taxes, attributable to
(h) Includes \$	0	interest on surplus notes and \$	0 interest on capital notes.		
(i) Includes ¢	۸	depreciation on real estate and C	A depreciation on other invested assets		

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		4		- (	/	
		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
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	102,713	0	102,713	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	0
10.	Total capital gains (losses)	102,713	0	102,713	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

## **EXHIBIT OF NON-ADMITTED ASSETS**

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	_	0	0
	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks		0	0
3.	Mortgage loans on real estate (Schedule B):			
0.	3.1 First liens	0	0	0
	3.2 Other than first liens.			
4.	Real estate (Schedule A):			
٦.	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income.		0	.0
	4.3 Properties held for sale		0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6.	Contract loans		0	0
7.	Derivatives (Schedule DB)			0
8.	Other invested assets (Schedule BA)			.0
9.	Receivables for securities			
9. 10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
	Subtotals, cash and invested assets (Lines 1 to 11)		0	
12.	Title plants (for Title insurers only)			
13.	Investment income due and accrued			
14.			0	
15.	Premiums and considerations:		0	
	15.1 Uncollected premiums and agents' balances in the course of collection			_
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16.	Reinsurance:		_	_
	16.1 Amounts recoverable from reinsurers			0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts			0
	Amounts receivable relating to uninsured plans		0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2	Net deferred tax asset	0	0	0
19.	Guaranty funds receivable or on deposit	0	0	0
20.	Electronic data processing equipment and software	570,720	303,753	(266,967)
21.	Furniture and equipment, including health care delivery assets	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23.	Receivables from parent, subsidiaries and affiliates	0	0	0
24.	Health care and other amounts receivable		0	0
25.	Aggregate write-ins for other than invested assets	906,904	48,391	(858,513)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,477,624	352 , 144	(1,125,480)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	1,477,624	352,144	(1,125,480)
1101.	DETAILS OF WRITE-INS	0	0	0
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.	Other Non-admitted Assets		48,391	(858,513
2502.			10,001	(300,010)
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	n
2000.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	906,904		(858,513)

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

#### A. Accounting Practices

The financial statements of AIX Specialty Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Delaware Insurance Department.

The State of Delaware Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Delaware for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Delaware 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 Delaware. 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 Delaware is shown below:

	SSAP#	F/S Page	F/S Line #	2021	2020
NET INCOME	JOAI #	1 age	Line #	2021	2020
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,369,667	\$ 1,194,060
(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	\$ 1.369.667	\$ 1.194.060
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	XXX	\$ 54,194,167	\$ 55,801,534
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	ιP:		\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) fi	rom NAIC SAF	<b>P</b> :		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	XXX	XXX	\$ 54.194.167	\$ 55.801.534

#### 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) The Company does not own any common stocks.
- (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

Not applicable

#### NOTE 4 Discontinued Operations

#### NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

B. Debt Restructuring

The Company did not have any restructured debt.

C. Reverse Mortgages

The Company does not own any reverse mortgages.

- D. 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 securiies (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-recongized interest related impairment remains):
    - a) The aggregate amount of unrealized losses:

 1. Less than 12 Months
 \$ 1,030

 2. 12 Months or Longer
 \$ 14,199

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

 1. Less than 12 Months
 \$ 179,225

 2. 12 Months or Longer
 \$ 445,232

(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 circumstances, including the issuer's overall 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.

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

				Gross (Admitt	ted	& Nonadmitt	ed)	Restricted				
			(	Current Year						6		7
	1	2		3		4		5				
Restricted Asset Category	ital General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)		Total Protected Cell Account Restricted Assets	C :	Protected Cell Account Assets Supporting G/A Activity (b)		Total (1 plus 3)	F	Total From Prior Year	(De	ncrease/ ecrease) (5 ninus 6)
a. Subject to contractual obligation for which												
liability is not shown	\$ -	\$ -	. 9	\$ -	\$	-	\$	-	\$	-	\$	-
b. Collateral held under security lending												
agreements	\$ -	\$ -	. 9	\$ -	\$	-	\$	-	\$	-	\$	-
c. Subject to repurchase agreements	\$ -	\$ -	9	\$ -	\$	-	\$	-	\$	-	\$	-
d. Subject to reverse repurchase agreements	\$ -	\$ -	. 9	\$ -	\$	-	\$	-	\$	-	\$	-
e. Subject to dollar repurchase agreements f. Subject to dollar reverse repurchase	\$ -	\$ -	. 9	•	\$	-	\$	-	\$	-	\$	-
agreements	\$ -	\$ -		\$ -	\$	-	\$	-	\$	-	\$	-
g. Placed under option contracts h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ - \$ -	9	•	\$	-	\$ \$	-	\$	-	\$	-
i. FHLB capital stock	\$ -	\$ -	. 9	\$ -	\$	-	\$	-	\$	_	\$	_
j. On deposit with states	\$ 3,653,056	\$ -		\$ -	\$	_	\$	3,653,056	\$	3,655,044	\$	(1,988)
k. On deposit with other regulatory bodies I. Pledged collateral to FHLB (including assets	\$ -	\$ -	9		\$	-	\$	-	\$	-	\$	-
backing funding agreements) m. Pledged as collateral not captured in other	\$ -	\$ -		\$ -	\$	-	\$	-	\$	-	\$	-
categories	\$ 	\$ -	9	•	\$	-	\$	-	\$	-	\$	
n. Other restricted assets	\$ 3,489,046	\$ -	9	•	\$	-	\$	3,489,046	\$	2,633,456	\$	855,590
o. Total Restricted Assets	\$ 7,142,102	\$ -	9	\$ -	\$	-	\$	7,142,102	\$	6,288,500	\$	853,602

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

	Current Year								
		8		9	Perce	entage			
					10	11			
Restricted Asset Category		Total Non- admitted Restricted	1	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     b. Collateral held under security lending	\$	1	\$	1	0.000%	0.000%			
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%			
j. On deposit with states	\$	-	\$	3,653,056	6.531%	6.708%			
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	\$	906,904	\$	2,582,142	6.238%	4.742%			
Total Restricted Assets	\$	906,904	\$	6,235,198	12.768%	11.450%			

- (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)

		G	ross (Admitte	d & Nonadmi	tted) Restrict	ed		8	Perce	entage
			<b>Current Year</b>	•		6	7		9	10
	1	2	3	4	5					
		G/A Supporting							Gross	
		Protected Cell Account	Cell Account (S/A)	Account Assets			Increase/	Total Current	(Admitted & Nonadmitted)	Admitted Restricted to
	Total General		Restricted	Supporting G/A	Total	Total From	(Decrease) (5	Year Admitted	Restricted to	Total Admitted
Description of Assets	Account (G/A)	(a)	Assets	Activity (b)	(1 plus 3)	Prior Year	minus 6)	Restricted	Total Assets	Assets
Held in Trust for New York										
Surplus Lines	\$ 2,582,142	\$ -	\$ -	\$ -	\$ 2,582,142	\$ 2,585,065	\$ (2,923)	\$ 2,582,142	4.616%	4.742%
Third Party Administrator Cash	\$ 906,904	\$ -	\$ -	\$ -	\$ 906,904	\$ 48,391	\$ 858,513	\$ -	1.621%	0.000%
Total (c)	\$ 3,489,046	\$ -	\$ -	\$ -	\$ 3,489,046	\$ 2,633,456	\$ 855,590	\$ 2,582,142	6.238%	4.742%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively.
- 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

M., N., O., P.

Not applicable

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
1. Number of CUSIPs	5	0
Aggregate Amount of Investment Income	\$70.913	\$0

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

#### NOTE 8 Derivative Instruments

Not applicable

#### NOTE 9 Income Taxes

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

1.

	As of	End	of Current	Per	iod		1	2/31/2020					(	Change		
	(1)		(2)	((	(3) Col. 1 + 2)	(4)		(5)	((	(6) Col. 4 + 5)	((	(7) Col. 1 - 4)	(C	(8) Col. 2 - 5)	((	(9) Col. 7 + 8)
	Ordinary		Capital	`	Total	Ordinary		Capital	`	Total		Ordinary		Capital	,	Total
(a) Gross Deferred Tax Assets	\$ 190,450	\$	-	\$	190,450	\$ 10,162	\$	-	\$	10,162	\$	180,288	\$	-	\$	180,288
(b) Statutory Valuation Allowance Adjustment	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 190,450	\$	_	\$	190,450	\$ 10,162	\$	_	\$	10,162	\$	180,288	\$	_	\$	180,288
(d) Deferred Tax Assets Nonadmitted	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 190,450	\$	_	\$	190,450	\$ 10,162	\$		\$	10,162	\$	180,288	\$	_	\$	180,288
(f) Deferred Tax Liabilities	\$ -	\$	34,291	\$	34,291	\$ -	\$	2,449	\$	2,449	\$	-	\$	31,842	\$	31,842
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 190.450	\$	(34.291)	\$	156,159	\$ 10,162	\$	(2,449)	\$	7,713	\$	180,288	\$	(31,842)	\$	148.446

2.

		As of I	End of Current	Period			1	2/31/2020				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)
	Or	dinary	Capital	Total	C	Ordinary		Capital	Total		Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101													
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$	190,450	\$ -	\$ 190,450	\$	10,162	\$	-	\$ 10,162	\$	180,288	\$ -	\$ 180,288
(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	\$ 8,105,701		XXX		XXX	\$ 8,369,073		XXX	xxx	\$ (263,372
(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))	\$	190,450	\$ -	\$ 190,450	\$	10,162	\$	_	\$ 10,162	s	180.288	\$ -	\$ 180,28

3.

2020 11086.000% 24643.000%

2021

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

\$54,038,008 \$55,793,821

#### 4. Tax Planning Strategies

	As	of End of (	Currer	nt Period		12/31	/2020			Cha	nge	
		(1)		(2)	(3)		•	1)	`	(5) Col. 1 - 3)		(6) Col. 2 - 4)
	С	ordinary		Capital		Ordinary	Cap	oital		Ordinary		Capital
Impact of Tax Planning Strategies:												
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.												
Adjusted Gross DTAs amount from     Note 9A1(c)	\$	190,450	\$	-	\$	10,162	\$	_	\$	180,288	\$	_
Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		0.000%		0.000%		0.000%		0.000%		0.000%		0.000%
Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$	190,450	\$	-	\$	10,162	\$	_	\$	180,288	\$	_
Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		0.000%		0.000%		0.000%		0.000%		0.000%		0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [ ] No [X]

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) (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)

As	(1) s of End of		(2)		(3) (Col. 1 - 2)
	rent Period		12/31/2020		Change
\$	223,870	\$	283,154	\$	(59,284)
\$	-	\$	<u> </u>	\$	-
\$	223,870	\$	283,154	\$	(59,284)
\$ \$	28,947	\$	8,718	\$	20,229
\$	-	\$	-	\$	-
\$	252,817	\$	291,872	\$	(39,055)
	202,011	Ť	201,012	_	(00,000)
\$	_	\$	_	\$	_
\$	-	\$	_	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$ \$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	_	\$	_	\$	_
\$	-	\$	-	\$	-
\$	-	\$	_	\$	-
\$	190,450	\$	10,162	\$	180,288
\$	190,450	\$	10,162	\$	180,288
\$	-	\$	-	\$	-
\$	190,450	\$	10,162	\$	180,288
φ	190,430	φ	10,102	φ	100,200
\$	-	\$	_	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$ \$	-	\$	-	\$	-
\$	-	\$		\$	-
\$	190,450	\$	10,162	\$	180,288
			-		
\$	-	\$	_	\$	_
\$	_	\$	_	\$	_
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	34,291	\$	2,449	\$	31,842
\$	-	\$	-	\$	-
\$		\$	-	\$	-
\$	34,291	\$	2,449	\$	31,842
\$	34,291	\$	2,449	\$	31,842
\$	156,159	\$	7,713	\$	148,446

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) s of End of rrent Period	(2) 12/31/2020	(3) (Col. 1 - 2) Change
\$ 190,450	\$ 10,162	\$ 180,288
\$ 34,291	\$ 2,449	\$ 31,842
\$ 156,159	\$ 7,713	\$ 148,446
		\$ -
		\$ 148,446

#### 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 Non-admitted assets Total

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

As of End of Cu	urrent Period
Tax	Rate
\$ 340,722	21.0%
\$ (236,351)	-14.5%
\$ 104,371	6.5%

	As of End of Cu	rrent Period
	Tax	Rate
\$	223,870	13.9%
\$	28,947	1.8%
\$	(148,446)	-9.2%
_	404.074	0.50/

- 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: 258.582 For the tax year 2021: 217,047

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

- 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. 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 Investment Inc Verlan Fire Insurance Company

Verlan Holdings Inc

- 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.
- 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
- Repatriation Transition Tax (RTT)

Not applicable

Alternative Minimum Tax (AMT) Credit

Not applicable

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

Nature of Relationships

The Company is a wholly-owned subsidiary of NOVA Casualty Company ("NCC"), which, in turn, is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover"). Hanover, 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.

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

The Company declared an ordinary dividend of \$2,000,000 to NCC on November 2, 2021, which was settled on November 19, 2021 by transferring bonds at fair value of \$1,716,641, accrued interest of \$15,725 and cash in the amount of \$267,634. There were net realized gains in the amount of \$71,642 as a result of this transaction.

Transactions with related party who are not reported on Schedule Y

Not applicable

Amouts due to or from Related Parties

At the end of the current reporting period, the Company reported \$4,378 as amounts due from an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

Guarantees or Contingencies for Related Parties

Not applicable

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.

Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by NCC.

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

#### 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 5,000,000 shares of \$1 par value common stock authorized, issued and outstanding.

P Dividend Rate of Preferred Stock

Not applicable

#### **C-F** Dividend Restrictions

Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Delaware, the maximum amount of dividends which the Company may pay to shareholders is limited to its earned surplus at the end of the prior year. At December 31, 2021, the Company had earned surplus of \$3,525,391. Furthermore, the maximum amount of dividends which the Company may pay without prior approval of the Department is limited to the greater of 10% of the most recent year-end policyholders' surplus or net income, excluding realized capital gains. The Company declared an ordinary dividend of \$2,000,000 to NCC on November 2, 2021. Accordingly, the maximum dividend that may be paid at January 1, 2022 without prior approval is \$1,525,391. Subsequent to November 2, 2022, the maximum dividend payable without prior approval is \$3,525,391.

#### \_ ..

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

A.

- (1) Fair Value Measurements at Reporting Date
  - a. There were no assets carried at fair value at the end of the reporting period.
  - b. There were no liabilities carried 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 bonds 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 Instrument	Aggregate Fair Value	Ac	Imitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)		Not Practicable (Carrying Value)
Bonds Cash and Short-Term	\$ 54,367,916	\$	52,533,413	\$ 3,637,213	\$ 50,730,703	\$ -	\$ -	9	<b>5</b> -
Investments	\$ 1 398 399	\$	1.398.399	\$ 1 398 399	\$ _	\$ _	s -	9	<b>s</b> -

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

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

Group Code	FEIN	Reinsurer Name	Unsecured Amount
88	13-5129825	THE HANOVER INSURANCE COMPANY	\$ 371.834.000

B. Reinsurance Recoverable in Dispute

The Company had no reinsurance recoverable on paid and unpaid losses in dispute which exceeds 5% of the Company's policyholder surplus. The aggregate of the Company's disputed items did not exceed 10% of policyholder surplus.

- Reinsurance Assumed and Ceded
  - (1) The following table summarizes ceded and assumed unearned premiums and the related commissions equity at the end of the current period:

	A	ssumed F	Reinsuran	ce	Ced	led Re	insurance		1	Net	
		nium erve		nission juity	Premium Reserve		Comm Equ		Premium Reserve		nission quity
a. Affiliates	\$	-	\$	-	\$ 80,097,0	)52	\$	-	\$ (80,097,052)	\$	-
b. All Other	\$	_	\$		\$	-	\$		\$ -	\$	
c. Total	\$		\$		\$ 80.097.0	)52	\$		\$ (80.097.052)	\$	

d. Direct Unearned Premium Reserve

\$ 80,097,052

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

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

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

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 []

#### 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

Not applicable

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.				( ] 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 to standards and disclosure requirements substantially similar to those	Holding Company System, a registional Association of Insurance Consulations pertaining thereto, or is t	tration statement ommissioners (NAIC) in the reporting entity	[ X ] No [	1 [	N/A [ ]
1.3	State Regulating?			Dela	ware	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	)		Yes [ )	X] No	o [ ]
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.		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	<u> </u>	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).	f the examination report and not the	ne date of the	02/22	/2021	
3.4	By what department or departments?  Delaware Insurance Department					
3.5	Have all financial statement adjustments within the latest financial examination statement filed with Departments?			[ ] No [	] [	N/A [ X ]
3.6	Have all of the recommendations within the latest financial examination report	rt been complied with?	Yes	[ ] No [	] 1	N/A [ X ]
4.1		of the reporting entity), receive cre-	dit or commissions for or contro	Yes [		o [ X ] o [ X ]
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 busin	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	) [ 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?				] No	o [ 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	o [ X ]
7.2	If yes, 7.21 State the percentage of foreign control;	y is a mutual or reciprocal, the nat	ionality of its manager or		0.0	9
	1 Nationality	2 Type of En	tity	]		
	reaumanty	туре от Еп		-		

## **GENERAL INTERROGATORIES**

8.1 8.2	Is the company a subsidiary of a depository institution holding compart the response to 8.1 is yes, please identify the name of the DIHC.					Yes [	] No [ X ]	
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities If response to 8.3 is yes, please provide below the names and locatic regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commis	on (city and state of the main office) of any affiliates ne Office of the Comptroller of the Currency (OCC),	regulate	d by a fee	deral	Yes [ X	] No [ ]	
	1 Affiliata Nama	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
	Affiliate Name Opus Investment Management	Worcester, MA				YES	-	
8.5	Is the reporting entity a depository institution holding company with s	ignificant insurance operations as defined by the Bo	ard of G	overnors	of	•	1 Na [ V ]	
8.6	Federal Reserve System or a subsidiary of the reporting entity?  If response to 8.5 is no, is the reporting entity a company or subsidia Federal Reserve Board's capital rule?	ry of a company that has otherwise been made subj	ect to the	Э		•	] No [ X ] X ] N/A [	1
9.	What is the name and address of the independent certified public ac							•
	PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, B							
10.1	Has the insurer been granted any exemptions to the prohibited non-a requirements as allowed in Section 7H of the Annual Financial Repolaw or regulation?	orting Model Regulation (Model Audit Rule), or substa	antially s	imilar sta	ate	Yes [	] No [ X ]	
10.2	If the response to 10.1 is yes, provide information related to this exer					100 [	1 10 [ 1 ]	
10.3	Has the insurer been granted any exemptions related to the other reallowed for in Section 18A of the Model Regulation, or substantially s	guirements of the Annual Financial Reporting Model	Regulat	ion as		Yes [	] No [ X ]	
10.4	If the response to 10.3 is yes, provide information related to this exer	·						
10.5	Has the reporting entity established an Audit Committee in compliance	ce with the domiciliary state insurance laws?			Yes [ X	] No [	] N/A [	1
10.6	If the response to 10.5 is no or n/a, please explain							
11.	What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/cer Jonathan Blake, Vice President and Lead Reserving Actuary, FCAS,	tification?	n actuar	ial consu	ılting			
12.1	Does the reporting entity own any securities of a real estate holding of					Yes [	] No [ X ]	
	12.11 Name of rea	ll estate holding company				-		
	12.12 Number of p	arcels involved				0		
	12.13 Total book/a	djusted carrying value				\$		.0
12.2	If, yes provide explanation:							
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI	TIES ONLY:						
13.1	What changes have been made during the year in the United States	manager or the United States trustees of the report	ing entity	?				
13.2	1 9	, ,				Yes [	] No [ ]	
13.3	Have there been any changes made to any of the trust indentures du	= -				Yes [	] No [ ]	
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved					] No [	] N/A [	]
14.1	Are the senior officers (principal executive officer, principal financial of similar functions) of the reporting entity subject to a code of ethics, water and ethical conduct, including the ethical handling of actual	hich includes the following standards?				Yes [ X	] No [ ]	
	relationships; b. Full, fair, accurate, timely and understandable disclosure in the pe		•					
	c. Compliance with applicable governmental laws, rules and regulation							
	d. The prompt internal reporting of violations to an appropriate perso	n or persons identified in the code; and						
14.11	e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:							
	Has the code of ethics for senior managers been amended?					Yes [	] No [ X ]	
14.21	If the response to 14.2 is yes, provide information related to amendm							
14.3 14.31	Have any provisions of the code of ethics been waived for any of the If the response to 14.3 is yes, provide the nature of any waiver(s).					Yes [	] No [ X ]	

## **GENERAL INTERROGATORIES**

-		r of Credit and describe the circumstances in which the				
	1 American Bankers Association (ABA) Routing	2		3	4	
ļ	Number	Issuing or Confirming Bank Name	Circumstances T	hat Can Trigger the Letter of Credit	Amount	t
ı						
t	hereof?	or sale of all investments of the reporting entity passed to		f directors or a subordinate committee	Yes [ X ] I	No
[	Does the reporting	ng entity keep a complete permanent record of the proc	eedings of its board of dire	ectors and all subordinate committees	Yes [ X ] I	No
ŀ	Has the reporting	g entity an established procedure for disclosure to its bo officers, directors, trustees or responsible employees th	ard of directors or trustees	of any material interest or affiliation on the	Yes [X]	
			FINANCIAL			
,	Accounting Princ	nt been prepared using a basis of accounting other that iples)?			Yes [ ]	No
-	Total amount loa	ned during the year (inclusive of Separate Accounts, ex	xclusive of policy loans):	20.11 To directors or other officers	\$	
				20.12 To stockholders not officers	\$	
				20.13 Trustees, supreme or grand (Fraternal Only)	•	
	Total amount of I	oans outstanding at the end of year (inclusive of Separa	ata Accounts, avaluaiva of		\$	
	oolicy loans):	oans outstanding at the end of year (inclusive of Separa	ate Accounts, exclusive of	20.21 To directors or other officers	\$	
•	,,.			20.22 To stockholders not officers		
				20.23 Trustees, supreme or grand (Fraternal Only)		
١	Were any assets	reported in this statement subject to a contractual obligreported in the statement?	gation to transfer to anothe	er party without the liability for such		
		Impount thereof at December 31 of the current year:		21.21 Rented from others		
	r you, oldlo the d	into and a resident at Bookinson on on the same it year.		21.22 Borrowed from others	Ф Ф	
				21.23 Leased from others	Ф Ф	
				21.24 Other		
[	Does this statem	ent include payments for assessments as described in tion assessments?	the Annual Statement Inst	ructions other than quaranty fund or		
	f answer is yes:			.21 Amount paid as losses or risk adjustment		
	-			.22 Amount paid as expenses		
			22	.23 Other amounts paid	\$	
[	Does the reporting	ng entity report any amounts due from parent, subsidiari				
ı	f yes, indicate ar	ny amounts receivable from parent included in the Page	e 2 amount:		\$	
(	90 days?	utilize third parties to pay agent commissions in which			Yes [ ]	No
	f the response to	24.1 is yes, identify the third-party that pays the agent	s and whether they are a re	elated party.		
ſ			Is the			
			Third-Party Age			
		Name of Third-Party	a Related Part (Yes/No)	<u>y</u>		
1.			NVECTMENT			
		II.	NVESTMENT			

## **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 altern	rogram including value for collateral and amount of loaned securities, and ative is to reference Note 17 where this information is also provided)							
25.04	For the reporting entity's securities lending program, report am Instructions.	ount of collateral for conforming programs as outlined in the Risk-Based Capital	\$0						
25.05	For the reporting entity's securities lending program, report am	ount of collateral for other programs.	\$0						
25.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?  Yes [								
25.07	Does the reporting entity non-admit when the collateral received	ed from the counterparty falls below 100%? Yes [	] No [ ] N/A [ X ]						
25.08	Does the reporting entity or the reporting entity 's securities ler conduct securities lending?	nding agent utilize the Master Securities lending Agreement (MSLA) to Yes [	] No [ ] N/A [ X ]						
25.09	For the reporting entity's securities lending program state the a	amount of the following as of December 31 of the current year:							
	25.092 Total book adjusted/carrying value of r	assets reported on Schedule DL, Parts 1 and 2	\$0						
26.1	control of the reporting entity, or has the reporting entity sold o	entity owned at December 31 of the current year not exclusively under the r transferred any assets subject to a put option contract that is currently in 5.03).	Yes [ X ] No [ ]						
26.2	If yes, state the amount thereof at December 31 of the current	year: 26.21 Subject to repurchase agreements 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 tan FHLB	.\$						
		26.31 Pledged as collateral to FHLB - including assets backing funding agreements							
		26.32 Other	\$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 Amount						
26.3	1	Description	Amount 0						
26.3	1 Nature of Restriction	Description	Amount0						
27.1	Nature of Restriction  Does the reporting entity have any hedging transactions report	Description	Yes [ ] No [ X ]						
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions report  If yes, has a comprehensive description of the hedging program	Description  ted on Schedule DB?  m been made available to the domiciliary state?  Yes [	Yes [ ] No [ X ]						
27.1 27.2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report  If yes, has a comprehensive description of the hedging prograt  If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTI	Description  ted on Schedule DB?  m been made available to the domiciliary state?  Yes [	Yes [ ] No [ X ]						
27.1 27.2 LINES 2	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging program If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIONES TO BE TO	Description  ted on Schedule DB?  m been made available to the domiciliary state?	Amount						
27.1 27.2 INES 2 27.3	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging prograt If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTI Does the reporting entity utilize derivatives to hedge variable at If the response to 27.3 is YES, does the reporting entity utilized  By responding YES to 27.41 regarding utilizing the special according to the reporting entity has obtained explicit approval from Hedging strategy subject to the special accounting program of the decimal certification has been obtained which indicat reserves and provides the impact of the hedging strate Financial Officer Certification has been obtained which	Description  Titled on Schedule DB?	Amount						
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging prograt If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTI Does the reporting entity utilize derivatives to hedge variable at If the response to 27.3 is YES, does the reporting entity utilized  By responding YES to 27.41 regarding utilizing the special according to the degree of the degree of the special accounting processes and provides the impact of the hedging strate of the	Description  Ited on Schedule DB?	Amount						
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging prograt If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTI Does the reporting entity utilize derivatives to hedge variable a  If the response to 27.3 is YES, does the reporting entity utilize:  2 2 2 3 3 3 By responding YES to 27.41 regarding utilizing the special acc following:  • The reporting entity has obtained explicit approval fror • Hedging strategy subject to the special accounting profound in the description of the hedging strate • Financial Officer Certification has been obtained which Hedging Strategy within VM-21 and that the Clearly D its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 3 issuer, convertible into equity?	Description  Ited on Schedule DB?	Amount						
27.1 27.2 JINES 2 27.3 27.4 27.5	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging progral If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITION Does the reporting entity utilize derivatives to hedge variable at If the response to 27.3 is YES, does the reporting entity utilized Expression of the hedging strated according to the special accounting of the Hedging strategy subject to the special accounting profunction of the hedging strate of the hedging strate in Financial Officer Certification has been obtained which Hedging Strategy within VM-21 and that the Clearly District its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 3 issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current Excluding items in Schedule E - Part 3 - Special Deposits, rea offices, vaults or safety deposit boxes, were all stocks, bonds a custodial agreement with a qualified bank or trust company in	Description  Tied on Schedule DB?  The been made available to the domiciliary state?  TIES ONLY:  Innuity guarantees subject to fluctuations as a result of interest rate sensitivity?  Ties on the sensitivity of the sensiti	Amount						
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report If yes, has a comprehensive description of the hedging progral If no, attach a description with this statement.  7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITION Does the reporting entity utilize derivatives to hedge variable as If the response to 27.3 is YES, does the reporting entity utilized as If the response to 27.3 is YES, does the reporting entity utilized as If the response to 27.41 regarding utilizing the special according of the Hedging strategy subject to the special accounting profession of the Hedging strategy subject to the special accounting profession of the hedging strated in Financial Officer Certification has been obtained which Hedging Strategy within VM-21 and that the Clearly District its actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 3 issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current Excluding items in Schedule E - Part 3 - Special Deposits, rea offices, vaults or safety deposit boxes, were all stocks, bonds a custodial agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, Custodial or Safekeeping Agreement with a qualified bank or trust company in Outsourcing of Critical Functions, C	Description  TIES ONLY:  Innuity guarantees subject to fluctuations as a result of interest rate sensitivity?  TA.41 Special accounting provision of SSAP No. 108  T.42 Permitted accounting practice  T.43 Other accounting guidance  Tounting provisions of SSAP No. 108, the reporting entity attests to the modern the hedging strategy is incorporated within the establishment of VM-21 egy within the Actuarial Guideline Conditional Tail Expectation Amount. In indicates that the hedging strategy meets the definition of a Clearly Defined effined Hedging Strategy is the hedging strategy being used by the company in 1 of the current year mandatorily convertible into equity, or, at the option of the year.  I estate, mortgage loans and investments held physically in the reporting entity's and other securities, owned throughout the current year held pursuant to a accordance with Section 1, III - General Examination Considerations, F.	Amount						
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions report of the leading program of the new pro	Description  Ted on Schedule DB?  TIES ONLY:  Innuity guarantees subject to fluctuations as a result of interest rate sensitivity?  TIES ONLY:  TIES O	Amount						

## **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 t	here beer	n any c	hanges, i	ncluding	name	change	s, in the custodian(s) identified in 29.01 during the current year?	Yes [	]	No [	[ X ]
~~ ~ .												

29.04	ir yes, give full and complete information relatif	ng thereto:		
ĺ		•		1

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e.				
designated with a "U") manage more than 10% of the reporting entity's invested assets?	Yes [	- 1	No	ſ

]

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)1))?	Yes [	1	No [	· v
	EXCHANGE COMMISSION (SEC) IN the investment Company Act of 1940 (Section 5(D)(1))?	res i	- 1	INO I	

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	52,533,413	54,367,916	1,834,503
31.2 Preferred stocks	0	0	0
31.3 Totals	52,533,413	54,367,916	1,834,503

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	If no, list exceptions:	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 [	]	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.	X I No I	1	N/A f	
	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

	<u>, 1</u>	2	
	Name	Amount Paid0	
1 Amount of paymen	ts for legal expenses, if any?		\$
	e firm and the amount paid if any such payment represented 25% or movered by this statement.	ore of the total payments for legal expenses	
	overed by this statement.  1	2	
		ore of the total payments for legal expenses  2  Amount Paid	
during the period of	overed by this statement.  1	Amount Paid	\$
during the period of  Amount of paymen  List the name of the	overed by this statement.  1  Name	Amount Paid  officers or departments of government, if any?  ore of the total payment expenditures in	\$
during the period of  Amount of paymen  List the name of the	ts for expenditures in connection with matters before legislative bodies e firm and the amount paid if any such payment represented 25% or more	Amount Paid  officers or departments of government, if any?  ore of the total payment expenditures in	\$

## **GENERAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force	e?		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 1.31 Reason for excluding			\$	0
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien r			\$	0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.			\$	0
1.6	Individual policies:	Most current th	•	•	0
			nium earned		
			rred claims		
		1.63 Number o	f covered lives		0
		All years prior t	o most current three years		
			nium earned		0
		1.65 Total incu	rred claims	\$	0
		1.66 Number o	f covered lives		0
1.7	Group policies:	Most current th	•	_	•
			nium earned		
			rred claims		
		1.73 Number o	f covered lives		0
		All years prior t	o most current three years		
			nium earned		0
			rred claims		
			f covered lives		
2.	Health Test:				
		1 Current Year	2 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)				
3.1	Did the reporting entity issue participating policies during the calendar year?			Yes [ ]	No [X]
3.2	If yes, provide the amount of premium written for participating and/or non-particip	pating policies			
	during the calendar year:	3 21 Participati	ng policies	¢	0
			ipating policies		
		0: <u>=</u> 2 :10:: pa.u.			
4.	For mutual reporting Entities and Reciprocal Exchanges Only:				
4.1	Does the reporting entity issue assessable policies?			Yes [ ]	No [ ]
4.2	Does the reporting entity issue non-assessable policies?			Yes [ ]	No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the	ne policyholders?		%	0.0
4.4	Total amount of assessments paid or ordered to be paid during the year on depo	sit notes or contingent premiums.		\$	0
_	For Posinroad Evolunges Only				
5. 5.1	For Reciprocal Exchanges Only:  Does the Exchange appoint local agents?			Yes [ ]	No [ ]
5.2	If yes, is the commission paid:			100 [ ]	INU [ ]
	· ·	ct compensation	Yes	[ ] No [ ]	N/A [ ]
		f the exchange			
5.3	What expenses of the Exchange are not paid out of the compensation of the Atto	orney-in-fact?			, ,
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain condit				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?  The company cedes 100% of its business to The Hanover Insurance Company (Hanover). Hanover maintains workers' compensation coverage under its casualty excess of loss reinsurance agreement.		
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 [ X ]
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 [ X ]
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 [ X ]
8.2	If yes, give full information		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or		
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes [	] No [ 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  (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an	·	] No [ X ]
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 [	-	] No [ X ] ] N/A [ X ]

## **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 un	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	ompensation):			\$	0
13.2	Does any reinsurance contract considered in the calcreinstatement 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 reinsur	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 describ contracts?					Yes [	] No [ ]
14.4	If the answer to 14.3 is no, are all the methods descr	ibed in 14.2 entirely con	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 from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:				
	17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance	\$			
	17.12 Unfunded portion of Interrogatory 17.11	\$			0
	17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$			(
	17.14 Case reserves portion of Interrogatory 17.11				
	17.15 Incurred but not reported portion of Interrogatory 17.11	\$			
	17.16 Unearned premium portion of Interrogatory 17.11	\$			
	17.17 Contingent commission portion of Interrogatory 17.11	\$			
18.1	Do you act as a custodian for health savings accounts?				
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$			(
18.3	Do you act as an administrator for health savings accounts?	Yes [	]	No [ )	( )
18.4	If yes, please provide the balance of funds administered as of the reporting date.	\$			(
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [	Х ]	No [	]
19.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [	1	No [	1

## **FIVE-YEAR HISTORICAL DATA**

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

	Show amounts in whole o					
	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,					
	- , - , - , - , - , - , - , - , - , - ,		104,390,321		95,837,024	75,652,194
2.	., ., , , , , , , , , , , , , , , , , ,	39,042,141	32,461,837	31,859,516	31,477,894	24,012,429
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	22,919,220	21,246,359	23,315,231	20,381,279	22,838,517
	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)	1/2,420,788	158,098,517	162,483,527	147,696,197	122,503,140
7. 8.	Net Premiums Written (Page 8, Part 1B, Col. 6) 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) Property lines (Lines 1, 2, 9, 12, 21 & 26)	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	Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14.	Net investment gain or (loss) (Line 11)	1,593,537	1,477,214		, , .	1,754,111
15.	Total other income (Line 15)	0	0		0	0
16.	Dividends to policyholders (Line 17)	0	0	0	0	0
17.	Federal and foreign income taxes incurred (Line 19)		283, 154	336,668	371,023	596,313
18.	Net income (Line 20)	1,369,667	1,194,060	1,299,032	1,405,114	1, 157, 798
19.	Balance Sheet Lines (Pages 2 and 3)  Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	54,457,807	55,807,216	54,027,211	51,850,724	56,856,072
20.	Premiums and considerations (Page 2, Col. 3)					•
	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	0
	,	0	0	0	0	0
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	263,640	5,682 0	405,434	1,096,150	10,785,653
22. 23.	Loss adjustment expenses (Page 3, Line 3)		0		۰	٥٠
23. 24.	Unearned premiums (Page 3, Line 9)	n	0	0	0	0
2 <del>4</del> . 25.	Capital paid up (Page 3, Line 3)	5 000 000		5,000,000		
26.	Surplus as regards policyholders (Page 3, Line 37)	54 194 167	55 801 534			
20.	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	2 922 398	469 761	(179, 777)	(5 390 639)	5 500 639
	Risk-Based Capital Analysis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
28.	Total adjusted capital	54, 194, 167	55,801,534	53,621,777	50,754,574	46,070,419
29.	Authorized control level risk-based capital  Percentage Distribution of Cash, Cash		226,406		334,367	
20	Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0	07.4	99.0	05.2	00.0	99.2
30. 31.	Bonds (Line 1)		99.0			99.2
31. 32.	Mortgage loans on real estate (Lines 3.1 and 3.2)	n n		0.0		0.0
32. 33.	Real estate (Lines 4.1, 4.2 & 4.3)	n n	n n	0.0		0.0
34.	Cash, cash equivalents and short-term investments (Line 5)					0.8
35.	Contract loans (Line 6)	n n	0.0			0.0
36.	Derivatives (Line 7)	0.0				0.0
37.	Other invested assets (Line 8)	0.0	0.0			0.0
38.	Receivables for securities (Line 9)	0.0	0.0	0.0		0.0
39.	Securities lending reinvested collateral assets (Line 10)	0.0				
40. 41.	Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
	12) Investments in Parent, Subsidiaries and	100.0	100.0	100.0	100.0	100.0
42.	Affiliates Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)	0	0	0	0	0
43.	Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)			0		
44.	Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46.	Affiliated mortgage loans on real estate	0	0	0	0	0
47.	All other affiliated	0	0	0	0	0
48.	Total of above Lines 42 to 47	0	0	0	0	0
49.	Total Investment in Parent included in Lines 42 to 47 above				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)

			ntinued)			
		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
52.	Dividends to stockholders (Line 35)	(2,000,000)	0	0	0	(2,100,000)
53.	Change in surplus as regards policyholders for the year (Line 38)	(1,607,367)	2,179,757	2,867,203	4,684,155	(1,625,865)
	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)	29,988,435	32,042,678	42,282,982	33, 159, 059	27,363,404
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	14,881,471	8,720,614	16 , 182 , 127	14,563,441	13,113,511
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	7,998,824	8,136,241	11,071,343	6,741,840	13,540,024
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)	52,868,730	48,899,533	69,536,452	54,464,340	54,016,939
	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	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	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	0.0	0.0	0.0	0.0
68.	Loss expenses incurred (Line 3)	0.0	0.0	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)	0.0	0.0	0.0	0.0	0.0
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule	0	0	0	0	0
75.	P - Part 2 - Summary, Line 12, Col. 11)  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)					
	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
77.		0.0	0.0	0.0	0.0	0.0

OTE:	If a north, to a margar, have the two most recent.	sara of this subjbit has a root	atad dua ta a margar in	compliance with the disclosure				
	If a party to a merger, have the two most recent y			compliance with the disclosure				
	requirements of SSAP No. 3, Accounting Chang	es and Correction of Errors?			Yes [	] No	0 [	]
	If no, please explain:							

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

(\$000 OMITTED)

		Pro	emiums Earne	ed		(400	Los	s and Loss Ex	oense Pavme	ents			12
Υe	ears in	1	2	3				and Cost	Adjusting		10	11	
V	Vhich				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premi	ums Were				4	5	6	7	8	9	]	Total Net	Claims
Earned and											Salvage and		Reported
	Losses Were Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and	
Inc	Incurred Assumed Ceded Net (1 - 2		Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed	
1.	Prior	XXX	XXX	XXX	2,037	2,037	550	550	356	356	0	0	XXX
2.	2012	51 , 133	51 , 133	0	33,476	33,476	10,345	10,345	1 , 195	1, 195	0	0	XXX
3.	2013	63,808	63,808	0	44,021	44,021	9,010	9,010	1,716	1,716	0	0	XXX
4.	2014	76 , 145	76 , 145	0	33,829	33,829	12,403	12,403	2,632	2,632	0	0	XXX
5.	2015	100,651	100,651	0	48,501	48,501	15,681	15,681	3, 181	3, 181	0	0	XXX
6.	2016	111,764	111,764	0	36,454	36,454	11,499	11,499	3,798	3,798	0	0	XXX
7.	2017	117,763	117,763	0	42,784	42,784	11,527	11,527	4,357	4,357	0	0	XXX
8.	2018	135,607	135,607	0	39,457	39,457	11,623	11,623	3,224	3,224	0	0	XXX
9.	2019	157,063	157,063	0	38,388	38,388	9,889	9,889	3,241	3,241	0	0	XXX
10.	2020	153,958	153,958	0	20,207	20,207	4 , 182	4 , 182	2,937	2,937	0	0	xxx
11.	2021	166,485	166,485	0	14,986	14,986	1,291	1,291	2,163	2,163	0	0	XXX
12.	Totals	XXX	XXX	XXX	354,140	354,140	98,000	98,000	28,798	28,798	0	0	XXX

												23	24	25
		Casa	Losses Basis	Unpaid Bulk +	IRND	Defense and Cost Containment Unpaid Case Basis Bulk + 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	7,607	7,607	1,232	1,232	1,016	1,016	440	440	1	1	0	0	XXX
2.	2012	8,591	8,591	674	674	460	460	135	135	2	2	0	0	xxx
3.	2013	2,010	2,010	1,064	1,064	257	257	206	206	96	96	0	0	XXX
4.	2014	844	844	827	827	202	202	298	298	62	62	0	0	XXX
5.	2015	1,387	1,387	1,497	1,497	242	242	860	860	112	112	0	0	XXX
6.	2016	4 , 190	4 , 190	527	527	394	394	1,374	1,374	109	109	0	0	XXX
7.	2017	10,557	10,557	2,664	2,664	1,687	1,687	3,223	3,223	356	356	0	0	XXX
8.	2018	10,893	10,893	5,008	5,008	2,112	2,112	5,364	5,364	481	481	0	0	XXX
9.	2019	28 , 164	28,164	12,847	12,847	4,769	4,769	12,642	12,642	1, 159	1, 159	0	0	XXX
10.	2020	15,618	15,618	21,297	21,297	3,529	3,529	16,612	16,612	1,785	1,785	0	0	XXX
11.	2021	23,496	23,496	37,304	37,304	3,162	3,162	24,583	24,583	5,708	5,708	0	0	XXX
12.	Totals	113,358	113,358	84,942	84,942	17,829	17,829	65,737	65,737	9,872	9,872	0	0	XXX

			T.1.1					ı		0.4	Note	011
		Longon on	Total d Loss Expense	a lacurrod		oss Expense F d /Premiums E		Nontabula	r Diagount	34	Net Balar Reserves At	nce Sheet
		26	27	28	29	30	31	32	33	Inter-	35	36
		20	21	20	29	30	31	32	33	Company	35	30
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
<b>†</b>		7100011100									Oripaid	Oripaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2012	54,879	54,879	0	107.3	107.3	0.0	0	0	0.0	0	0
3.	2013	58,380	58,380	0	91.5	91.5	0.0	0	0	0.0	0	0
4.	2014	51,097	51,097	0	67.1	67.1	0.0	0	0	0.0	0	0
5.	2015	71,460	71,460	0	71.0	71.0	0.0	0	0	0.0	0	0
6.	2016	58,345	58,345	0	52.2	52.2	0.0	0	0	0.0	0	0
7.	2017	77 , 153	77 , 153	0	65.5	65.5	0.0	0	0	0.0	0	0
8.	2018	78, 161	78 , 161	0	57.6	57.6	0.0			0.0	0	0
9.	2019	111, 100	111, 100	0	70.7	70.7	0.0	0	0	0.0	0	0
10.	2020	86 , 167	86 , 167	0	56.0	56.0	0.0	0	0	0.0	0	0
11.	2021	112,692	112,692	0	67.7	67.7	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

NONE

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

	•		перо	<b></b> ' -	Allocated b	II UF I v States and ∃	Cerritories	SIVIC VI	KIIIEI	•	
			1	Policy and Mer Less Return F	ıms, Including nbership Fees,	4 Dividends	5	6	7	8	9 Direct Premiums Written for
			Active	2 Direct	3 Direct	Paid or Credited to Policyholders	Direct Losses Paid	Direct	Direct	Finance and Service Charges Not	Federal Purchasing Groups
	States, Etc.		Status (a)	Premiums Written	Premiums Earned	on Direct Business	(Deducting Salvage)	Losses Incurred	Losses Unpaid	Included in Premiums	(Included in Column 2)
1.	Alabama	AL	E	1,782,522	1,848,454	0	345,850	187, 135	1,823,035	0	0
2.	Alaska		E	549,422	530 , 178	0	222,275	373,000	657,272	0	0
3.	Arizona		<u>E</u>		2,535,925	0	(1,022,427)	367,724	2,991,536	0	0
4.	Arkansas		E	638,644	606,394	0	39,519 12,198,281	40,975	239,352	0	0
5. 6.	Colorado		E E	25,003,117 4,101,850	22,635,316 3,927,498	0	12, 198, 281	20,632,159	35,305,725	0	0 n
7.	Connecticut		E		2,847,538	0	805,025	697,983	3,981,426	0	0
8.		DE	D.		279,858	0	7,688	22,226	168,642	0	0
9.	District of Columbia		E	834,038	833,285	0	1,316,688	834,298	504,866	0	0
	Florida	. –	<u>E</u>	15,033,900	13,303,075	0	4,505,750	11,327,924	21,677,826	0	0
11.	Georgia		E		5,253,263	0	1,776,933	2,466,140	4,379,473	6	0
12. 13.	HawaiiIdaho		EE	904,764	1,069,882 1,042,662	0	31,844 23.225	502,868	1,620,122	0	0
14.	Illinois		E		5,296,751	0	1, 103,819	4,599,920	7,518,993	0	0
15.	Indiana		E		2,190,780	0	74,315	389,708	1,644,045	0	0
16.	lowa	IA	Е	1,061,625	1,032,010	0	4,609,150	8,943,747	4,839,690	0	0
17.	Kansas		E		428,720	0	223,238	204 , 175	212,634	0	0
18.	Kentucky		<u>E</u>		782,560	0	3,418	202,207	866,815	0	0
19.	Louisiana		E	3,136,351	3,240,052	0	1,146,799	2,781,641	5,443,735	0	0
20. 21.	Maine Maryland		ЕЕ.	1, 195, 475 2, 025, 433	940,393 1,987,489	0	55 , 770 358 , 109	(184,281) 427,378	446,342	0	0
	Massachusetts		E		5,858,906	0	494 , 861	1,163,776	7,630,667	0	0
23.	Michigan		E		5,095,961	0	367,390	1,008,125	3,368,864	0	0
24.	Minnesota	MN	E	3,213,445	2,915,676	0	399, 160	317,688	2,344,832	0	0
25.	Mississippi		E	1,120,159	975 , 128	0	334 , 228	431,763	730,394	0	0
26.	Missouri		<u>E</u>	, ,	1,702,538	0	541,057	800,405	1,229,185	0	0
27.	Montana		E		886,239	0	30,810	113,058	307,901	0	0
28. 29.	Nebraska Nevada	—	E		468,362 1,293,291	0	37,097 311,551	29,799 195,043	333,107	0	0 0
30.	New Hampshire		E		1,604,608	0	259,931	373,784	912,862	0	0
31.	New Jersey		E		6,910,114	0	1,057,071	3,387,057	7,275,523	0	0
32.	New Mexico	-	E		823,450	0	467,926	591,975	831,653	0	0
	New York		E	, ,	17,612,187	0	3,596,573	8,534,930	23,534,703	0	0
	North Carolina		E	1,834,980	2, 105, 293	0	236,333	191,448	1,802,605	6	0
35.	North Dakota	–	<u>E</u>	478,917	485,587	0	27,226	76,786	354,324	0	0
36. 37.	Ohio		Е Е		4, 181,833 685,728	0	754,538 505,482	518,836 1,072,555	2,667,753 898,490	0	0 0
38.	Oregon		E	3, 112, 165	2,995,972	0		556,166	2,286,093	0	٠
39.	Pennsylvania	-	E	7,864,843	7,141,531	0	2,590,563	3,548,220	9,264,630	0	0
40.	Rhode Island		E	1,277,062	1,383,543	0	718,987	686,127	2,092,495	0	0
41.	South Carolina	SC	E	1,446,030	1,470,443	0	3,251,946	4,357,853	2,586,846	0	0
42.	South Dakota	SD	E	399 , 150	387,040	0	166,676	115,029	170,225	0	0
43.	Tennessee		<u>E</u>	2,628,676	2,979,784	0	129,774	1,099,808	5,018,000	0	0
44.	Texas		E	11,812,632	11,028,813	0	2,504,950	5, 175, 325	11,461,356	0	0
45. 46.	Utah	• .	E E	1,726,657 1,205,578	1,484,846 1,007,014	0	579,483 314,370	676,533	667,531	0	0
47.	Virginia		E	3,951,337	3,726,674	0	115,717	1, 185,940	2,382,805	6	n
48.	Washington		Ē	3,952,926	3,771,499	0	447,645	1,663,406	2,882,555	0	0
49.	West Virginia	WV	E	1, 178, 893	1,016,572	0	343, 120	556,095	704,694	0	0
50.	Wisconsin	• • •	E	1,847,900	1,762,723	0	88,407	509,583	3, 177, 032	0	0
51.	Wyoming		E	120,955	111,394	0	30,257	59,380	889,278	0	0
52.	American Samoa		NN.	0	0	0	0	0	0	0	0
53. 54.	Guam Puerto Rico		N N	0	0	0	0 0	0	0 0	0	0
5 <del>4</del> .	U.S. Virgin Islands		NN.	0	0	0	0	0	0	0	0 n
	Northern Mariana	-		_							
	Islands		N.	0	0	0	0	0	0	0	0
	Canada Aggregate other alien	-	N	0 0	0	0	0	0 0	0 0	0	0 ^
	Totals	υı	XXX	172,420,786	166,484,832	0	52,868,811	98,117,252	198,299,554	18	0
	DETAILS OF WRITE-IN	IS	///X	1,2,720,700	100, 101,002	3	JE,000,011	00,111,404	100,200,004	10	U
58001.			XXX								
58002.			XXX								
58003.			XXX		ļ						
58998.	Summary of remaining write-ins for Line 58 fro overflow page	om	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thro 58003 plus 58998)(Line above)		XXX	0	0	0	0	0	0	0	0
(-) A - C	/e Status Counts:		^^^	J		U	U	U	U		

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.... .....0 R - Registered - Non-domiciled RRGs.... E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).  ${\bf Q}$  - Qualified - Qualified or accredited reinsurer. .......0 ...50 N - None of the above - Not allowed to write D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus

business in the state ...

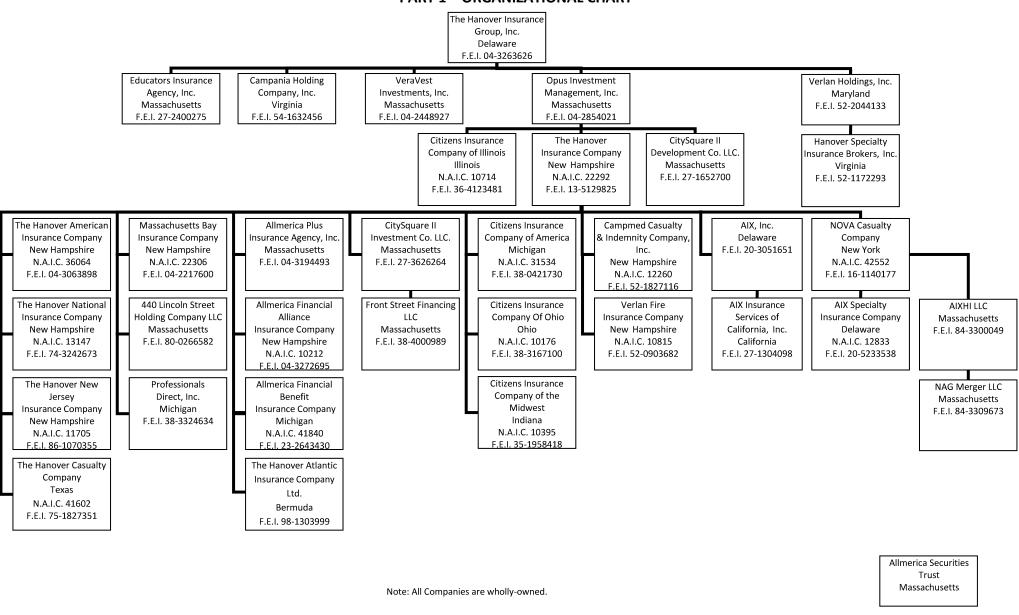
lines in the state of domicile...

<sup>(</sup>b) Explanation of basis of allocation of premiums by states, etc.

Premiums for Auto liability and physical damage are allocated to states based on principal garage. Premiums for Marine are allocated to those states where the insured is located.

All other premiums are allocated to those states where the insured risks are located.

# 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 AIX SPECIALTY INSURANCE COMPANY OVERFLOW PAGE FOR WRITE-INS

# NONE