

75-1827351

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

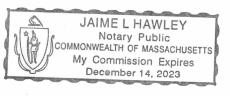
NAIC Group Code

# **ANNUAL STATEMENT**

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

Organized under the Laws of Country of Domicile	Texa		State of Domicile or Port of En	ryTX	
Incorporated/Organized	02/03/1982		Commenced Business	02/22/1982	
Statutory Home Office5	910 North Central Expres	sway, Suite 300 ,		Dallas, TX, US 75206-1108	
	(Street and Nun	nber)	(City or	Town, State, Country and Zip Code)	
Main Administrative Office		440 Lincoli			
Worceste	er, MA, US 01653-0002	(Street and	Number)	508-853-7200	
(City or Town,	State, Country and Zip Co	de)	(Ar	ea Code) (Telephone Number)	
Mail Address	440 Lincoln Street			orcester, MA, US 01653-0002	
(:	Street and Number or P.O	. Box)	(City or	Town, State, Country and Zip Code)	
Primary Location of Books and Recor	ds	440 Linco			
Worceste	er, MA, US 01653-0002	(Street and	Number)	508-853-7200-8557928	
(City or Town,	State, Country and Zip Co	de)	(Ar	ea Code) (Telephone Number)	
Internet Website Address		WWW.HANC	VER.COM		
Statutory Statement Contact	Dennis M	. Hazelwood		508-853-7200-8557928	
	(N	lame)	·	(Area Code) (Telephone Number)	
	/OOD@HANOVER.COM E-mail Address)			508-853-6332 (FAX Number)	
,				(17511111111111111111111111111111111111	
Descriptions	Jaha Caasaa	OFFIC		Notes in the second of the second	
President Senior Vice President &	John Conner I	Rocne \	Vice President & Treasurer	Nathaniel William Clarkin #	
Secretary	Charles Frederic	k Cronin	_		
Jeffrey Mark Farber, Executive Vid Willard Ty-Lunn Lee #, Executive Mark Joseph Welzenbach, Execu	ce President & CFO ve Vice President	OTHI Dennis Francis Kerrigan Jr., Go Denise Maureen Lowsley,	Executive Vice President &	Richard William Lavey, Executive Vice President Bryan James Salvatore, Executive Vice Presiden	
		DIDECTORS OF			
Warren Ellison Ba		DIRECTORS OF Jeffrey Ma		Lindsay France Greenfield #	
Dennis Francis Kerri Denise Maureen Lo		Richard Wil John Conn		Willard Ty-Lunn Lee # Bryan James Salvatore	
		331111 331111	-	Bryan barries darvatore	
State of Mass	sachusetts	— ss			
County of W	orcester				
all of the herein described assets we statement, together with related exhib condition and affairs of the said report in accordance with the NAIC Annual rules or regulations require differences processes. Furthermore, the scope	ere the absolute property of the schedules and explan- ting entity as of the reportic Statement Instructions and ces in reporting not related of this attestation by the	of the said reporting entity, ations therein contained, an ng period stated above, and d Accounting Practices and ted to accounting practices described officers also incli	free and clear from any liens nexed or referred to, is a full at a for its income and deductions. I Procedures manual except to a and procedures, according udes the related correspondingment. The electronic filling may erick Cronin	rting entity, and that on the reporting period stated abor claims thereon, except as herein stated, and that did true statement of all the assets and liabilities and otherefrom for the period ended, and have been complete extent that: (1) state law may differ; or, (2) that to the best of their information, knowledge and be electronic filing with the NAIC, when required, that the requested by various regulators in lieu of or in additional contents.  Nathan William Clarkin Vice President & Treasurer	t this of the leted state elief, is an
Subscribed and sworn to before me the 2nd day of	nis February	1, 2022	a. Is this an original filing b. If no,  1. State the amendme 2. Date filed	nt number	





	ASSETS						
			Current Year		Prior Year 4		
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets		
1.	Bonds (Schedule D)		0	8.283.648	8,986,541		
2.	Stocks (Schedule D):						
2.	2.1 Preferred stocks	0	0	0	0		
	2.2 Common stocks		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 \$						
	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 (\$520,533 , Schedule E - Part 1), cash equivalents						
	(\$0 , Schedule E - Part 2) and short-term						
	investments (\$0 , Schedule DA)				474,306		
6.	Contract loans (including \$0 premium notes)				0		
7.	Derivatives (Schedule DB)		0		0		
8.	Other invested assets (Schedule BA)		0		0		
9.	Receivable for securities				0		
10.	Securities lending reinvested collateral assets (Schedule DL)				0		
11.	Aggregate write-ins for invested assets				0		
12.	Subtotals, cash and invested assets (Lines 1 to 11)	8,804,181	0	8,804,181	9,460,847		
13.	Title plants less \$	0	0		0		
14.	Investment income due and accrued			49,394			
15.	Premiums and considerations:	9,004					
13.	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	0		
16.	Reinsurance:						
	16.1 Amounts recoverable from reinsurers	0	0	0	0		
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0		
	16.3 Other amounts receivable under reinsurance contracts	0	0	0	0		
17.	Amounts receivable relating to uninsured plans			0	0		
18.1	Current federal and foreign income tax recoverable and interest thereon			709	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	0	0	0	0		
21.	Furniture and equipment, including health care delivery assets						
	(\$				0		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0		
23.	Receivables from parent, subsidiaries and affiliates		0	0	 n		
24. 25.	Health care (\$0 ) and other amounts receivable	0	0	0	U		
25. 26.	Total assets excluding Separate Accounts, Segregated Accounts and	0	0				
20.	Protected Cell Accounts (Lines 12 to 25)	8,854,284	0	8,854,284	9,517,938		
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0		
28.	Total (Lines 26 and 27)	8,854,284	0	8,854,284	9,517,938		
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	ļ0 ļ.	0		
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0		
2501.							
2502.							
2503.							
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0		
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0		

# **LIABILITIES, SURPLUS AND OTHER FUNDS**

		Current Year	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)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1			
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$0 and accrued accident and		
	health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health		
	Service Act)	0	0
10.	Advance premium	0	0
11.	Dividends declared and unpaid:		
	11.1 Stockholders	0	0
	11.2 Policyholders		
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		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
23. 24.	Capital notes \$		
2 <del>4</del> . 25.	Aggregate write-ins for liabilities	0	0
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
26.			12,404
27.	Protected cell liabilities		40.404
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	3,835,868	4,505,534
36.	Less treasury stock, at cost:		
	36.1		
	36.20 shares preferred (value included in Line 31 \$		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	8,835,868	
38.	TOTALS (Page 2, Line 28, Col. 3)	8,854,284	9,517,938
	DETAILS OF WRITE-INS		
2501.			
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.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201.		0	0
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
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	FIIOI Teal
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	004.075	000 470
9. 10.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains or (losses) less capital gains tax of \$	264,975	290 , 179
10.	Gains (Losses) )	18,083	(1,625)
11.	Net investment gain (loss) (Lines 9 + 10)		288,554
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered		
	\$		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	U	
	(Lines 8 + 11 + 15)	283,058	288,554
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)	283,058	288,554
19.	Federal and foreign income taxes incurred	45,452	57,761
20.	Net income (Line 18 minus Line 19)(to Line 22)	237,606	230,793
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		
22.	Net transfers (to) from Protected Cell accounts		
23. 24.	Net transfers (to) from Protected Cell accounts		
25.	Change in net unrealized foreign exchange capital gain (loss)		0
26.	Change in net deferred income tax		(1,650)
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		
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	٥
	33.1 Paid in	0	0
	33.3 Transferred from capital	0	0
34.	Net remittances from or (to) Home Office		0
35.	Dividends to stockholders		(1,000,000)
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		0
37.	Aggregate write-ins for gains and losses in surplus	(660, 667)	(770.057)
38. 39.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(669,667) 8,835,868	(770,857) 9,505,534
39.	DETAILS OF WRITE-INS	0,000,000	9,303,334
0501.			
0502.			
0503.			
0598.	• • • •	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401. 1402.			
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.			
3702.			
3703.	Cummany of romaining write ing for Line 27 from everylow nage.		^
3798. 3799.	Summary of remaining write-ins for Line 37 from overflow page	0	0
5,00.	. State (Emiles 57 of this of the protest of the protest	υŢ	

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# **CASH FLOW**

		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		0
2.	Net investment income		299,442
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	266,896	299,442
5.	Benefit and loss related payments	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	0	0
8.	Dividends paid to policyholders		0
9.	Federal and foreign income taxes paid (recovered) net of \$		58,000
10.	Total (Lines 5 through 9)		58,000
11.	Net cash from operations (Line 4 minus Line 10)	,	241,442
11.	Net cash from operations (Line 4 minus Line 10)	210,090	241,442
	Oash form lawreter ante		
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	4 000 770	4 044 000
	12.1 Bonds		, ,
	12.2 Stocks		(
	12.3 Mortgage loans	0	(
	12.4 Real estate	0	(
	12.5 Other invested assets	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(
	12.7 Miscellaneous proceeds	0	(
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,362,778	1,844,66
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	1,242,727	808,728
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	
	13.4 Real estate	0	
	13.5 Other invested assets	0	(
	13.6 Miscellaneous applications		(
	13.7 Total investments acquired (Lines 13.1 to 13.6)		808,728
14.	Net increase (decrease) in contract loans and premium notes		(
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	120,031	1,035,934
	Oach from Figure and Missallanesses Courses		
40	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):	0	
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
	16.5 Dividends to stockholders	284,794	1,000,000
	16.6 Other cash provided (applied)	74	3
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(284,720)	(999,964
	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)	46,227	277,412
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	474,306	196,89
	19.2 End of period (Line 18 plus Line 19.1)	520,533	474,300
	upplemental disclosures of cash flow information for non-cash transactions:  1. Bonds sold in settlement of intercompany dividend	(613,273)	0
	2. Accrued interest on bonds sold in settlement of intercompany dividend		(

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

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

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

		1	Reinsurand	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	338,293	0	0	338,293	0	0
2.	Allied lines	1,935,185	0	0	1,935,185	0	0
3.	Farmowners multiple peril				0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0
5.	Commercial multiple peril	47,348,781	0	0	47,348,781	0	0
6.	Mortgage guaranty	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0
9.	Inland marine	23,875	0	0	23,875	0	0
10.	Financial guaranty	0	0	0	0	0	0
11.1	Medical professional liability -						
11.2	occurrence				0		0
	claims-made	0	0	0	0	0	0
12.	Earthquake	277,539	0	0	277,539	0	0
13.	Group accident and health	0	0	0	0	0	0
14.	Credit accident and health (group and individual)	0	0	0	0	0	0
15.	Other accident and health	0	0	0	0	0	0
16.	Workers' compensation	1,009,259	0	0	1,009,259	0	0
17.1	Other liability - occurrence	596,892	0	0	596,892	0	0
17.2	Other liability - claims-made	104,362	0	0	104,362	0	0
17.3	Excess workers' compensation	0	0	0	0		0
18.1	Products liability - occurrence			0	374,644		0
18.2	Products liability - claims-made		0		0	0	0
19.1, 19.2	Private passenger auto liability				0	0	0
19.3. 19.4	Commercial auto liability				711,982	0	0
21.	Auto physical damage		0	0	151,283	0	0
22.	Aircraft (all perils)		0	0	0	0	0
	Fidelity		•		0	0	0
23.	Surety		0	0	0		
24.			0	0	0		0
26.	Burglary and theft				6,402		
27.	Boiler and machinery	´ _	0	0	152,614	0	0
28.	Credit	0	0	0	0	0	0
29.	International		0	<u> </u> 0	0	0	J0
30.	Warranty	0	0	0	0	0	J0
31.	Reinsurance - nonproportional assumed property	xxx	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability	xxx	0	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines	xxx	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	53,031,111	0	0	53,031,111	0	0
	DETAILS OF WRITE-INS						
3401.							
3402.							
3403.							
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 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	enorted on an annualized basis \$	(

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

3. Farm 4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work	ed lines mowners multiple peril meowners multiple peril mercial multiple peril rtgage guaranty ean marine und marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	1  Direct Business  314,918  3,006,259  0  0  44,012,388  0  0  9,293	Losses Paid L   2	3  Reinsurance Recovered314,9183,006,25900044,012,388	4  Net Payments (Cols. 1 + 2 -3)	5  Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year  0 0 0 0	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
2. Allied 3. Farm 4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	ed lines	Direct Business 314,918 3,006,259 0 0 44,012,388 0 0 0 9,293	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3)	Current Year (Part 2A , Col. 8)	Prior Year	Current Year (Cols. 4 + 5 - 6)	Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1) 0.0 0.0 0.0
2. Allied 3. Farm 4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	ed lines	314,918 3,006,259 0 0 44,012,388 0 0 9,293	0	314,918 3,006,259 0 0 44,012,388	0 0 0 0	0 0 0 0	0 0 0	, ,	0.0 0.0 0.0
2. Allied 3. Farm 4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	ed lines mowners multiple peril meowners multiple peril mercial multiple peril rtgage guaranty ean marine und marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	3,006,259 0 0 0 44,012,388 0 0 0 9,293		3,006,259 0 0 44,012,388	0 0 0 0	0 0 0	0 0 0	0 0	0.0
3. Farm 4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work	mowners multiple peril meowners multiple peril mmercial multiple peril rtgage guaranty ean marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0	0	0	0	0 0	0.0
4. Hom 5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	meowners multiple peril mmercial multiple peril rtgage guaranty ean marine and marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	0	0 0 0 0	0 44,012,388 0	0	0		 n	
5. Com 6. Morte 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work	mmercial multiple peril rtgage guaranty ean marine und marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake		0 0 0 0	44,012,388 0	0			(1)	
6. Morty 8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work	rtgage guaranty		0 0 0	0		0			0.0
8. Ocea 9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	ean marine Ind marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	9,293 0	0					0	0.0
9. Inlan 10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work	ind marine ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	9,293	0		0	0	0	0	0.0
10. Finar 11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	ancial guaranty dical professional liability - occurrence dical professional liability - claims-made thquake	0		0	0	0	0	0	0.0
11.1 Medi 11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	dical professional liability - occurrence dical professional liability - claims-made thquake		•	9,293	0	0	0	0	0.0
11.2 Medi 12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	dical professional liability - claims-made	()	0	0	0	0	0	0	0.0
12. Earth 13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	thquake	·············	0	0	0	0	0	0	0.0
13. Grou 14. Cred 15. Othe 16. Work 17.1 Othe	!	0	0	0	0	0	0	0	0.0
14. Cred 15. Othe 16. Work 17.1 Othe		0	0	0	0	0	0	0	0.0
15. Othe 16. Work 17.1 Othe	oup accident and health	0	0	0	0	0	0	0	0.0
16. Work 17.1 Othe	dit accident and health (group and individual)	0	0	0	0	0	0	0	0.0
17.1 Othe	er accident and health	0	0	0	0	0	0	0	0.0
	rkers' compensation	275,825	0	275,825	0	0	0	0	0.0
17.2 Othe	er liability - occurrence	390,080	0	390,080	0	0	0	0	0.0
	er liability - claims-made	0	0	0	0	0	0	0	0.0
	ess workers' compensation	0	0	0	0	0	0	0	0.0
	ducts liability - occurrence	0	0	0	0	0	0	0	0.0
18.2 Prod	ducts liability - claims-made	0	0	0	0	0	0	0	0.0
19.1, 19.2 Priva	/ate passenger auto liability	0	0	0	0	0	0	0	0.0
19.3, 19.4 Com	mmercial auto liability	71,247	0	71,247	0	0	0	0	0.0
21. Auto	o physical damage	130,885	0	130,885	0	0	0	0	0.0
22. Aircra	craft (all perils)	0	0	0	0	0	0	0	0.0
23. Fidel	elity	0	0	0	0	0	0	0	0.0
24. Sure	rety	0	0	0	0	0	0	0	0.0
26. Burg	glary and theft	0	0	0	0	0	0	0	0.0
27. Boile	ler and machinery	0	0	0	0	0	0	0	0.0
28. Cred	dit	0	0	0	0	0	0	0	0.0
29. Interi	ernational	0	0	0	0	0	0	0	0.0
	rranty	0	0	0	0	0	0	0	0.0
	nsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
	nsurance - nonproportional assumed liability	XXX	0	0	0	0	0	0	0.0
	nsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
	gregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
	TALS	48,210,895	0	48,210,895	0	0	0	0	
	TAILS OF WRITE-INS	,=,	-	-,,-00					
3401									
3402									
3403									
	mmary of remaining write-ins for Line 34 from overflow page	0	0	0	0	1		-	
3499. Total	mmary of remaining write-ing for Line 34 from overflow page					0	0	0	0.0

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

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES Reported Losses Incurred But Not Reported 8						9				
		1	2	3	4	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustmei Expenses
1.	Fire	1,175,000	0		0	·····	0	279,772	0	
2.	Allied lines	2,213,720	0	2,213,720	0	490,890	0	490,890	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	33,648,634	0	33,648,634	0	19,264,954	0	19,264,954	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	0	0	0	1,676	0	1,676	0	
10.	Financial guaranty	0	0	0	0	0	0	0	0	
11.1	Medical professional liability - occurrence	0	0	0	0	0	0	0	0	
11.2	Medical professional liability - claims-made	0	0	0	0	0	0	0	0	
12.	Earthquake	0	0	0	0	2,847	0	2,847		
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		
16.	Workers' compensation	6,035,820	0	6,035,820	0	691,342	0	691,342		
17.1	Other liability - occurrence	248,174	0	248 , 174	0	507,647	0	507,647		
17.2	Other liability - claims-made	125,001	0	125,001	0	(15,876)	0	(15,876	00	
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	
18.1	Products liability - occurrence	314,000	0	314,000	0	503,815	0	503,815	0	
18.2	Products liability - claims-made	0	0	0	0	0	0	0	0	
9.1, 19.2	Private passenger auto liability	0	0	0	0	0	0	0	0	
9.3, 19.4	Commercial auto liability	193,500	0	193,500	0	289 , 127	0	289 , 127		
21.	Auto physical damage	7,000	0	7,000	0	5,392	0	5,392	0	
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	
23.	Fidelity	0	0	0	0	0	0	0	0	
24.	Surety	0	0	0	0	0	0	0	0	
26.	Burglary and theft	0	0	0	0	990	0	990	0	
27.	Boiler and machinery	0	0	0	0	0	0	0	0	
28.	Credit	0	0	0	0	0	0	0	0	
29.	International	0	0	0	0	0	0	0	0	
30.	Warranty	0	0	0	0	0	0	0	0	
31.	Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX	0	0	0	
32.	Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	0	0	0	
33.	Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	
34.	Aggregate write-ins for other lines of business		0	0	0	0	0	0	0	
35.	TOTALS	43,960,849	0	43,960,849	0	22,022,576	0	22,022,576	0	
	DETAILS OF WRITE-INS							•		
3401.										
3402.										
3403.										
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	

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

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:	•			
	1.1 Direct	7,413,012		0	7,413,012
	1.2 Reinsurance assumed	0	0	0	
	1.3 Reinsurance ceded		0	0	· · · · · · · · · · · · · · · · · · ·
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	0	0	0	
2.	Commission and brokerage:				
	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	0	1,391,150	0	1,391,150
	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  Surveys and underwriting reports				
6.			0		
7.	Audit of assureds' records	0		0	
8.	Salary and related items:  8.1 Salaries	0		5 440	5 440
	8.2 Payroll taxes		0		
9.	Employee relations and welfare				
9. 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		.0		
17.	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing	0	0	75	
19.	Totals (Lines 3 to 18)	0	0	7,990	7,990
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0	0	0	0	
	20.2 Insurance department licenses and fees	0	0	0	
	20.3 Gross guaranty association assessments			0	
	20.4 All other (excluding federal and foreign income and real estate)	0	0	0	O
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	0	0	
21.	Real estate expenses	0	0	0	0
22.	Real estate taxes	0	0	0	0
23.	Reimbursements by uninsured plans	0	0	0	0
24.	Aggregate write-ins for miscellaneous expenses	0	0	2,592	2,592
25.	Total expenses incurred	0	0	10,582	(a)10,582
26.	Less unpaid expenses - current year	0	0	0	0
27.	Add unpaid expenses - prior year	0	0	0	
28.	Amounts receivable relating to uninsured plans, prior year	0	0	0	
29.	Amounts receivable relating to uninsured plans, current year	0	0	0	(
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	10,582	10,582
	DETAILS OF WRITE-INS				
2401.	Outside Data Processing		0	2,142	2,142
2402.	Miscellaneous	0	0	450	450
2403.					
2498.	Summary of remaining write-ins for Line 24 from overflow page	0	0	0	ļ
2499.	Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	2,592	2,592

# **EXHIBIT OF NET INVESTMENT INCOME**

		1	2
			ar Earned During Year
1.	U.S. Government bonds	(a)66,38	65,145
1.1	Bonds exempt from U.S. tax	(a)	0
1.2	Other bonds (unaffiliated)	(a)216,80	1210,360
1.3	Bonds of affiliates	(a)	0
2.1	Preferred stocks (unaffiliated)	(b)	0
2.11	Preferred stocks of affiliates	(b)	0
2.2	Common stocks (unaffiliated)		0
2.21	Common stocks of affiliates		0
3.	Mortgage loans		0
4.	Real estate	(d)	0
5	Contract loans		
6	Cash, cash equivalents and short-term investments		
7	Derivative instruments		0
8.	Other invested assets		0
9.	Aggregate write-ins for investment income	2	525
10.	Total gross investment income	283,25	
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		
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)		
17.	Net investment income (Line 10 minus Line 16)		264,975
	DETAILS OF WRITE-INS		
0901.	Miscellaneous Investment Income	2	5
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	2	
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0
.000.	Tatala (Emile 1995) and 1999 (Emile 19, deserte)		

(a) Includes \$	10,889	accrual of discount less \$	amortization of premium and less \$	250	paid for accrued interest on purchases.
(b) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$	0	paid for accrued dividends on purchases
(c) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$	0	paid for accrued interest on purchases.
(d) Includes \$	0	for company's occupancy of its own building	s; and excludes \$0	interest on encur	mbrances.
(e) Includes \$	0	accrual of discount less \$0	amortization of premium and less \$	0	paid for accrued interest on purchases.
(f) Includes \$	0	accrual of discount less \$0	amortization of premium.		
	0 I and Separate Acc	investment expenses and \$	.0 investment taxes, licenses and fe	ees, excluding fede	ral income taxes, attributable to
(h) Includes \$	0	interest on surplus notes and \$	0 interest on capital notes.		
(i) Includes \$	0	depreciation on real estate and \$	depreciation on other invest	ted assets	

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		1	2	3	Δ	5
			2		7	
				Total Realized Capital		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	18,959	0	18,959	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	7,630	0	7,630	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)		0	0	0	0
10.	Total capital gains (losses)	26.588	0	26.588	0	0
	DETAILS OF WRITE-INS	,-		, , ,		
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
0000.	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,					
	above)	0	0	0	0	0

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

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

#### A. Accounting Practices

The financial statements of The Hanover Casualty Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Texas Insurance Department.

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

	SSAP#	F/S Page	F/S Line #	2021	2020
NET INCOME	00/11/1/			LULI	2020
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 237,606	\$ 230,793
(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	\$ 237,606	\$ 230,793
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	XXX	\$ 8,835,868	\$ 9,505,534
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	P:		\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) for	rom NAIC SAF	<b>P</b> :		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 8,835,868	\$ 9,505,534

#### 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.
- (3,4) The Company does not own any preferred or common 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

Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

Debt Restructuring

The Company did not have any restructured debt.

Reverse Mortgages

The Company does not own any reverse mortgages.

- Loan-Backed Securities
  - 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.
  - Not applicable
  - The Company had no securities with a recognized other-than-temporary impairment.
  - All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a (4) realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
    - a) The aggregate amount of unrealized losses:

2. 12 Months or Longer

1. Less than 12 Months	\$ -
2. 12 Months or Longer	\$ 5,680
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ _

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

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determining whether a decline in lair value below bookadjusted carrying value is other-infant-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., M., N., O., P.

Not applicable

Prepayment Penalty and Acceleration Fees

	Gene	ral Account	Prote	ected Cell
1. Number of CUSIPs		5		-
2. Aggregate Amount of Investment Income	\$	13,910	\$	-

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

Not applicable

NOTE 8 Derivative Instruments

#### NOTE 9 Income Taxes

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

1		
1		

	As of	End of Current	Period		12/31/2020		Change			
	(1)	(2)	(3) (Col. 1 + 2)	(4)	(5)	(6) (Col. 4 + 5)	(7) (Col. 1 - 4)	(8) (Col. 2 - 5)	(9) (Col. 7 + 8)	
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
(a) Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(f) Deferred Tax Liabilities	\$ -	\$ 17,530	\$ 17,530	\$ -	\$ 10,257	\$ 10,257	\$ -	\$ 7,273	\$ 7,273	
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (17,530)	\$ (17,530)	\$ -	\$ (10,257)	\$ (10,257)	\$ -	\$ (7,273)	\$ (7,273)	

2.

	As of	End of Curren	Period		12/31/2020		Change			
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total	
Admission Calculation Components SSAP No. 101	Graniary	Cupital	Total	Ordinary	Gupitai	Total	Ordinary	Oupitui	Total	
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Adjusted Gross Deferred Tax     Assets Expected to be Realized     Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Adjusted Gross Deferred Tax     Assets Allowed per Limitation     Threshold.	XXX	XXX	\$ 1,328,010	XXX	XXX	\$ 1,427,369	XXX	XXX	\$ (99,359)	
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$	\$ -	\$ -	\$ -	\$ -	s .	s -	\$ -	

3.

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

2021 2020 10633% 30895%

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

\$ 8,835,868 \$ 9,505,534

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

Yes [] No [X]

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

- 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)

(1)		(2)		(3)
As of End of				(Col. 1 - 2)
Current Period		12/31/2020		Change
\$ 45,451	\$	57,761	\$	(12,310)
\$ -	\$	<del></del>	\$	-
\$ 45,451	\$	57,761	\$	(12,310)
\$ 8,505	\$	1,533	\$	6,972
-	\$	-	\$	-
\$ - \$ 53,956	\$	- - -	\$ \$	(F 220)
\$ 53,956	Ъ	59,294	Ъ	(5,338)
\$ -	\$	_	\$	_
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\$ 17,530	•	10,257	¢	7,273
\$ 17,530 \$ -	\$ \$	10,237	\$ \$	1,213
\$ -	\$ \$	-	э \$	
\$ 17,530	\$	10,257	\$	7,273
\$ 17,530	\$	10,257	\$	7,273
\$ (17,530)	\$	(10,257)	\$	(7,273)

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

Total deferred tax liabilities Net deferred tax assets (liabilities) Change in net deferred income tax

	A	(1) s of End of	(2)	(3) (Col. 1 - 2)						
	Cu	rrent Period	12/31/2020	`Change '						
,	\$	17,530	\$ 10,257	\$	7,273					
	\$	(17,530)	\$ (10,257)	\$	(7,273)					
				\$	(7,273)					

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 Total

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

As of End of Current Period											
	Tax	Rate									
\$	61,229	21.0%									
\$	61,229	21.0%									

As of End of Current Period											
		Tax	Rate								
	\$	45,451	15.6%								
	\$	8,505	2.9%								
	\$	7,273	2.5%								
	¢	61 220	24.00/								

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

For the tax year 2020 \$ 52,331 For the tax year 2021 \$ 46,322

- 3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.
- F. Consolidated Federal Income Tax Return
  - 1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC

AIX, Inc.

AIX Insurance Services of California, Inc. AIX Specialty Insurance Company

Allmerica Financial Alliance Insurance Company Allmerica Financial Benefit Insurance Company Allmerica Plus Insurance Agency, Inc.

Campania Holding Company, Inc.
Campmed Casualty & Indemnity Company, Inc.
Citizens Insurance Company of America
Citizens Insurance Company of Illinois
Citizens Insurance Company of Ohio
Citizens Insurance Company of the Midwest

Educators Insurance Agency, Inc.

Hanover Specialty Insurance Brokers, Inc.
Massachusetts Bay Insurance Company

NOVA Casualty Company

Opus Investment Management, Inc.

Professionals Direct, Inc.

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

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

VeraVest Investments, Inc. Verlan Fire Insurance Company

Verlan Holdings, Inc.

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

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

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

A. Nature of Relationships

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

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

The Company declared an extraordinary common stock dividend to the Parent Company, Hanover on October 18, 2021, totaling \$900,000, which was settled with \$284,793.83 in cash and \$615,206.17 in securities on November 17, 2021.

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

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$886 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

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

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

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

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

#### 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 25,000 shares of \$100 par value common stock authorized, issued and outstanding.

B. Dividend Rate of Preferred Stock

Not appicable

(C-F) Dividend Restictions

Pursuant to the state of Texas' statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Texas Insurance Commissioner, is limited to the greater of 10% of such insurer's statutory policyholder surplus as of the preceding December 31 or net income. The company declared an extraordinary dividend of \$900,000 to Hanover on October 18, 2021. Accordingly, the Company cannot declare a further dividend to its parent without prior approval until October 18, 2022, at which time the maximum dividend payable without prior approval is \$883,587

(G-M)

Not applicable

#### NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

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

#### NOTE 15 Leases

The Company has no material lease obligations at this time.

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

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

#### NOTE 20 Fair Value Measurements

Α.

- (1) Fair Value Measurements at Reporting Date
  - a. There were no assets carried at fair value at the end of the reporting period.
  - b. The Company does not have any liabilities measured at fair value at the end of the current reporting period.
- (2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.
- (3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

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

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

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

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

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

Type of Financial Instrument	Aggregate Fair Value	Ad	mitted Assets	(Level 1)	(Level 2)	(Level 3)	sset Value (NAV)	racticable ing Value)
Bonds	\$ 8,610,578	\$	8,283,648	\$ 2,271,807	\$ 6,338,771	\$ -	\$ -	\$ -
Cash and Short-Term								
Investments	\$ 520,533	\$	520,533	\$ 520,533	\$ -	\$ -	\$ -	\$ -

D., E.

#### NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

C. Other Disclosures

IBNR loss and loss adjustment expense reserves are allocated to the Company based on the proportion of the Company's earned premiums and case loss reserves relative to other affiliates in the Hanover Insurance Group. Fluctuations by affiliate and state may occur as a result of this re-estimation process.

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

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

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

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

#### NOTE 22 Events Subsequent

Not applicable

#### NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

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

Individua	ii Reinsurers Who Are	Members of a Group	
Group Code	FEIN	Reinsurer Name	Unsecured Amount
0088	13-5129825	THE HANOVER INSURANCE COMPANY	\$ 103.933.000

B. Reinsurance Recoverable in Dispute

Not applicable

- C. 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 reporting period:

	Assun	Assumed Reinsurance			Ceded Reinsurance			Net			
	Premium Reserve		Commission Equity		Premium Reserve	Commi: Equi		Premium Reserve		nmission Equity	
a. Affiliates	\$	-	\$ -		\$ 24,753,471	\$	-	\$ (24,753,471)	\$	-	
b. All Other	\$		\$ -	_	\$ -	\$		\$ -	\$		
c. Total	\$		\$ -		\$ 24.753.471	\$		\$ (24.753.471)	\$	<del>-</del>	

d. Direct Unearned Premium Reserve

\$ 24,753,471

- (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

#### NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

#### 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 of is an insurer?  If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.				Yes [ X	] N	lo [ ]
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 I providing disclosure substantially similar to the standards adopted by the Na its Model Insurance Holding Company System Regulatory Act and model resubject to standards and disclosure requirements substantially similar to the	Holding Company System, a registi tional Association of Insurance Co gulations pertaining thereto, or is th	ration statement mmissioners (NAIC) in the reporting entity	Yes [ >	( ] No [	1	N/A [ ]
1.3	State Regulating?				Texa	is	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group	?			Yes [ X	] N	lo [ ]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issue	d by the SEC for the entity/group			000094	4695	
2.1	Has any change been made during the year of this statement in the charter, reporting entity?				Yes [	] N	lo [ X ]
2.2	If yes, date of change:						
3.1	State as of what date the latest financial examination of the reporting entity was	vas made or is being made			12/31/	2019	
3.2	State the as of date that the latest financial examination report became avail entity. This date should be the date of the examined balance sheet and not t				12/31/	2019	
3.3	State as of what date the latest financial examination report became availab domicile or the reporting entity. This is the release date or completion date of examination (balance sheet date).	f the examination report and not th	e date of the	<u>.</u>	03/17/	2021	
3.4	By what department or departments? Texas Department of Insurance						
3.5	Have all financial statement adjustments within the latest financial examinati statement filed with Departments?			. Yes [	] No [	]	N/A [ X ]
3.6	Have all of the recommendations within the latest financial examination repo	ort been complied with?		Yes [	] No [	]	N/A [ X ]
4.1		of the reporting entity), receive cred	it or commissions for or	control			
4.2	During the period covered by this statement, did any sales/service organizat receive credit or commissions for or control a substantial part (more than 20 premiums) of:	ion owned in whole or in part by the percent of any major line of busine	e reporting entity or an af ess measured on direct	filiate,		•	
		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 [	] N	lo [ X ]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of dorceased to exist as a result of the merger or consolidation.	micile (use two letter state abbrevia	ition) for any entity that h	as			
	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 registra revoked by any governmental entity during the reporting period?				Yes [	] N	lo [ X ]
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly co	ontrol 10% or more of the reporting	entity?		Yes [	] N	lo [ X ]
7.2	If yes, 7.21 State the percentage of foreign control; 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entit attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporate	y is a mutual or reciprocal, the nation	onality of its manager or		0	).0	%
	1	2 Tuno of East	· .				
	Nationality	Type of Ent	•				

# **GENERAL INTERROGATORIES**

ponse to 8.3 is yes, please provide below the names and location actory services agency [i.e. the Federal Reserve Board (FRB), to ance Corporation (FDIC) and the Securities Exchange Commiss and Investment Management  Preporting entity a depository institution holding company with some ral Reserve System or a subsidiary of the reporting entity?  Pronse to 8.5 is no, is the reporting entity a company or subsidiaral Reserve Board's capital rule?  Prosist the name and address of the independent certified public at waterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Inhe insurer been granted any exemptions to the prohibited non-rements as allowed in Section 7H of the Annual Financial Report regulation?  Presponse to 10.1 is yes, provide information related to this exempted for in Section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the section 18A of the Model Regulation, or substantially response to 10.3 is y	significant insurance operations as defined by the Board of Government of a company that has otherwise been made subject to the accountant or accounting firm retained to conduct the annual audit?  Boston, MA 02210  Boston, MA 02210  Boston, MA 02210  Boston, MA 02210  Boston, MA 0210  Boston, MA 02210  Boston, MA	federal posit  C FDIC  Drs of  Yes [  ant state	6 SEC YES Yes [	] No [ ] ] No [ X ] X ] N/A [ ]
Affiliate Name  Investment Management  reporting entity a depository institution holding company with selection and serve System or a subsidiary of the reporting entity?  ponse to 8.5 is no, is the reporting entity a company or subsidiaral Reserve Board's capital rule?  is the name and address of the independent certified public as waterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, I the insurer been granted any exemptions to the prohibited non-rements as allowed in Section 7H of the Annual Financial Report regulation?  response to 10.1 is yes, provide information related to this exemption in Section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exemptions to 10.3 is yes, provide information related to this exemptions to 10.3 is yes, provide information related to this exemptions.	Location (City, State)  Worcester, MA  Significant insurance operations as defined by the Board of Government of a company that has otherwise been made subject to the accountant or accounting firm retained to conduct the annual audit?  Boston, MA 02210  Boston, MA	ors of	Yes [	X ] N/A [ ]
e reporting entity a depository institution holding company with stal Reserve System or a subsidiary of the reporting entity?  ponse to 8.5 is no, is the reporting entity a company or subsidiaral Reserve Board's capital rule?  is the name and address of the independent certified public at waterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, I the insurer been granted any exemptions to the prohibited non-rements as allowed in Section 7H of the Annual Financial Report regulation?  response to 10.1 is yes, provide information related to this exempted for in Section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exempted in the second information related in the second index in the second in the second in the second in the second in th	significant insurance operations as defined by the Board of Government of a company that has otherwise been made subject to the accountant or accounting firm retained to conduct the annual audit?  Boston, MA 02210  Boston, MA 02210  Boston, MA 02210  Boston, MA 02210  Boston, MA 0210  Boston, MA 02210  Boston, MA	Yes [ ant state	Yes [	X ] N/A [ ]
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ral Reserve System or a subsidiary of the reporting entity?	ary of a company that has otherwise been made subject to the accountant or accounting firm retained to conduct the annual audit?  Boston, MA 02210  audit services provided by the certified independent public account orting Model Regulation (Model Audit Rule), or substantially similar emption:  equirements of the Annual Financial Reporting Model Regulation as similar state law or regulation?	Yes [ ant state	] No [ )	X ] N/A [ ]
ral Reserve Board's capital rule? Lis the name and address of the independent certified public as waterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, I the insurer been granted any exemptions to the prohibited non-rements as allowed in Section 7H of the Annual Financial Report regulation?  The response to 10.1 is yes, provide information related to this exemption in Section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exemptions to 10.3 is yes, provide information related to this exemptions.	coountant or accounting firm retained to conduct the annual audit? Boston, MA 02210 audit services provided by the certified independent public account orting Model Regulation (Model Audit Rule), or substantially similar emption: equirements of the Annual Financial Reporting Model Regulation as similar state law or regulation?	ant state		
waterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, I the insurer been granted any exemptions to the prohibited non-rements as allowed in Section 7H of the Annual Financial Report regulation?  response to 10.1 is yes, provide information related to this exemptions related to the other reduction of the insurer been granted any exemptions related to the other reduction of the section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exemptions.	Boston, MA 02210audit services provided by the certified independent public account orting Model Regulation (Model Audit Rule), or substantially similar emption:  equirements of the Annual Financial Reporting Model Regulation as similar state law or regulation?	ant state	Yes [	1 11 7 7 7
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the insurer been granted any exemptions related to the other re ed for in Section 18A of the Model Regulation, or substantially response to 10.3 is yes, provide information related to this exe	equirements of the Annual Financial Reporting Model Regulation as similar state law or regulation?	;		] No [ X ]
he reporting entity established an Audit Committee in complian	·		Yes [	] No [ X ]
no reporting entity established all Addit collillittee III colliplial	nce with the domiciliary state insurance laws?		1 No [	1 N/A [
response to 10.5 is no or n/a, please explain	,	100 [ //	, [	1 14/1
of the individual providing the statement of actuarial opinion/ce than Blake, Vice President and Lead Reserving Actuary, FCAS	S, MAAA, 440 Lincoln Street, Worcester, MA 01653			
	company or otherwise hold real estate indirectly?al estate holding company		Yes [	] No [ X ]
	parcels involved		0	
	adjusted carrying value			,
s provide explanation:	adjusted carrying value		.ֆ	
UNITED STATES BRANCHES OF ALIEN REPORTING ENT	ITIES ONLY:			
	s manager or the United States trustees of the reporting entity?			
	g entity through its United States Branch on risks wherever located'		Yes [	] No [ ]
	uring the year?			] No [ ]
	d the changes?		] No [	] N/A [ ]
ar functions) of the reporting entity subject to a code of ethics, v			Yes [ X	] No [ ]
II, fair, accurate, timely and understandable disclosure in the pe				
a prompt internal reporting of violations to an appropriate page	on or persons identified in the code; and			
· · · · · · · · · · · · · · · · · · ·				
e prompt internal reporting of violations to an appropriate perso countability for adherence to the code. response to 14.1 is No, please explain:			Yes [	] No [ X ]
countability for adherence to the code. response to 14.1 is No, please explain:				
countability for adherence to the code. response to 14.1 is No, please explain: he code of ethics for senior managers been amended?response to 14.2 is yes, provide information related to amendr				
r	nest and ethical conduct, including the ethical handling of actuationships; I, fair, accurate, timely and understandable disclosure in the pumpliance with applicable governmental laws, rules and regulate prompt internal reporting of violations to an appropriate persecuntability for adherence to the code.	nest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and profession stionships;  I, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  In a courate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  In pliance with applicable governmental laws, rules and regulations;  It is prompt internal reporting of violations to an appropriate person or persons identified in the code; and countability for adherence to the code.  It is No, please explain:	I, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; Inpliance with applicable governmental laws, rules and regulations; It prompt internal reporting of violations to an appropriate person or persons identified in the code; and countability for adherence to the code. It is no, please explain: It is no, please explain: It is no senior managers been amended?	nest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional ationships; I, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; Inpliance with applicable governmental laws, rules and regulations; It prompt internal reporting of violations to an appropriate person or persons identified in the code; and countability for adherence to the code. It is No, please explain: In ecode of ethics for senior managers been amended?  Yes [

# **GENERAL INTERROGATORIES**

bank of the Letter of Credit is triggered.    American Bankers	If the resp	ponse to 15.1 is yes	, indicate the American Bankers Associa	ition (ABA) Routing Number a		Yes [ ]	INU [
Amount Bankers Association (ABA) Routing Number    Secondation   Seconda		The Letter of Credit a		The Letter of Credit is triggered	2		
BOARD OF DIRECTORS  Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereo?'.  Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?'.  Has the reporting entity ene stabilished procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?	Ameri Bank Associa (ABA) R	ers ation outing		Circumstances Ti	onat Can Trigger the Letter of Credit	·	
BOARD OF DIRECTORS  Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereo?  Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereo?  Has the reporting entity an established procedure for disclosure to its board of directors and all subordinate committees thereof?  Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?  FINANCIAL  Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  20.12 To stockholders not officers.  \$ 20.12 To stockholders not officers.  \$ 20.13 Trustees, supreme or grand (Fratemal Only).  \$ Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  20.22 To stockholders not officers.  \$ 20.22 To stockholders not							
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FINANCIAL  Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  20.12 To stockholders not officers.  20.12 To stockholders not officers.  \$ 20.13 Trustees, supreme or grand (Fraternal Only)  \$ Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  20.21 To directors or other officers.  \$ 20.12 To stockholders not officers.  \$ 20.22 To stockholders not officers.  \$ 20.22 To stockholders not officers.  \$ 20.23 To stockholders not officers.  \$ 20.23 To stockholders not officers.  \$ 20.23 Tourises, supreme or grand (Fraternal Only)  \$ Were any assets reported in this statement subject to a contractual obligation to transfer to another party without liability for such obligation being reported in the statement?  Yes [] No [ If yes, state the amount thereof at December 31 of the current year:  21.21 Rented from others.  \$ 21.22 Borrowed from others.  \$ 21.23 Leased from others.  \$ 21.23 Leased from others.  \$ 21.24 Amount paid as losses or risk adjustment for guaranty association assessments?  Finanswer is yes:  22.21 Amount paid as losses or risk adjustment for guaranty association assessments?  Finanswer is yes:  22.22 Amount paid as expenses.  \$ 22.22 Amount gaid as expenses.  \$ 22.23 Other amounts paid for gain and	Does the	reporting entity kee	p a complete permanent record of the pre	oceedings of its board of direct	ctors and all subordinate committees	Yes [ X ]	] No [
Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  20.11 To directors or other officers. \$ 20.12 To stockholders not officers. \$ 20.13 Tustees, supreme or grand (Fraternal Only). \$  Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  20.21 To directors or other officers. \$ 20.22 To stockholders not officers. \$ 20.23 To stockholders not officers. \$ 20.24 To stockholders not officers. \$ 20.25 To stockholders not officers. \$ 20.26 To stockholders not officers. \$ 20.27 To stockholders not officers. \$ 20.28 To stockholders not officers. \$ 20.29 To stockholders not officers. \$ 20.29 To stockholders not officers. \$ 20.21 To directors or other officers. \$ 20.22 To stockholders not officers. \$ 21.22 Berowed from others. \$ 21.23 Leased from others. \$ 21.23 Leased from others. \$ 21.24 Other. \$ 21.24 Other. \$ 22.24 Amount paid as losses or risk adjustment of guaranty fund or guaranty sasociation assessments?  If answer is yes:  22.22 Amount paid as expenses. \$ 22.23 Other amounts paid. \$ 22.23 Other amounts paid. \$ 22.24 Amount paid as expenses. \$ 22.25 Other amounts paid. \$ 22.25 Other amounts paid. \$ 25. Total amount of loans outstanding at the end of year (rectangle paid and year a related party.  Yes:  1 No. [ 1 No. [ 1 No. [ 2 No. [ 3 No. [ 3 No. [ 3 No. [ 3 No. [ 4 No. [ 4 No. [ 5 N						Yes [ X ]	No [
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Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  20.21 To directors or other officers. 20.22 To stockholders not officers. 20.23 Trustees, supreme or grand (Fraternal Only).  Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?  If yes, state the amount thereof at December 31 of the current year:  21.21 Rented from others. 21.22 Borrowed from others. 21.23 Leased from others. 3. 21.24 Other. 3.  Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?  If answer is yes:  22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$  Shoes the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Shoes the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)  Third-Party Agent a Related Party (Yes/No)							
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21.23 Leased from others \$ 21.24 Other \$  Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ If answer is yes: 22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$  Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.    Is the Third-Party Agent a Related Party (Yes/No)	If yes, sta	ate the amount there	of at December 31 of the current year:		21.21 Rented from others	.\$	
Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?  If answer is yes:  22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$ \$ Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ] No   If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)							
Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?  If answer is yes:  22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$ \$ 22.23 Other amounts paid \$ \$ \$ Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Pes [ ] No lif yes, indicate any amounts receivable from parent included in the Page 2 amount:  S Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)							
guaranty association assessments?  If answer is yes:  22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$  Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Pes [ ] No    Yes [ ] No    If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.    Is the Third-Party Agent a Related Party (Yes/No)    Name of Third-Party (Yes/No)	D 11.1					.\$	
22.22 Amount paid as expenses \$ 22.23 Other amounts paid \$  22.23 Other amounts paid \$  \$  Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)	guaranty	association assessi	nents?				
Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ] No    If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the  Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)	If answer	is yes:					
Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ] No If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party							
If yes, indicate any amounts receivable from parent included in the Page 2 amount:  Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?  If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  Is the Third-Party Agent a Related Party (Yes/No)  Name of Third-Party (Yes/No)	Doos the	roporting ontity rop	ort any amounts due from parent auboidi				
90 days?	If yes, inc	licate any amounts	receivable from parent included in the Pa	age 2 amount:			
Third-Party Agent a Related Party (Yes/No)	90 days?					Yes [ ]	] No [
Third-Party Agent a Related Party (Yes/No)				lo the			
				Third-Party Agen			
INVESTMENT			Name of Third-Party	(Yes/No)			
INVESTMENT				INIVESTMENT			
				INVES I WEN I			

# **GENERAL INTERROGATORIES**

25.02	If no, give full and complete information relating thereto								
25.03	For securities lending programs, provide a description of the program in whether collateral is carried on or off-balance sheet. (an alternative is to								
25.04	For the reporting entity's securities lending program, report amount of constructions.	collateral for conforming programs as outlined in the Risk-Based Capital	\$				0		
25.05	For the reporting entity's securities lending program, report amount of c	collateral for other programs.	\$				0		
25.06	Does your securities lending program require 102% (domestic securities outset of the contract?		] N	0 [	]	N/A	[ X ]		
25.07	Does the reporting entity non-admit when the collateral received from the	the reporting entity non-admit when the collateral received from the counterparty falls below 100%?							
25.08	Does the reporting entity or the reporting entity 's securities lending age conduct securities lending?	ent utilize the Master Securities lending Agreement (MSLA) to  Yes [	] N	0 [	]	N/A	[ X ]		
25.09	For the reporting entity's securities lending program state the amount of	f the following as of December 31 of the current year:							
	25.092 Total book adjusted/carrying value of reinveste	eported on Schedule DL, Parts 1 and 2d collateral assets reported on Schedule DL, Parts 1 and 2	\$				0		
26.1	Were any of the stocks, bonds or other assets of the reporting entity ow control of the reporting entity, or has the reporting entity sold or transfer force? (Exclude securities subject to Interrogatory 21.1 and 25.03)	rred any assets subject to a put option contract that is currently in	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	\$ \$ \$ \$				0 0 0		
		26.29 On deposit with other regulatory bodies	\$				0		
		an FHLB	\$						
		26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ \$				0 0		
26.3	For category (26.26) provide the following:								
26.3	1 Nature of Restriction	2 Description		3 Amo	ount				
26.3	1 Nature of Restriction			Amo	ount	0			
26.3	Nature of Restriction	Description		Amo	ount	<u></u>			
	Nature of Restriction  Does the reporting entity have any hedging transactions reported on So	Description	Yes	Amc	ount	No [ )			
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions reported on Soll fyes, has a comprehensive description of the hedging program been reported to the hedging transactions are program	Description  chedule DB?  made available to the domiciliary state?  Yes [	Yes	Amc	ount	No [ )			
27.1 27.2	Nature of Restriction  Does the reporting entity have any hedging transactions reported on Solif yes, has a comprehensive description of the hedging program been relif no, attach a description with this statement.	Description  Chedule DB?  made available to the domiciliary state?  Yes [	Yes ] N	( ( ) (	ount	No [ )	[ X ]		
27.1 27.2 LINES 2	Nature of Restriction  Does the reporting entity have any hedging transactions reported on Solif yes, has a comprehensive description of the hedging program been rule fino, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity gulf the response to 27.3 is YES, does the reporting entity utilize:	Description  Chedule DB?  made available to the domiciliary state?  Yes [	Yes ] N Yes	Amc	]	No [ ) N/A No [	[ X ]		
27.1 27.2 INES 2 27.3	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported on Solif yes, has a comprehensive description of the hedging program been relif no, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity gulf the response to 27.3 is YES, does the reporting entity utilize:  27.41 Specific 27.42 Period 27.42 Period 2.45	Description  Chedule DB?	Yes ] N Yes Yes	Amc	)	No [ ) N/A No [	[ X ]		
27.1 27.2 INES 2 27.3	Nature of Restriction  Does the reporting entity have any hedging transactions reported on Solif yes, has a comprehensive description of the hedging program been of If no, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity gulf the response to 27.3 is YES, does the reporting entity utilize:  27.41 Spc.  27.42 Per.  27.43 Oth  By responding YES to 27.41 regarding utilizing the special accounting processing and the special accounting processing accounting processing and the special accounting processing and the s	Description  Chedule DB?  Inade available to the domiciliary state?  LY:  Description  Yes [  LY:  Description  Yes [  LY:  Description  Yes [  De	Yes ] N Yes Yes Yes Yes Yes	Amo	]   ]   ]   ]	N/A N/A N/O [ )	[ X ]		
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  Nature of Restriction  Does the reporting entity have any hedging transactions reported on Solif yes, has a comprehensive description of the hedging program been relif no, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity guards the response to 27.3 is YES, does the reporting entity utilize:  27.41 Specific 27.42 Percipose of the properties of the special accounting following:  The reporting entity has obtained explicit approval from the does the Hedging strategy subject to the special accounting provisions in Actuarial certification has been obtained which indicates that the reserves and provides the impact of the hedging strategy within Financial Officer Certification has been obtained which indicates.	Description  Chedule DB?  Inade available to the domiciliary state?  LY:  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?	Yes ] N Yes Yes Yes Yes Yes	Amo	]   ]   ]   ]	No [ ) N/A No [ No [ No [	[ X ]		
27.1 27.2 INES 2 27.3 27.4	Nature of Restriction  of the hedging program been in the nature of the hedging program been in the nature of the hedging strategy within of the Nature of the hedging strategy within NM-21 and that the Clearly Defined Hits actual day-to-day risk mitigation efforts.	Description  Chedule DB?  In ade available to the domiciliary state?  LY:  Description  Yes [  LY:  LY:  LY:  LY:  Description  Yes [  LY:  LY:  LY:  LY:  LY:  LY:  LY:  LY	Yes  ] N  Yes  Yes  Yes  Yes  Yes	[ [ [ [ [ [	)	N/A N/A N/O [ )	] ] ] ]		
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  If yes, has a comprehensive description of the hedging program been in If no, attach a description with this statement.  Nature of Restrictions reported on Science of It no, attach a description with this statement.  Nature of Restriction in Science of Restriction on It no, attach a description of the hedging strategy within of It no	Description  Chedule DB?  In ade available to the domiciliary state?  In accounting provision of SSAP No. 108  In accounting provision of SSAP No. 108  In accounting practice  Interest rate sensitivity?  In accounting guidance  In accounting guid	Yes  ] N  Yes  Yes  Yes  Yes  Yes	E [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [		N/A	] ] ] ]		
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  If yes, has a comprehensive description of the hedging program been in If no, attach a description with this statement.  Nature of Restrictions reported on Science of It no, attach a description with this statement.  Nature of Restriction in Science of Restrictions reported on Science of It no, attach a description with this statement.  Nature of Restriction in Science of Restriction in It no, attach a description of the Nature of It no, attach and state of It no, attach a description in It no, attach a description in It no It	Description  Chedule DB?  Inade available to the domiciliary state?  Ity:  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to fluctuations as a result of interest rate sensitivity?  Juarantees subject to	Yes  ] N  Yes  Yes  Yes  Yes  Yes  Yes  Yes	E [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	]	N/A	] ] ] ] ]		
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported on So If yes, has a comprehensive description of the hedging program been in If no, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity guals of the response to 27.3 is YES, does the reporting entity utilize:  27.41 Speca 27.42 Pera 27.43 Oth By responding YES to 27.41 regarding utilizing the special accounting prolifolowing:  • The reporting entity has obtained explicit approval from the doil Hedging strategy subject to the special accounting provisions in Actuarial certification has been obtained which indicates that the reserves and provides the impact of the hedging strategy within in Financial Officer Certification has been obtained which indicated Hedging Strategy within VM-21 and that the Clearly Defined Heits actual day-to-day risk mitigation efforts.  Were any preferred stocks or bonds owned as of December 31 of the dissuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year	chedule DB?  Inade available to the domiciliary state?  Inade accounting provision of SSAP No. 108  Inade accounting provision of SSAP No. 108  Inade accounting guidance  Inade accounting guidanc	Yes  ] N  Yes  Yes  Yes  Yes  Yes  Yes  Yes	E [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	]	No [ )  N/A  No [ )  No [ )	] ] ] ] ]		
27.1 27.2 INES 2 27.3 27.4 27.5	Nature of Restriction  Does the reporting entity have any hedging transactions reported on So If yes, has a comprehensive description of the hedging program been in If no, attach a description with this statement.  27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ON Does the reporting entity utilize derivatives to hedge variable annuity gut If the response to 27.3 is YES, does the reporting entity utilize:  27.41 Spe 27.42 Per 27.43 Oth  By responding YES to 27.41 regarding utilizing the special accounting prollowing:  • The reporting entity has obtained explicit approval from the do endowing strategy subject to the special accounting provisions in Actuarial certification has been obtained which indicates that the reserves and provides the impact of the hedging strategy within endowing Strategy within VM-21 and that the Clearly Defined Heading Strategy within VM-21 and that the Clearly Defined Heading Strategy within VM-21 and that the Clearly Defined Heading Strategy within the Clearly Defined Heading Strategy	Description  Chedule DB?  Inade available to the domiciliary state?  Ity:  Description  Yes [  LY:  Description  Yes [  L	Yes  J N  Yes  Yes  Yes  Yes  Yes  Yes	[ [ [ X	]   ]   ]   ]   ]   ]   ]   ]   ]   ]	No [ ) N/A No [	] ] ] ] ]		

# **GENERAL INTERROGATORIES**

20.02	For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name Jacobian
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 evalenation:

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

29.03	Have t	here beer	n any c	changes, ir	ncluding	name	changes,	in the custodian(s) identified in 29.01 during the current year?	Yes [	]	No	[ X ]
~~ ~ .												

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

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

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

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

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

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

 $30.2 \quad \hbox{If yes, complete the following schedule:} \\$ 

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	8,283,648	8,610,578	326,930
31.2 Preferred stocks	0	0	0
31.3 Totals	8,283,648	8,610,578	326,930

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

38.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?		\$	0
38.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total	ents to trade a	essociations,	
	1 Name Amo	2 ount Paid 0		
39.1	Amount of payments for legal expenses, if any?		\$	0
39.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for I during the period covered by this statement.	egal expenses	3	
	1 Name Amo	2 ount Paid 0		
40.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of go	overnment, if a	any?\$	0
40.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expeconnection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with matters before legislative bodies, officers or departments of government during the period covered by the connection with the connection with the connection with the period covered by the connection with the connection with the connection with the connection of the connection with the connection with the connection of the connection with the connection with the connection with the connection with the connection of the connection with the c			
	1 Name Amo	2 ount Paid		

# **GENERAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [ ] No [ X ]	
1.2	If yes, indicate premium earned on U. S. business only.		\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experimental Reason for excluding		\$	0
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not inci	luded in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.		\$	0
1.6	Individual policies:	Most current three years:		
	·	1.61 Total premium earned	\$	0
		1.62 Total incurred claims		
		1.63 Number of covered lives		0
		All years prior to most current three years	3	
		1.64 Total premium earned		
		1.65 Total incurred claims		
		1.66 Number of covered lives		0
1.7	Group policies:	Most current three years:		
		1.71 Total premium earned		
		1.72 Total incurred claims	·	
		1.73 Number of covered lives		0
		All years prior to most current three years	3	
		1.74 Total premium earned	\$	0
		1.75 Total incurred claims		
		1.76 Number of covered lives		0
2.	Health Test:			
۷.	Ticular rest.	1 2		
		Current Year Prior Year		
	2.1 Premium Numerator			
	2.2 Premium Denominator			
	2.3 Premium Ratio (2.1/2.2) 2.4 Reserve Numerator			
	2.5 Reserve Denominator			
	2.6 Reserve Ratio (2.4/2.5)			
3.1	Did the reporting entity issue participating policies during the calendar year?		Yes [ X ] No [ ]	
3.2	If yes, provide the amount of premium written for participating and/or non-participating puring the calendar year:	oolicies		
		3.21 Participating policies		
		3.22 Non-participating policies	\$52,991,35	ಶ
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 4.4	If assessable policies are issued, what is the extent of the contingent liability of the polic Total amount of assessments paid or ordered to be paid during the year on deposit not	cyholders?es or contingent premiums.	\$0	0 0
-	For Designated Evaluation Only			_
5.	For Reciprocal Exchanges Only:		Van I I Na I I	
5.1 5.2	Does the Exchange appoint local agents?		Yes [ ] No [ ]	
0.2		pensationYes	s [ ] No [ ] N/A [	1
		xchangeYes		]
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in	n-fact?		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, but the conditions is a second condition of the condit			
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.					
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% coparticipation, 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 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	1
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,	]			_	1
	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				_	]
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?	1 1/10	L	, IN	· n [	۸ ]

# **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	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 amour	nt which is secured by le	etters of credit, collatera	l, and other funds		.\$	0
12.3	If the reporting entity underwrites commercial insurar accepted from its insureds covering unpaid premium:	nce risks, such as worke s and/or unpaid losses?	ers' compensation, are p	premium notes or promi	ssory notes Yes [	] No [	X ] N/A [ ]
12.4	If yes, provide the range of interest rates charged und	der such notes during th	ne period covered by this	s statement:			
			n				0.0 %
		12.42 To					0.0 %
12.5	Are letters of credit or collateral and other funds rece promissory notes taken by a reporting entity, or to se losses under loss deductible features of commercial	cure any of the reporting	g entity's reported direct	unpaid loss reserves,	including unpaid	Yes [	] No [ X ]
12.6	If yes, state the amount thereof at December 31 of th	e current year:					
		12.61 Lett	ers of credit			\$	0
		12.62 Coll	ateral and other funds			.\$	0
13.1	Largest net aggregate amount insured in any one risk	k (excluding workers' co	ompensation):			\$	0
13.2	Does any reinsurance contract considered in the calc reinstatement provision?	culation of this amount in	nclude an aggregate lim	it of recovery without al	lso including a	Yes [	] No [ X ]
13.3	State the number of reinsurance contracts (excluding facilities or facultative obligatory contracts) considered						1
14.1	Is the company a cedant in a multiple cedant reinsura	ance contract?				Yes [	] No [ X ]
14.2	If yes, please describe the method of allocating and r	•	•				
14.3	If the answer to 14.1 is yes, are the methods describe contracts?					Yes [	] No [ ]
14.4	If the answer to 14.3 is no, are all the methods descri	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 the					Yes [	] No [ X ]
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	Dir	5 ect 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**

17.1	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	.\$		0
	17.12 Unfunded portion of Interrogatory 17.11	.\$		0
	17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	.\$		0
	17.14 Case reserves portion of Interrogatory 17.11	\$		0
	17.15 Incurred but not reported portion of Interrogatory 17.11	.\$		0
	17.16 Unearned premium portion of Interrogatory 17.11	\$		0
	17.17 Contingent commission portion of Interrogatory 17.11	\$		0
18.1	Do you act as a custodian for health savings accounts?	Yes [	] No [ X	( ]
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	.\$		0
18.3	Do you act as an administrator for health savings accounts?	Yes [	] No [ X	( ]
18.4	If yes, please provide the balance of funds administered as of the reporting date.	.\$		0
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [	] No [ X	( ]
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 [	] No [ X	( ]

# **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 of					
	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,					
	- , - , - , , - , - , - , - , - , -		2,500,462		2,675,100	2,790,987
2.		2,732,577	3,634,518	3,539,877	1,855,860	1,261,554
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	47,501,395	45,367,024	43,433,111	37,483,491	32,661,278
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5.	33)	0	0	0	0	0
6.	Total (Line 35)	53,031,111	51,502,004	49,764,771	42,014,451	36,713,819
	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)	0	0	0	0	0
8. 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		0	0	0	0
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12.	· · · · · · · · · · · · · · · · · · ·	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)	283,058	288,554	359,945	194,367	187,334
15.	Total other income (Line 15)	0	0	0	0	0
16.	Dividends to policyholders (Line 17)	0	0	0	0	0
17.	Federal and foreign income taxes incurred (Line 19)	45,452	57,761	65,552	38,600	65,071
18.	Net income (Line 20)		230,793	294,393	155,767	122,263
19.	Balance Sheet Lines (Pages 2 and 3)  Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)		0 517 020	10 205 016		6 195 400
20.	Premiums and considerations (Page 2, Col. 3)  20.1 In course of collection (Line 15.1)		0	0		0, 105,492
	20.2 Deferred and not yet due (Line 15.2)		0	0	٥	٥٥
	20.3 Accrued retrospective premiums (Line 15.3)		0	0		٥٥
21.	Total liabilities excluding protected cell business (Page 3, Line 26)		12,404	9,424	3,679	3,164
22.	Losses (Page 3, Line 1)	0	0	0	0	0
23.	Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24.	Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25.	Capital paid up (Page 3, Lines 30 & 31)	2,500,000	2,500,000	2,500,000	2,500,000	0
26.	Surplus as regards policyholders (Page 3, Line 37)	8,835,868	9,505,534	10,276,392	10,987,620	6, 182,328
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	210,896	241,442	291,432	166,149	129,193
	Risk-Based Capital Analysis					
28.	Total adjusted capital	8,835,868	9,505,534		10,987,620	
29.	Authorized control level risk-based capital Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col.	83, 100	30,767	32,905	44,620	29,274
30.	3) (Line divided by Page 2, Line 12, Col. 3) x100.0 Bonds (Line 1)	94 1	95.0	98.1	96.9	97.7
31.	Stocks (Lines 2.1 & 2.2)	0 0	0.0	0.0	0.0	0.0
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33.	Real estate (Lines 4.1, 4.2 & 4.3)	0.0		0.0		0.0
34.	Cook sock againstants and short term investments					
	(Line 5)	5.9	5.0	1.9		2.3
35.	Contract loans (Line 6)	0.0 .	0.0	0.0	0.0	0.0
36.	Derivatives (Line 7)	0.0 .	0.0	0.0	0.0	0.0
37.	Other invested assets (Line 8)	0.0	0.0		0.0	0.0
38. 39.	Receivables for securities (Line 9)			0.0		0.0
40.	Aggregate write-ins for invested assets (Line 11)		0.0	0.0	0.0	0.0
40. 41.	Cash, cash equivalents and invested assets (Line 11)  12)					
	Investments in Parent, Subsidiaries and Affiliates					
42.	Col. 1)	0	0	0	0	0
43. 44.	Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. 45.	Line 24, Col. 1)					
	in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46.	Affiliated mortgage loans on real estate	0	0	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			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		0.0	0.0	0.0	0.0
	x 100.0)	0.0	0.0	U.U	0.0	0.0

# **FIVE-YEAR HISTORICAL DATA**

(Continued)

	T	(Con	tinued) 2	3	4	5
		2021	2020	2019	2018	2017
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)			0		
52.	Dividends to stockholders (Line 35)	(900,000)	(1,000,000)	(1,000,000)	0	
53.	Change in surplus as regards policyholders for the year (Line 38)	(669,667)	(770,857)	(711,228)	4,805,292	122,77
	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)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	3,461,355	333,294	134,777	2,922,062	2, 179, 66
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	44,012,388	21,473,019	22,034,690	23,903,316	21,296,35
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	
59.	Total (Line 35)	48,210,895	22,669,266	23,281,140	28,656,442	24,242,30
	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	
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	
65.	Total (Line 35)	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.
68.	Loss expenses incurred (Line 3)			0.0	0.0	0.
69.	Other underwriting expenses incurred (Line 4)				0.0	
70.	Net underwriting gain (loss) (Line 8)				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.
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
73.	Net premiums written to policyholders' surplus					
	3, Line 37, Col. 1 x 100.0)	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 P - Part 2 - Summary, Line 12, Col. 11)	0	0	0	0	
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	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.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	0.0	0.
	If a party to a merger, have the two most recent years of					<u> </u>

IOTE:	If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure			
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?	Yes [	] No [	]
	If no, please explain:			

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

(\$000 OMITTED)

		Pro	emiums Earne	ed		Loss and Loss Expense Payments								
Years in		1 2 3				Defense and Cost		Adjusting and Other		10	11			
Which					Loss Pa	-	Containment Payments		Payments		1		Number of	
	ums Were				4	5	6	7	8	9		Total Net	Claims	
-	ned and	D			<u> </u>		5		5		Salvage and		Reported	
	es Were	Direct and	0.1.1	N (4 O)	Direct and	0.4.4	Direct and	0.1.1	Direct and	0.4.4		(4 - 5 + 6 - 7	Direct and	
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed	
1.	Prior	XXX	XXX	XXX	55	55	50	50	6	6	0	0	XXX	
2.	2012	23,908	23,908	0	18 , 160	18 , 160	2,504	2,504	1,088	1,088	0	0	XXX	
3.	2013	25,426	25,426	0	9,652	9,652	1,447	1,447	1, 128	1, 128	0	0	XXX	
4.	2014	25,910	25,910	0	12,941	12,941	2,450	2,450	1,076	1,076	0	0	XXX	
5.	2015	27,663	27,663	0	8,751	8,751	1 , 134	1 , 134	1,301	1,301	0	0	XXX	
6.	2016	30,657	30,657	0	29,046	29,046	2,076	2,076	1,593	1,593	0	0	XXX	
7.	2017	34,462	34,462	0	34,261	34,261	4,329	4,329	2,022	2,022	0	0	XXX	
8.	2018	39,823	39,823	0	14,026	14,026	1 , 155	1 , 155	1,657	1,657	0	0	XXX	
9.	2019	46,617	46,617	0	19,112	19,112	1,210	1,210	1,940	1,940	0	0	XXX	
10.	2020	49,852	49,852	0	13 , 133	13, 133	582	582	2,028	2,028	0	0	XXX	
11.	2021	52,887	52,887	0	39,238	39,238	1,022	1,022	3,716	3,716	0	0	XXX	
12.	Totals	XXX	XXX	XXX	198,373	198,373	17,959	17,959	17,554	17,554	0	0	XXX	

												23	24	25
		Casa	Losses	Unpaid Bulk +	IDNID	Defense and Cost Containment Unpaid Case Basis Bulk + IBNR				Adjusting and Other				
		13	Basis 14	15	16	Case Basis         Bulk + IBNR           17         18         19         20			Unpaid 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	5,338	5,338	428	428	159	159	193	193	24	24	0	0	XXX
2.	2012	111	111	118	118	0	0	76	76	1	1	0	0	XXX
3.	2013	129	129	100	100	0	0	94	94	1	1	0	0	XXX
4.	2014	690	690	163	163	264	264	146	146	14	14	0	0	xxx
5.	2015	60	60	215	215	64	64	194	194	4	4	0	0	XXX
6.	2016	753	753	323	323	130	130	172	172	10	10	0	0	XXX
7.	2017	2,340	2,340	446	446	810	810	440	440	16	16	0	0	XXX
8.	2018	411	411	867	867	348	348	546	546	22	22	0	0	xxx
9.	2019	3,421	3,421	1,736	1,736	779	779	1,311	1,311	99	99	0	0	XXX
10.	2020	2,420	2,420	3,606	3,606	521	521	2,142	2,142	120	120	0	0	XXX
11.	2021	28,288	28,288	14,020	14,020	724	724	3,249	3,249	524	524	0	0	XXX
12.	Totals	43,961	43,961	22,023	22,023	3,800	3,800	8,562	8,562	834	834	0	0	XXX

			Total		Loss and L	oss Expense F	Percentage			34	Net Balance Sheet		
		Losses and	Loss Expense	es Incurred		d /Premiums E		Nontabula	r Discount	Reserves After			
		26	27	28	29	30	31	32	33	Inter-	35	36	
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid	
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	
2.	2012	22,059	22,059	0	92.3	92.3	0.0	0	0	0.0	0	0	
3.	2013	12,549	12,549	0	49.4	49.4	0.0	0	0	0.0	0	0	
4.	2014	17,744	17,744	0	68.5	68.5	0.0	0	0	0.0	0	0	
5.	2015	11,723	11,723	0	42.4	42.4	0.0	0	0	0.0	0	0	
6.	2016	34 , 102	34 , 102	0	111.2	111.2	0.0	0	0	0.0	0	0	
7.	2017	44,664	44,664	0	129.6	129.6	0.0	0	0	0.0	0	0	
8.	2018	19,032	19,032	0	47.8	47.8	0.0	0	0	0.0	0	0	
9.	2019	29,608	29,608	0	63.5	63.5	0.0	0	0	0.0	0	0	
10.	2020	24,553	24,553	0	49.3	49.3	0.0	0	0	0.0	0	0	
11.	2021	90,782	90,782	0	171.7	171.7	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 **N O N E** 

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

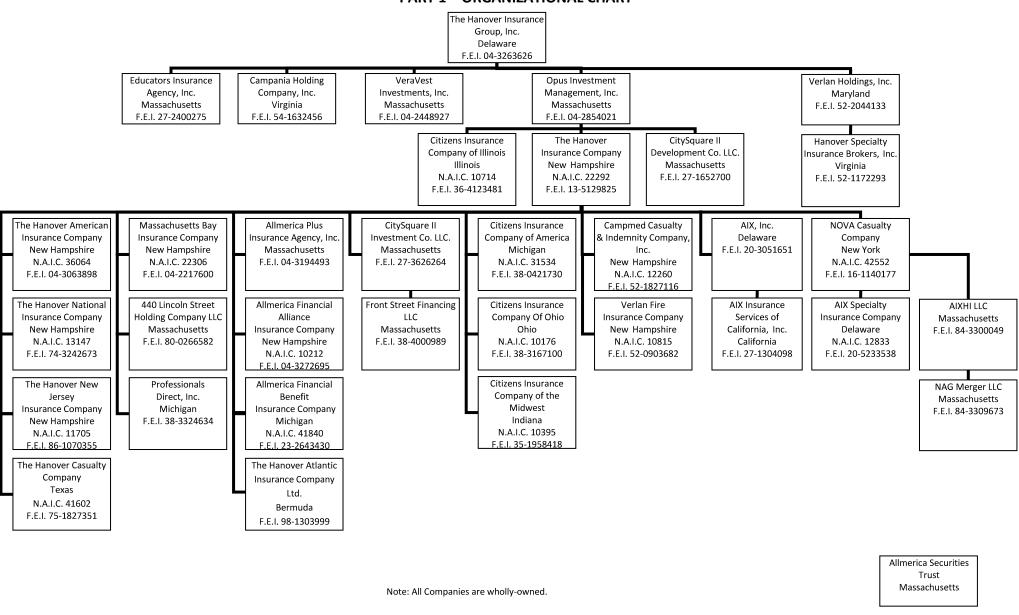
# **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN** Allocated by States and Territories

		I	1	Gross Premiu		y States and 4	5	6	7	8	9
			1	Policy and Mem Less Return P Premiums on Tak	nbership Fees, remiums and Policies Not	Dividends Paid or	Direct	J	,	Finance and	Direct Premiums Written for Federal
			Active	2 Direct	3 Direct	Credited to Policyholders	Losses Paid	Direct	Direct	Service Charges Not	Purchasing Groups
	States, Etc.		Status (a)	Premiums Written	Premiums Earned	on Direct Business	(Deducting Salvage)	Losses	Losses Unpaid	Included in Premiums	(Included in Column 2)
1.		ΑI	N N	0	0	0	Oalvage)	0	Onpaid 0	0	0
2.	Alaska	AK .	N	0	0	0	0	0	0	0	0
3.	Arizona	AZ .	N	0	0	0	0	0	0	0	0
	-	AR .	N	0	0	0	0	0	0	0	0
5.		CA .	NN.	0	0	0	0	0	0	0	0
6. 7.		CO . CT	NN.	0 n	 	0 n		0	U	0	0 n
8.		DE .	NN.	0	0	0		0	0	0	0
9.		DC	N	0	0	0	0	0	0	0	0
10.	Florida	FL .	N	0	0	0	0	0	0	0	0
11.		GA .	N	0	0	0	0	0	0	0	0
12.	-	HI .	NN.	0	0	0	0	0	0	0	0
13. 14.	Idaho	ID .	NN.		0	0		0	0	0	0
		IN .	NN	0 n	0 	0			n	n	
16.	•	iA I	N	0	0	0	0	0	0	0	0
17.	Kansas	KS .	N	0	0	0	0	0	0	0	0
	•	KY .	N	0	0	0	0	0	0	0	0
		LA .	N	0	0	0	0	0	0	0	0
	· ·	ME .	N	0	0	0	0	0	ļ	ļ0	0
	•	MD . MA .		0	U	U	0	0	0	ļ0	0
23.	·	MA . MI .	NN	0	0	0	0	n	n	n	n
	_	MN .	N	0	0	0	0	0	0	0	0
	· ·	MS .	N	0	0	0	0	0	0	0	0
		MO .	N	0	0	0	0	0	0	0	0
	-	MT .	N	0	0	0	0	0	0	0	0
28.	-	NE .	N	0	0	0	0	0	ļ	ļ0	0
		NV NH	N NI		0 n	0	0 n	0		10	0
		NH . NJ .	NN	0	0 0	0 0	0	n	n	n	n
	•	NM .	N	0	0	0	0	0	0	0	0
		NY	N	0	0	0	0	0	0	0	0
	-	NC .	N	0	0	0	0	0	0	0	0
35.	· ·	ND .	N	0	0	0	0	0	0	0	0
36. 37.		OH .	N	0	0 0	0	0	0	}	ļ0	0
		OK . OR .		0	ال م	U	0	U	0		0
	Pennsylvania		N	0	0	0	0	0	0	0	0
	Rhode Island		N	0	0	0	0	0	0	0	0
41.	South Carolina	sc	N	0	0	0	0	0	0	0	0
	South Dakota	1	N	0	0	0	0	0	0	0	0
	Tennessee		N	0	0	0	0	0	0	0	0
	Texas		L	53,031,111	52,887,321	0	48,210,895	80,655,639	65,983,425		ļ0
45. 46.	Utah Vermont		NN.	0	0 0	0	0	0	0 0	0	0
	Virginia		NN.	0	0	0	0	0	0	0	0
	Washington		N	0	0	0	0	0	0	0	0
	West Virginia		N	0	0	0	0	0	0	0	0
	Wisconsin		N	0	0	0	0	0	0		0
	Wyoming		N	0	0	0	0	0	0	0	J0
	American Samoa	-	NNN.	0	0	0	0	0	0	0	0
53. 54.	Puerto Rico		N N	0	0	0	0	n	0	n	n
	U.S. Virgin Islands		NN.	0	0	0	0	0	0	0	
	Northern Mariana					-					
	Islands		N	0	0	0	0	0	0	0	0
	Canada	CAN.	NXXX	0	0 0	0	0	0	0 0	0	0
	Totals	UI.	XXX XXX	53,031,111	52,887,321	0	48,210,895	80,655,639	65,983,425		0
55.	DETAILS OF WRITE-IN	IS	^^^	55,051,111	JL, JUI, JL I	U	70,210,033	50,050,058	00,000,420	100,230	0
58001.			XXX								
58002.		]	XXX								
58003.			XXX	ļ						<b></b>	
58998.	Summary of remaining write-ins for Line 58 fro	m									
	overflow page		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thro	ough									
	58003 plus 58998)(Line above)	e 58	XXX	0	0	0	0	0	0	0	0
(-) A -4:	/e Status Counts:		^^^	0	U	J	U	. 0			

(a) Active Status Counts:

Active Status Counts.	
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG1	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other	Q - Qualified - Qualified or accredited reinsurer0
than their state of domicile - see DSLI)0	N - None of the above - Not allowed to write
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus	business in the state56

# 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 HANOVER CASUALTY COMPANY OVERFLOW PAGE FOR WRITE-INS

# NONE