

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

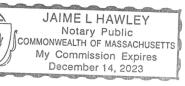
FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

Citizens Insurance Company of the Midwest

NAIC Group Code 0088 NAIC Company Code 10395 Employer's ID Number 35-1958418

Organized under the Laws of Country of Domicile	(Current) (ana United States	, State of Domicile or Port of Entr s of America	yIN
Incorporated/Organized	03/24/1995		Commenced Business	03/08/1996
Statutory Home Office	9229 Delegates Ro	w, Suite 100	,Inc	lianapolis, IN, US 462403824
	(Street and Nu	ımber)	(City or T	own, State, Country and Zip Code)
Main Administrative Office		440 Linco		
Worce:	ster, MA, US 01653-0002	(Street and	number)	508-853-7200
(City or Town	n, State, Country and Zip C	code)	(Are	ea Code) (Telephone Number)
Mail Address	440 Lincoln Stree			orcester, MA, US 01653-0002
	(Street and Number or P.	O. Box)	(City or T	own, State, Country and Zip Code)
Primary Location of Books and Reco	ords		oln Street	
Worces	ster, MA, US 01653-0002	(Street and	a Number)	508-853-7200-8557928
(City or Town	, State, Country and Zip C	ode)	(Are	ea Code) (Telephone Number)
Internet Website Address		WWW.HAN	OVER.COM	
Statutory Statement Contact	Dennis I	M. Hazelwood		508-853-7200-8557928
Otatutory Statement Contact		(Name)		(Area Code) (Telephone Number)
DHAZEL	WOOD@HANOVER.COM	Л		508-853-6332
	(E-mail Address)			(FAX Number)
		OFFIC		
President	John Conne	Roche	Vice President & Treasurer	Nathaniel William Clarkin
Senior Vice President & Secretary	Charles Freder	ick Cronin		
Jeffrey Mark Farber, Executive \ Willard Ty-Lunn Lee, Execut Mark Joseph Welzenbach, Exe Warren Ellison E Lindsay France Gr Denise Maureen L	ive Vice President cutive Vice President Barnes eefield #	Denise Maureen Lowsley DIRECTORS O Daniel Sc Dennis Franc	DR TRUSTEES ott Couger is Kerrigan Jr. ner Roche	Richard William Lavey, Executive Vice President Bryan James Salvatore, Executive Vice President Jeffrey Mark Farber Willard Ty-Lunn Lee Bryan James Salvatore
Mark Joseph Welz	renbach			•
	ssachusetts Vorcester	SS		
all of the herein described assets v statement, together with related exh condition and affairs of the said report in accordance with the NAIC Annua rules or regulations require differe respectively. Furthermore, the scop	were the absolute property ibits, schedules and expla bring entity as of the repor al Statement Instructions a nices in reporting not rel be of this attestation by the	of the said reporting entity, nations therein contained, arting period stated above, an ind Accounting Practices anated to accounting practice e described officers also inc	, free and clear from any liens on nnexed or referred to, is a full and d of its income and deductions the d Procedures manual except to the es and procedures, according to ludes the related corresponding	ting entity, and that on the reporting period stated above, or claims thereon, except as herein stated, and that this ditrue statement of all the assets and liabilities and of the herefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, electronic filing with the NAIC, when required, that is an erequested by various regulators in lieu of or in addition
John Conner Roche President		Charles Fred Senior Vice President		Nathaniel William Clarkin Vice President & Treasurer
Subscribed and sworn to before me 2nd day of		ry, 2023	a. Is this an original filing? b. If no, 1. State the amendmen 2. Date filed	t number





	ASSETS						
		1	Current Year 2				
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets		
1.	Bonds (Schedule D)	108,955,760	0	108,955,760	96,885,804		
2.	Stocks (Schedule D):						
	2.1 Preferred stocks	0	0	0	0		
	2.2 Common stocks	0	0	0	0		
3.	Mortgage loans on real estate (Schedule B):						
	3.1 First liens				0		
	3.2 Other than first liens	0	0	0	0		
4.	Real estate (Schedule A):						
	4.1 Properties occupied by the company (less \$0						
	encumbrances)	0	0	0	0		
	4.2 Properties held for the production of income (less \$	0			٥		
		0	u	u	U		
	4.3 Properties held for sale (less \$	0	0	0	0		
_		0	u	0	U		
5.	Cash (\$						
	(\$0 , Schedule E - Part 2) and short-term	600 415	0	600 415	1 100 456		
•	investments (\$0 , Schedule DA)						
	Contract loans (including \$0 premium notes) Derivatives (Schedule DB)			0			
7. o	Other invested assets (Schedule BA)				0		
8. 9.	Other Invested assets (Schedule BA) Receivable for securities				0		
10.	Securities lending reinvested collateral assets (Schedule DL)						
11.	Aggregate write-ins for invested assets						
12.	Subtotals, cash and invested assets (Lines 1 to 11)						
	Title plants less \$0 charged off (for Title insurers						
	only)	0	0	0	0		
	Investment income due and accrued						
15.	Premiums and considerations:						
	15.1 Uncollected premiums and agents' balances in the course of collection.	0	0	0	0		
	15.2 Deferred premiums, agents' balances and installments booked but						
	deferred and not yet due (including \$0						
	earned but unbilled premiums)	0	0	0	0		
	15.3 Accrued retrospective premiums (\$0) and						
	contracts subject to redetermination (\$0)	0	0	0	0		
16.	Reinsurance:						
	16.1 Amounts recoverable from reinsurers				0		
	16.2 Funds held by or deposited with reinsured companies			0	0		
	16.3 Other amounts receivable under reinsurance contracts				0		
	Amounts receivable relating to uninsured plans			0	0		
	Current federal and foreign income tax recoverable and interest thereon				0		
	Net deferred tax asset				0		
19.	Guaranty funds receivable or on deposit			0			
20.	Electronic data processing equipment and software	0	0	0	0		
21.	Furniture and equipment, including health care delivery assets (\$	0	0	0	0		
22.	(\$			0	0		
23.	Receivables from parent, subsidiaries and affiliates				0		
	Health care (\$0) and other amounts receivable	0	n		0		
2 5 .	Aggregate write-ins for other than invested assets				0		
	Total assets excluding Separate Accounts. Segregated Accounts and						
	Protected Cell Accounts (Lines 12 to 25)	110,430,221	0	110,430,221	98,615,653		
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0		
28.	Total (Lines 26 and 27)	110,430,221	0	110,430,221	98,615,653		
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	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		
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0		

LIABILITIES, SURPLUS AND OTHER FUNDS

	·	1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		0
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)		
	Current federal and foreign income taxes (including \$		
8. 9.	Borrowed money \$		0
3.	\$41,916,443 and including warranty reserves of \$		
	health experience rating refunds including \$		
	Service Act)	0	0
10.	Advance premium		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 \$0 certified) (Schedule F, Part 3, Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		0
21.	Payable for securities	0	0
22.	Payable for securities lending	0	0
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$		0
25.	Aggregate write-ins for liabilities	. 0	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	58,306	54,790
27.	Protected cell liabilities	0	0
28.	Total liabilities (Lines 26 and 27)	58,306	54,790
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	2,000,000	2,000,000
31.	Preferred capital stock	0	0
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes	0	0
34.	Gross paid in and contributed surplus	86,052,858	76,052,858
35.	Unassigned funds (surplus)	22,319,057	20,508,005
36.	Less treasury stock, at cost:		
	36.10 shares common (value included in Line 30 \$	0	0
	36.20 shares preferred (value included in Line 31 \$	0	0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	110,371,915	98,560,863
38.	TOTALS (Page 2, Line 28, Col. 3)	110,430,221	98,615,653
	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.			
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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF THE MIDWEST **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.	Losses incurred (Part 2, Line 35, Column 7)		
3. 4.	Loss adjustment 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
7.	Net income of protected cells	0	0
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	0	0
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	2,303,364	2,418,442
10.	Net realized capital gains (losses) less capital gains tax of \$	(10, 006)	(7E 200)
11.	Gains (Losses))	` ' '	(75,300)
	OTHER INCOME	2,201,100	
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered		
	\$0 amount charged off \$	0	0
13.	Finance and service charges not included in premiums	0	0
14.	Aggregate write-ins for miscellaneous income	0	0
15.	Total other income (Lines 12 through 14)	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	2,291,158	2,343,142
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)	2 201 150	2 2/2 1/2
19.	(Line 16 minus Line 17) Federal and foreign income taxes incurred		463,536
20.	Net income (Line 18 minus Line 19)(to Line 22)		1,879,606
	CAPITAL AND SURPLUS ACCOUNT	1,212,100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	98,560,863	96,690,070
22.	Net income (from Line 20)	1,816,195	1,879,606
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25. 26.	Change in net unrealized foreign exchange capital gain (loss)		
20. 27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	. , ,	. , ,
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes	0	0
30.	Surplus (contributed to) withdrawn from protected cells	0	0
31.	Cumulative effect of changes in accounting principles	0	0
32.	Capital changes:		
	32.1 Paid in		
	32.3 Transferred to surplus (Stock Dividend)		0
33.	Surplus adjustments:		
	33.1 Paid in	10,000,000	0
	33.2 Transferred to capital (Stock Dividend)	0	0
	33.3 Transferred from capital		0
34.	Net remittances from or (to) Home Office		0
35.	Dividends to stockholders		
36. 37.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		0
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		1,870,792
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	110,371,915	98,560,863
	DETAILS OF WRITE-INS	-	<u> </u>
0501.			
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page		
0599. 1401.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401.			
1403.			
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. 3708	Summary of remaining write-ins for Line 37 from overflow page		
3798. 3799.	Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)		0
5133.	Totale (Lines of the area place of adjuline of above)	U	U

		1	2
		Current Year	Prior Year
	Cash from Operations	ourion rour	THO TOO
1.	Premiums collected net of reinsurance	0	0
2.	Net investment income		
3.	Miscellaneous income	_	2,001,040
4.	Total (Lines 1 through 3)		2,551,949
	Benefit and loss related payments		
5.			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders		
8.			0
9.	Federal and foreign income taxes paid (recovered) net of \$		490,000
10.	Total (Lines 5 through 9)		490,000
11.	Net cash from operations (Line 4 minus Line 10)	1,803,622	2,061,949
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	7,642,214	11,264,772
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate		0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,642,214	11,264,772
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	10,473,877	14,029,133
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate		0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	10,473,877	14,029,133
14.	Net increase (decrease) in contract loans and premium notes		0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(2,764,361)
10.	Net dash from investments (Line 12.0 millios Line 10.7 millios Line 14)	(2,001,000)	(2,704,001)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
10.	16.1 Surplus notes, capital notes	0	0
	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		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		1,632
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	588,001	1,632
	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)	(440,040)	(700,780)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	1, 129, 456	1,830,236
	19.2 End of period (Line 18 plus Line 19.1)	689,415	1,129,456
Note: Si	upplemental disclosures of cash flow information for non-cash transactions:		
20.000	1. Bonds acquired in settlement of capital contribution		0
20.0002	2. Accrued interest on securities acquired in settlement of capital contribution	82,603	0

Underwriting and Investment Exhibit - Part 1 - Premiums Earned ${f N} \ {f O} \ {f N} \ {f E}$

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 Net Premiums Written Cols. 1+2+3-4-5
Fire	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Written
1 Fire	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
1 Fire	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COOKS 112 1943 COOKS 102 1943
2.1 Allied lines		
2.2 Multiple peri crop	0000000000000	
2.3 Federal flood	0 0 0 0 0 0	
2.4 Private (rop	0 0 0 0 0 0	
2.4 Private (rop	0 0 0 0 0 0	C C C C C C C C C C C C C C C C C C C
2.5 Private flood 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	
3. Farmowners multiple peril 240,836,577 0 0 240,836,577 0 0 240,836,577 0 0 240,836,577 0 0 240,836,577 0 0 240,836,577 0 0 240,836,577 0 0 0 240,836,577 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	
4. Homeowners multiple peril (non-liability portion) 240,836,577	0 0 0 0 0 0	
4. Homeowners multiple peril (non-liability portion) 5.1 Commercial multiple peril (inon-liability portion) 6. Commercial multiple peril (liability portion) 7. Commercial multiple peril (liability portion) 8. Cean marine 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0 0 0 0 0 0	
5.1 Commercial multiple perit (non-liability portion)	0 0 0 0 0 0	
portion	000000	
5.2 Commercial multiple peril (liability portion) 83, 126 0 0 0 0 0 0 0 0 0	000000	
6. Mortgage guaranty	0000	
8. Ocean marine	0000	
8. Ocean marine	0000	0 0
9. Inland marine	0000	0
10. Financial guaranty	0	0
11.1 Medical professional liability - occurrence 0	0	ا ل
11.2 Medical professional liability - claims-made	0	•
made	0	0
made	0	
12. Earthquake	0	0
13.1 Comprehensive (hospital and medical) individual 0	0	r
individual		I
13.2 Comprehensive (hospital and medical) group		_
Group Grou	_	J
14. Credit accident and health (group and individual)		_
14. Credit accident and health (group and individual)	0	J0
Individual		
15.1 Vision only	0	0
15.2 Dental only	0	0
15.3 Disability income 0		
15.4 Medicare supplement	0	
15.5 Medicaid Title XIX 0	0	0
15.5 Medicaid Title XIX 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
15.6 Medicare Title XVIII 0 0 0 0 0 0 0 0 15.7 Long-term care 0	0	C
15.7 Long-term care		C
15.8 Federal employees health benefits plan 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 <td< td=""><td>0</td><td></td></td<>	0	
15.9 Other health	0	0
15.9 Other health	0	0
16. Workers' compensation .469,797 0 .16,540 .486,337 17.1 Other liability - occurrence .14,553,932 0 .0 .14,553,932 17.2 Other liability - claims-made 0 0 .0 .0 17.3 Excess workers' compensation 0 0 .0 .0 18.1 Products liability - occurrence 0 0 .0 .0 18.2 Products liability - claims-made 0 0 .0 .0 19.1 Private passenger auto no-fault (personal injury protection) .171,962,086 0 .0 .171,962,086 19.2 Other private passenger auto liability .142,830,794 0 .0 .142,830,794 19.3 Commercial auto no-fault (personal injury protection) 0 0 .0 .0 .142,830,794 19.4 Other commercial auto liability 0 0 .0 .0 .0 .0 21.1 Private passenger auto physical damage .304,266,365 .0 .0 .0 .304,266,365 21.2 Commercial auto physical damage .0 .0 .0 .0 .0 .0 22. Aircraft (all perils) .0	0	0
17.1 Other liability - occurrence 14,553,932 0 0 14,553,932 17.2 Other liability - claims-made 0 0 0 0 17.3 Excess workers' compensation 0 0 0 0 18.1 Products liability - occurrence 0 0 0 0 18.2 Products liability - claims-made 0 0 0 0 19.1 Private passenger auto no-fault (personal injury protection) 171,962,086 0 0 171,962,086 19.2 Other private passenger auto liability 142,830,794 0 0 142,830,794 19.3 Commercial auto no-fault (personal injury protection) 0 0 0 0 19.4 Other commercial auto liability 0 0 0 0 21.1 Private passenger auto physical damage 304,266,365 0 0 304,266,365 21.2 Commercial auto physical damage 0 0 0 0 0 22. Aircraft (all perils) 0 0 0 0 0		
17.2 Other liability - claims-made 0	0	
17.3 Excess workers' compensation 0	0	0
17.3 Excess workers' compensation 0	0	0
18.1 Products liability - occurrence 0 171,962,086 0 0 0 171,962,086 0 0 0 171,962,086 0 0 142,830,794 0 0 142,830,794 0 0 142,830,794 0 <td< td=""><td>0</td><td>0</td></td<>	0	0
18.2 Products liability - claims-made 0 171,962,086 0 0 171,962,086 0 0 171,962,086 0 0 171,962,086 0 0 171,962,086 0 0 142,830,794 0 0 142,830,794 0 <td>0</td> <td>r</td>	0	r
19.1 Private passenger auto no-fault (personal injury protection) 171,962,086 0 171,962,086 0 171,962,086 171,962,08		
injury protection)	0	u
19.2 Other private passenger auto liability		
19.3 Commercial auto no-fault (personal injury protection)	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0
protection) 0 <td< td=""><td></td><td></td></td<>		
19.4 Other commercial auto liability	٥	0
21.1 Private passenger auto physical damage .		
21.2 Commercial auto physical damage 0		0
22. Aircraft (all perils)		0
22. Aircraft (all perils)	0	0
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	n	
L 99 Cidalibr		
23. Fidelity		J
24. Surety 0		0
26. Burglary and theft 0	0	0
27. Boiler and machinery	0	l
		0
28. Credit		
29. International		0
30. Warranty 0	0	J0
31. Reinsurance - nonproportional assumed		
property	0	[0
32. Reinsurance - nonproportional assumed		1
Sz. Reinstrance - nonproportional assumed	n	
		I
33. Reinsurance - nonproportional assumed	^	_
financial lines	0	J0
34. Aggregate write-ins for other lines of	_	_
business	0	0
35. TOTALS 890,256,953 0 16,540 890,273,493		0
DETAILS OF WRITE-INS	0	
	0	
3401.	0	·····
3402.	0	ļ
3403.	0	
3498 Summary of remaining write-ins for Line	0	1
34 from overflow page	0	ĺ
	0	n
349 Totals (Lines 3401 thru 3403 plus	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 reported on an annualized basis \$0

UNDERWRITING AND INVESTMENT EXHIBIT

2.3 Federal 2.4 Prival 2.5 Prival 3.5 Prival 3.6 Prival 4. Home 5.2 Comp 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Medic 12. Earth 13.1 Comp 13.2 Comp 15.5 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long-15.8 Federal 5.9 Other 17.3 Exces 17.1 Other 17.2 Other 17.2 Other 17.2 Other 19.1 Prival 19.3 Comp	d lines	1 Direct Business	Losses Paid 2 Reinsurance Assumed0000000	Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 -3)	5 Net Losses Unpaid Current Year (Part 2A , Col. 8)	6 Net Losses Unpaid Prior Year	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) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2.1 Allied 2.2 Multip 2.3 Feder 3. Feder 4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.3 Comr	I lines ple peril crop ral flood te crop te flood owners multiple peril ecowners multiple peril ecowners multiple peril (ilability portion) mercial multiple peril (ilability portion) mercial multiple peril (ilability portion) mercial multiple peril (ilability portion) gage guaranty nn marine d marine cal guaranty cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only		Reinsurance Assumed	Recovered	Net Payments	Current Year (Part 2A , Col. 8)		Current Year	Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
2.1 Allied 2.2 Multip 2.3 Feder 3. Feder 4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.3 Comr	I lines ple peril crop ral flood te crop te flood owners multiple peril ecowners multiple peril ecowners multiple peril (ilability portion) mercial multiple peril (ilability portion) mercial multiple peril (ilability portion) mercial multiple peril (ilability portion) gage guaranty nn marine d marine cal guaranty cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only		Assumed0	Recovered		Current Year (Part 2A , Col. 8)		Current Year	Premiums Earned (Col. 4, Part 1)
2.1 Allied 2.2 Multip 2.3 Feder 3. Feder 4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.3 Comr	d lines				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
2.2 Multip 2.3 Fedel 2.4 Privat 3. Fedel 3. Farm 4. Home 5.1 Comr 6. Mortg 8. Ocea 9. Inland 11.1 Medic 11.2 Earth 13.1 Comp 13.2 Comp 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Fedel 15.9 Other 17.1 Other 17.2 Other 17.2 Other 17.1 Privat 19.1 Privat 19.2 Other 19.3 Comp	ple peril crop ral flood tte crop tte flood owners multiple peril eowners multiple peril mercial multiple peril (non-liability portion) mercial multiple peril (liability portion) mercial multiple peril (liability portion) maricial multiple peril (liability portion) agage guaranty un marine d marine cal professional liability - occurrence cal professional liability - claims-made iquake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only all only bility income				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0
2.3 Federal 2.4 Prival 2.5 Prival 3.5 Prival 3.6 Prival 4. Home 5.2 Comp 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Medic 12. Earth 13.1 Comp 13.2 Comp 15.5 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long-15.8 Federal 5.9 Other 17.3 Exces 17.1 Other 17.2 Other 17.2 Other 17.3 Prival 19.1 Prival 19.3 Comp	ral flood				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2.4 Privat 2.5 Privat 3.5 Privat 4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inland 11.1 Medid 11.2 Earth 13.1 Comr 13.1 Comr 15.2 Denta 15.3 Disab 15.4 Medid 15.5 Medid 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	te crop te flood owners multiple peril ecowners multiple peril mercial multiple peril (non-liability portion) mercial multiple peril (liability portion) mercial multiple peril (liability portion) gage guaranty In marine d marine cal guaranty cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only all only bility income				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2.5 Privat 3. Farm 4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 12. Earth 13.1 Comp 13.2 Comp 13.2 Comp 15.3 Disab 15.4 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 17.1 Produ 18.1 Produ 19.1 Privat 19.1 Comr	ite flood lowners multiple peril ecowners multiple peril mercial multiple peril (non-liability portion) mercial multiple peril (liability portion) gage guaranty In marine Id m				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
3. Farma 4. Home 5.1 Comr 6. Mortg 8. Ocea 9. Inland 11.1 Medic 12. Earth 13.1 Comp 13.2 Comp 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.2 Other 17.1 Privat 19.1 Privat 19.1 Comp	lowners multiple peril eowners multiple peril eowners multiple peril mercial multiple peril (inon-liability portion) mercial multiple peril (liability portion) gage guaranty In marine In				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
4. Home 5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 11.2 Earth 13.1 Comp 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.8 Feder 15.9 Other 17.3 Excet 17.1 Other 17.2 Other 17.2 Other 19.2 Other 19.3 Comr	eowners multiple peril mercial multiple peril (non-liability portion) mercial multiple peril (non-liability portion) mercial multiple peril (liability portion) marine marine did marine moial guaranty moial group moial guaranty moial guaranty moial group moial guaranty moial g				0 0 0 0 0 0 0 0 0 0 0 0 0				
5.1 Comr 5.2 Comr 6. Mortg 8. Ocea 9. Inland 10. Finan 11.1 Medid 11.2 Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.3 Disab 15.4 Medid 15.5 Medid 15.6 Medid 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 17.1 Produ 18.1 Produ 19.2 Other 19.2 Other 19.3 Comr	mercial multiple peril (non-liability portion) mercial multiple peril (liability portion) gage guaranty an marine d marine cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only				0 0 0 0 0 0 0 0 0				
5.2 Comr 6. Mortg 8. Ocea 9. Inland 11.1 Medic 12. Earth 13.1 Comp 13.2 Comp 13.2 Comp 15.3 Disab 15.4 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 17.1 Produ 18.2 Produ 19.1 Privat 19.1 Comp	mercial multiple peril (liability portion) jage guaranty , , , , , , , , , , , , , , , , , , ,	0		0	0 0 0 0 0 0 0 0				0
6. Mortg 8. Ocea 9. Inlanc 11.1 Medic 12. Earth 13.1 Comp 13.2 Comp 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.3 Comr	gage guaranty an marine d marine cal professional liability - occurrence cal professional liability - claims-made nquake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only bility income				0 0 0 0 0 0				0
8. Ocea 9. Inland 10. Finan 11.1 Medic 11.2 Medic 12. Earth 13.1 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.7 Long- 15.8 Fedel 15.9 Other 17.1 Other 17.2 Other 17.1 Privat 19.1 Privat 19.2 Other 19.3 Comp	in marine d marine d marine cal granty cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only al only							0 0 0	0
9. Inland 10. Finan 11.1 Medid 11.2 Medid 12. Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medid 15.5 Medid 15.6 Medid 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 17.1 Produ 18.1 Produ 19.1 Privat 19.2 Other 19.3 Comr	d marine cial guaranty cal professional liability - occurrence cal professional liability - claims-made quake prehensive (hospital and medical) individual prehensive (hospital and medical) group it accident and health (group and individual) n only al only bility income					0 0 0	0 0 0	0	0
10. Finan 11.1 Medic 12. Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.1 Produ 19.1 Privat 19.3 Comr	ncial guaranty				0	0	0	0	
11.1 Medic 11.2 Medic 12. Earth- 13.1 Comp. 13.2 Comp. 14. Vision 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long- 15.8 Fedel 15.9 Other 17.1 Other 17.1 Other 17.2 Other 17.2 Other 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comp.	cal professional liability - occurrence			0	0	0	0	0	
11.2 Medic 12. Comp 13.1 Comp 14. Credi 15.1 Visior 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long- 15.8 Fedel 15.9 Other 17.1 Other 17.2 Other 17.2 Excess 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comp	cal professional liability - claims-made			0	0	0	0	v	
12. Earth 13.1 Comp 13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	nquake		0 0 0	0	0	0		0	
13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comp	prehensive (hospital and medical) group	0 0 0 0	0	0			n		0
13.2 Comp 14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comp	prehensive (hospital and medical) group	0	0	0		0	0	0	
14. Credi 15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.7 Long- 15.8 Fedel 15.9 Other 17.1 Other 17.2 Other 17.2 Excess 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comm	it accident and health (group and individual)	0	0		0	0	0	0	
15.1 Vision 15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comm	n onlyal only	0		0	0	0	0	0	
15.2 Denta 15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long 15.9 Other 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	al onlybility income	0	0	0	0	0	0	0	
15.3 Disab 15.4 Medic 15.5 Medic 15.6 Medic 15.7 Long- 15.8 Fedel 15.9 Other 17.1 Other 17.2 Other 17.2 Sexces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comm	bility Íncome	0	0	0	0	0	0	0	
15.5 Medic 15.6 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	care supplement		0	0	0	0	0	0	
15.5 Medic 15.6 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr		0	0	0	0	0	0	0	
15.6 Medic 15.7 Long- 15.8 Feder 15.9 Other 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	caid Title XIX	0	0	0	0	0	0	0	
15.8 Feder 15.9 Other 16. Work 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ. 18.2 Produ. 19.1 Privat 19.2 Other 19.3 Comr	care Title XVIII	0	0	0	0	0	0	0	
15.8 Feder 15.9 Other 16. Work 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ. 18.2 Produ. 19.1 Privat 19.2 Other 19.3 Comr	-term care	0	0	0	0	0	0	0	
16. Work 17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	eral employees health benefits plan	0	0	0	0	0	0	0	
17.1 Other 17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comm	r health	0	0	0	0	0	0	0	
17.2 Other 17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	xers' compensation	263,905	20,701		0	0	0	0	
17.3 Exces 18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	r liability - occurrence	1,078,664	0	1,078,664	0	0	0	0	(
18.1 Produ 18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	r liability - claims-made	0	0	0	0	0	0	0	(
18.2 Produ 19.1 Privat 19.2 Other 19.3 Comr	ss workers' compensation	0	0	0	0	0	0	0	
19.1 Private19.2 Other19.3 Comr	ucts liability - occurrence	0	0	0	0	0	0	0	
19.2 Other 19.3 Comr	ucts liability - claims-made	0	0	0	0	0	0	0	
19.3 Comr	te passenger auto no-fault (personal injury protection)	73,774,044	0	73,774,044	0	0	0	0	(
19.3 Comr	r private passenger auto liability	58,851,835	0	58,851,835	0	0	0	0	
	mercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	
	r commercial auto liability	0	0	0	0	0	0	0	
	te passenger auto physical damage	226,213,103	0	226,213,103	0	0	0	0	
	mercial auto physical damage	0 -	0	0	0	0	0	0	
	aft (all perils)	0 -	0	0	0	0	0	0	
	ity	0 -	0	0	0	0	0	0	
24. Suret		0	0	0	0		0	0	
	ary and theft		0	0	0	0	0		
	r and machineryit			0	0	0	0		(
	national				٥٠٠٠	0			
	antv				٥٠٠٠	0			
	antysurance - nonproportional assumed property	XXX			٥٠٠٠	0			(
32 Poins	surance - nonproportional assumed property surance - nonproportional assumed liability	XXXXXX			٥٠٠٠	0	U	 n	
	surance - nonproportional assumed financial lines	XXXXXX	0	u	٥٠٠٠	0	0	 n	
34. Aggre	egate write-ins for other lines of business	0	٥	n	 0		0	 0	
34. Aggre	cyale witte-ind for Utilet IIIIed Ut Dubitiedd	502,289,132	20.701	502.309.833	0	U	0	•	
	AĬ S	502,209,132	20,701	302,309,833	U	U	U	U	
			^	_	^	0	0	^	
	AILS OF WRITE-INS	0		0	0		0		(
402 403	AILS OF WRITE-INS	Λ .			٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠				
	AILS OF WRITE-INS	0		U	0				,
498. Sum 499. Totals	AILS OF WRITE-INS	0		^				Λ	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

			d Losses			ncurred But Not Reporte	d	8	9
	1	2	3	4	5	6	7		
Line of Business 1. Fire	Direct 695 164	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded 37.085	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustme Expenses
2.1 Allied lines	10	0	10	0	73.005		73.005		
	10	0	10			0	73,005		
2.2 Multiple peril crop		0	0		0	0	ļ		
2.3 Federal flood		0	0			0			
2.4 Private crop		0	0		0	0			
2.5 Private flood	0	0	0	0	0	0	0		
3. Farmowners multiple peril	0	0	0	0	0	0	0		
4. Homeowners multiple peril	31,661,533	0	31,661,533	0		0			
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	72,769	0	72,769		
5.2 Commercial multiple peril (liability portion)	76,000	0	76,000		56,363	0	56,363		
6. Mortgage guaranty	0	0	0	0	0	0	0		
8. Ocean marine	0	0	0	0	0	0	0		
9. Inland marine	140,499	0	140,499	0	221,492	0	221,492	0	
0. Financial guaranty		0	0	ļ0	0]0	0	0	
1.1 Medical professional liability - occurrence	<u> </u>	0	0	<u>0</u>	0	0	<u>0</u>	0	
1.2 Medical professional liability - claims-made	0	0	0	0	0	J0	0	0	
Earthquake	0	0	0	0	10,116	0	10,116		
3.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0	0	(4)	
3.2 Comprehensive (hospital and medical) group	0	0	0	0	0	0	0	(a)0	
4. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	
5.1 Vision only	0	0	0	0	0	0	0	(a)0	
5.2 Dental only	0	0	0	0	0	0	<u>0</u>	(a)0	
5.3 Disability income	0	0	0	0	0	0	0	(a)0	
5.4 Medicare supplement	0	0	0	0	0	0	0	(a)0	
5.5 Medicaid Title XIX		0	0	0	0	0	0	(a)0	
5.6 Medicare Title XVIII	0	0	0	0	0	0	0	(4)	
5.7 Long-term care	0	0	0	0	0	0	0	(~)	
5.8 Federal employees health benefits plan	0	0	0	0	0		0	(α)	
5.9 Other health	0	0	0	0	0	0	0		
6. Workers' compensation		128,545	624,857	0	349,416	46,242	395,658		
7.1 Other liability - occurrence	5,128,800	0	5,128,800	0	7,827,734	0	7,827,734		
7.2 Other liability - claims-made	0	0	0	0	0	0	0		
7.3 Excess workers' compensation	0	0	0	0	0	0	0		
8.1 Products liability - occurrence	0	0	0	0	0	0	0	0	
8.2 Products liability - claims-made	0	0	0	0	0	0	0	0	
9.1 Private passenger auto no-fault (personal injury protection)	119,022,284	0	119,022,284	0	335, 199, 562	0	335, 199, 562		
9.2 Other private passenger auto liability	71,071,109	0	71,071,109	0	70,805,840	0	70,805,840	0	
9.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	
9.4 Other commercial auto liability		0	0	0	0	0	0	0	
1.1 Private passenger auto physical damage		0	13,331,304	0	24,140,784	0	24,140,784	0	
1.2 Commercial auto physical damage	175	0	175	ļ0	ļ0	J0	ļ <u>0</u>	0	
Aircraft (all perils)	<u> </u> 0	0	0	0_	J0	J0	ļ <u>0</u>	ļ0	
Fidelity	<u> </u> 0	0	0	0_	J0	J0	ļ <u>0</u>	ļ0	
Surety	0	0	0	0_	0	J0	ļ <u>0</u>	ļ0	
b. Burglary and theft	<u> </u> 0	0	0	0	0	0	J0	J0	
7. Boiler and machinery	0	0	0	0	0	J0	0	0	
. Credit	<u> </u> 0	0	0	0	0	J0	ļ <u>0</u>	0	
nternational	0	0	0	0	0	J0	ļ0	0	
). Warranty	0	0	0	0	0	0	ļ0	0	
. Reinsurance - nonproportional assumed property		0	0	0	XXX	. 0	ļ0	0	
2. Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	. 0	ļ0	0	
3. Reinsurance - nonproportional assumed financial lines	XXX	0	0	[0	XXX	0	[<u>0</u>	0	
Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	
5. TOTALS	241,623,190	128,545	241,751,735	0	471,973,508	46,242	472,019,750	0	
DETAILS OF WRITE-INS									
1									
2									
3									
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	
9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	1

⁽a) Including \$ for present value of life indemnity claims reported in Lines 13 and 15.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	. 7.0.0	3 - EXPENSES 1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct				
	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	0
	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		20,824,734	0	20,824,734
	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) \dots				
	Allowances to managers and agents				
	Advertising				
5.	Boards, bureaus and associations				
	Surveys and underwriting reports				
	Audit of assureds' records	0	0	0	0
8.	Salary and related items:				
	8.1 Salaries			*	,
	8.2 Payroll taxes				
	Employee relations and welfare				
	Insurance				
	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				
	Cost or depreciation of EDP equipment and software				
	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express		0		
	Legal and auditing	0	0	1,327	1,327
19.	Totals (Lines 3 to 18)	0	0		88,009
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0				
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments		0	0	0
	20.4 All other (excluding federal and foreign income and real estate)	0	0	0	1
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses				
25.	Total expenses incurred				
26.	Less unpaid expenses - current year				
	Add unpaid expenses - prior year				
28.	Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29.	Amounts receivable relating to uninsured plans, current year	0	0	0	0
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	122,733	122,733
	DETAILS OF WRITE-INS				
2401.	Custodial Fees	0	0	1,500	1,500
2402.	Outside Data Processing	0	0	27,882	27,882
2403.	Miscellaneous	0	0	5,341	5,341
2498.	Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499.	Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	34,723	34,723

⁽a) Includes management fees of \$121,233 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

1		1	2
		•	Earned During Year
1.	II.S. Coveryment hands	(a)289,743	
1.1	U.S. Government bonds	(a)484	
1.1	Bonds exempt from U.S. tax		
	Other bonds (unaffiliated)		2,061,843
1.3	Bonds of affiliates	· /	
2.1	Preferred stocks (unaffiliated)		
2.11	Preferred stocks of affiliates	· /	
2.2	Common stocks (unaffiliated)		0
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate		
5	Contract loans		
6	Cash, cash equivalents and short-term investments		5,932
7	Derivative instruments	* /	
8.	Other invested assets		0
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	2,241,444	
11.	Investment expenses		(g)122,733
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)0
13.	Interest expense		(h)0
14.	Depreciation on real estate and other invested assets		(i)0
15.	Agregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		122,733
17.	Net investment income (Line 10 minus Line 16)		2,303,364
	DETAILS OF WRITE-INS		, , , , , ,
0901.	527,420 0. Wall and		
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	Totals (Lines 0501 tillu 0505 plus 0550) (Line 5, above)	U	0
1502.			
1503.	O many from the trade of the tr		
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		Ü
(a) Inclu	ides \$111,723 accrual of discount less \$191,032 amortization of premium and less \$110,6	78 paid for accrued int	erest on purchases.
(b) Inclu	ides \$ 0 accrual of discount less \$ 0 amortization of premium and less \$	0 paid for accrued div	vidends on purchases.
(a) Inclu	ides \$ 0 accrual of discount less \$ 0 amortization of premium and less \$	noid for approaching	araat an nurahaaaa
(C) ITICIO	des \$ v accida di discount less \$ v ambitization di premium and less \$	paid for accided in	erest on purchases.
(d) Inclu	ides \$ 0 for company's occupancy of its own buildings; and excludes \$ interest on en	cumbrances.	
		0	
(e) Inclu	ides \$0 accrual of discount less \$0 amortization of premium and less \$	paid for accrued int	erest on purchases.

EXHIBIT OF CAPITAL GAINS (LOSSES)

(f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.

segregated and Separate Accounts.

			IAL OAIII	0 (10001	/	1
		1	2	3	4	5
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	(170)	0	(170)	0	0
1.2	Other bonds (unaffiliated)	(10.744)	0		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
2.21	Common stocks of affiliates				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
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(10,914)	0	(10,914)	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,					
	above)	0	0	0	0	0

Exhibit 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 Citizens Insurance Company of the Midwest ("the Company") are presented on the basis of accounting practices prescribed or permitted by the State of Indiana Insurance Department.

The State of Indiana Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Indiana for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Indiana Insurance Law. The National Association of Insurance Commissioners ("NAIC") "Accounting Practices and Procedures Manual" ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Indiana. 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 Indiana is shown below:

		F/S	F/S		
	SSAP#	Page	Line #	 2022	2021
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	xxx	XXX	XXX	\$ 1,816,195	\$ 1,879,606
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,816,195	\$ 1,879,606
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	XXX	\$ 110,371,915	\$ 98,560,863
(6) State Prescribed Practices that are an increase/(decrease)		\$ -	\$ -		
(7) State Permitted Practices that are an increase/(decrease) fr	om NAIC SAF	P:		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	XXX	XXX	\$ 110,371,915	\$ 98,560,863

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 Applicabale

NOTE 4 Discontinued Operations

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not own any mortgage loans

B. Debt Restructuring

The Company did not have any restructured debt.

C. Reverse Mortgages

The Company does not own any reverse mortgages.

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

1. Less than 12 Months \$ 382,595
2. 12 Months or Longer \$ 213,740
b)The aggregate related fair value of securities with unrealized losses:
1. Less than 12 Months
2. 12 Months or Longer \$ 3,250,033
2. 12 Months or Longer \$ 1,072,131

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

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

Not applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

	Gross (Admitted & Nonadmitted) Restricted													
		Current Year								6		7		
		1	2			3		4		5				
Restricted Asset Category		al General Account (G/A)	G/A Suppo Protec Cell Acc Activ (a)	rting cted count rity	Pr Cell Re	Total rotected I Account estricted Assets	Cel A Su	rotected I Account Assets pporting A Activity (b)	(Total 1 plus 3)	F	Total rom Prior Year	(Dec	crease/ crease) (5 linus 6)
a. Subject to contractual obligation for which														
liability is not shown	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
b. Collateral held under security lending														
agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
c. Subject to repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
d. Subject to reverse repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
e. Subject to dollar repurchase agreements f. Subject to dollar reverse repurchase	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
agreements	\$	-	\$	-	\$	_	\$	-	\$	-	\$	-	\$	-
g. Placed under option contracts h. Letter stock or securities restricted as to sale	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
- excluding FHLB capital stock	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
i. FHLB capital stock	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
j. On deposit with states	\$	390,942	\$	-	\$	-	\$	-	\$	390,942	\$	299,643	\$	91,299
k. On deposit with other regulatory bodies	\$	698,070	\$	-	\$	-	\$	-	\$	698,070	\$	697,658	\$	412
Pledged collateral to FHLB (including assets														
backing funding agreements)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
m. Pledged as collateral not captured in other														
categories	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
n. Other restricted assets	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
o. Total Restricted Assets (Sum of a through n)	\$	1,089,012	\$	-	\$	-	\$	-	\$	1,089,012	\$	997,301	\$	91,711

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

	Current Year					
		8		9	Perce	entage
					10	11
Restricted Asset Category		Total Non- admitted Restricted	F	Total Admitted Restricted 5 minus 8)	Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown b. Collateral held under security lending	\$	-	\$	1	0.000%	0.000%
agreements	\$	_	\$	_	0.000%	0.000%
c. Subject to repurchase agreements	\$	-	\$	-	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$	-	\$	-	0.000%	0.000%
e. Subject to dollar repurchase agreements f. Subject to dollar reverse repurchase	\$	-	\$	-	0.000%	0.000%
agreements	\$	-	\$	-	0.000%	0.000%
g. Placed under option contracts	\$	-	\$	-	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$	-	\$	-	0.000%	0.000%
i. FHLB capital stock	\$	-	\$	-	0.000%	0.000%
j. On deposit with states	\$	-	\$	390,942	0.354%	
k. On deposit with other regulatory bodies	\$	-	\$	698,070	0.632%	0.632%
Pledged collateral to FHLB (including assets backing funding agreements) Pledged as collateral not captured in other	\$	-	\$	-	0.000%	0.000%
categories	\$	-	\$	-	0.000%	0.000%
n. Other restricted assets	\$	-	\$	-	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$	-	\$	1,089,012	0.986%	0.986%

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

Not applicable

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

Not applicable

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

Not applicable

M., N., O., P.

Not applicable

Q. Prepayment Penalty and Acceleration Fees

	Gene	ral Account	Prot	ected Cell
1. Number of CUSIPs		2		-
2. Aggregate Amount of Investment Income	\$	4,723	\$	-

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

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

Not Applicable

NOTE 8 Derivative Instruments

NOTE 9 Income Taxes

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

1.

	As of I	End of Current	Period	12/31/2021			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
(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	\$ -	\$ 39,423	\$ 39,423	\$ -	\$ 34,281	\$ 34,281	\$ -	\$ 5,142	\$ 5,142
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (39,423)	\$ (39,423)	\$ -	\$ (34,281)	\$ (34,281)	\$ -	\$ (5,142)	\$ (5,142)

2.

	As of	End of Current	Period		12/31/2021			Change	T
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	xxx	XXX	\$16,561,701	XXX	xxx	\$14,789,272	XXX	XXX	\$ 1,772,429
(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.
 b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

2022	2021
14476%	14490%

\$ 110,371,915 \$ 98,560,863

- 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]

- 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 (1a+1b)
 - (d) Federal income tax on net capital gains
 - (e) Utilization of capital loss carry-forwards
 - (f) Other
 - (g) Federal and foreign income taxes incurred (1c+1d+1e+1f)

(1) As of En Current P		(2) 12/31/2021	(3) (Col. 1 - 2) Change
\$ 47	4,963	\$ 463,536	\$ 11,427
\$	-	\$ -	\$ -
\$ 47	4,963	\$ 463,536	\$ 11,427
\$	1,292	\$ 24,799	\$ (23,507)
\$	-	\$ -	\$ -
\$	-	\$ -	\$ -
\$ 47	6,255	\$ 488,335	\$ (12,080)

- 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

(99) Subtotal (sum of 2a1 through 2a13)

- (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

(99) Subtotal (2e1+2e2+2e3+2e4)

- (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

(99) Subtotal (3a1+3a2+3a3+3a4+3a5)

- (b) Capital:
 - (1) Investments
 - (2) Real estate
 - (3) Other

(99) Subtotal (3b1+3b2+3b3)

- (c) Deferred tax liabilities (3a99 + 3b99)
- 4. Net deferred tax assets/liabilities (2i 3c)

e		æ		r.	
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	_
\$	-	\$	-	\$	-
\$ 3	9,423	\$	34,281	\$	5,142
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
	9,423	\$	34,281	\$	5,142
	9,423	\$	34,281	\$	5,142
	9,423)	\$	(34,281)	\$	(5,142)
	.,/	. т	,- ,,=-,,	-	,-,·· = /

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

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

-	(1) s of End of rent Period	(2) 12/31/2021	(3) (Col. 1 - 2) Change			
\$	-	\$ -	\$	-		
\$	39,423	\$ 34,281	\$	5,142		
\$	(39,423)	\$ (34,281)	\$	(5,142)		
			\$	(5,142)		

On August 16, 2022, the Inflation Reduction Act ("Act") was enacted and included a new corporate alternative minimum tax ("CAMT"). The Act and the CAMT go into effect for tax years beginning after 2022. The CAMT is 15 percent of the corporation's "adjusted financial statement income" for the tax year, reduced by corporate alternative minimum foreign tax credit, and will only apply to corporations (determined on an affiliated group basis) with average adjusted financial statement income in excess of \$1 billion for the three prior tax years. This threshold is reduced to \$100 million in the case of certain foreign-parented corporations. The Company do not expect to be subject to the CAMT in 2023.

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

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

Tax Provision at statutory rate Tax exempt income deduction Total

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

\$ (17) 0.0%	As of End of Current Period									
\$ (17) 0.0%	Tax	Rate								
Ψ (17)	\$ 481,414	21.0%								
\$ 481.397 21.0%	\$ (17)	0.0%								
	\$ 481.397	21.0%								

As of End of Current Period								
		Tax	Rate					
	\$	474,963	20.6%					
	\$	1,292	0.1%					
	\$	5,142	0.3%					
	Φ	491 307	21.00/					

- 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 2021: \$ 414,707 For the tax year 2022: \$ 401,368

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

Opus Investment Management, Inc.

Professionals Direct, Inc.

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

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

VeraVest Investments, Inc. Verlan 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

On November 18, 2022, the Company received a capital contribution of \$10,000,000 from Hanover. The contribution was settled in bonds at a fair value of \$9,328,515, accrued interest of \$82,603, and cash in the amount of \$588,882.

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 \$8,868 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

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

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

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

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

Not applicable

NOTE 11 Debt

Not applicable

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

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

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

Not applicable

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

Outstanding Shares

The Company has 400 shares of \$5,000 par value common stock authorized and 400 shares issued and outstanding

Dividend Rate of Preferred Stock

Not applicable

C-F. Dividend Restrictions

Pursuant to Indiana's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the Indiana 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. Accordingly, the maximum dividend that may be paid at January 1, 2023 without prior approval from the Indiana Commissioner of Insurance is \$11,037,192. Dividends or distributions made within the preceding twelve months were considered in the above computations.

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A., B., C.

Not applicable

Claims related extra contractual obligations and bad faith losses stemming from lawsuits

	Di	rect
(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits	\$	500,000
(2) Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period	0-25 Cla	ims
(3) Indicate whether claim count information is disclosed nor claim or nor claimant	Por Clair	n

(3) Indicate whether claim count information is disclosed per claim or per claimant

Per Claim

E., F.

Not applicable

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, one of such contingencies are expected to have a material effect on the Company's financial position, although it is possible that the results of operations in a particular quarter or annual period would be materially affected by an adverse development or unfavorable outcome.

NOTE 15 Leases

The Company has no material lease obligations at this time.

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

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

A., B.

Not applicable

Wash Sales

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

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

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

Α.

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

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

- U.S. government determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- All other governments estimates of appropriate market spread versus underlying related sovereign treasury curves dependent on liquidity and direct or contingent support.
- Corporate bonds, which are included in Industrial and miscellaneous bonds overall credit quality, including assessments of the level and variability of: economic sensitivity; liquidity; corporate financial policies; management quality; regulatory environment; competitive position; ownership; restrictive covenants; and security or collateral.
- Municipal bonds, which are included in States, territories and possessions; Political subdivisions of states, territories and possessions; and Special revenue
 and special assessment obligations overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales
 or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and
 susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.
- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations ("CMOs") which are included in U.S. governments
 and Special revenue and special assessment obligations estimates of prepayment speeds based upon: historical prepayment rate trends; underlying
 collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government
 or monetary authority support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs, which are included in Industrial and miscellaneous 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	A	dmitted Assets	(Level 1)	(Level 2)	(Level 3)	Net	Asset Value	 cticable q Value)
Bonds	\$ 97,169,098	\$	108,955,760	\$ 16,105,967	\$ 81,063,131	\$ -	\$	-	\$ -
Cash and Short-Term Investments	\$ 689,415	\$	689,415	\$ 689,415	\$ -	\$ -	\$	_	\$ _

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

Individual Reinsurers Who Are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
88	38-0431730	Citizens Insurance Company of America	\$ 1,220,614,000

B. Reinsurance Recoverable in Dispute

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

C. Reinsurance Assumed and Ceded

(1)

	Assumed I	Reinsura	ance	Ceded Re	einsurance	9	N	et	
	 remium leserve		mmission Equity	Premium Reserve		nission uity	Premium Reserve		mmission Equity
a. Affiliates	\$ -	\$	-	\$ 441,916,443	\$	-	\$(441,916,443)	\$	-
b. All Other	\$ 6,767	\$	2,064	\$ -	\$	-	\$ 6,767	\$	2,064
c. Total (a+b)	\$ 6,767	\$	2,064	\$ 441,916,443	\$		\$(441,909,676)	\$	2,064

d. Direct Unearned Premium Reserve

\$ 441,909,676

(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

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

12/31/2022

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 is an insurer?			Yes [X	[]	No []
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.			-			
1.2	If yes, did the reporting entity register and file with its domiciliary State Insusuch regulatory official of the state of domicile of the principal insurer in the providing disclosure substantially similar to the standards adopted by the N its Model Insurance Holding Company System Regulatory Act and model resubject to standards and disclosure requirements substantially similar to the	Holding Company System, a registration statement lational Association of Insurance Commissioners (NAIC) in equilations pertaining thereto, or is the reporting entity	ſes [X] No []	N/A	[]
1.3	State Regulating?			IN	1		
1.4	Is the reporting entity publicly traded or a member of a publicly traded group	p?		Yes [X]	No []
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issue	ed by the SEC for the entity/group		000094	4695	5	
2.1	Has any change been made during the year of this statement in the charter reporting entity?			Yes []	No [Х]
2.2	If yes, date of change:						
3.1	State as of what date the latest financial examination of the reporting entity	was made or is being made		12/31/	′2019	}	
3.2	State the as of date that the latest financial examination report became avaientity. This date should be the date of the examined balance sheet and not			12/31/	′201§	}	
3.3	State as of what date the latest financial examination report became availa domicile or the reporting entity. This is the release date or completion date examination (balance sheet date).	of the examination report and not the date of the		06/01/	/202 ⁻	1	
3.4	By what department or departments?						
3.5	Have all financial statement adjustments within the latest financial examina statement filed with Departments?		ſes [] No []	N/A	[X]
3.6	Have all of the recommendations within the latest financial examination rep	ort been complied with?	ſes [] No []	N/A	[X]
4.1		of the reporting entity), receive credit or commissions for or co sured on direct premiums) of: new business?		Yes [Yes [
	receive credit or commissions for or control a substantial part (more than 2) premiums) of:	0 percent of any major line of business measured on direct new business?		V [1	Na f	V 1
		rew business?		Yes [Yes [-	No [-
5.1	Has the reporting entity been a party to a merger or consolidation during the lf yes, complete and file the merger history data file with the NAIC.	e period covered by this statement?		Yes []	No [Х]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of doceased to exist as a result of the merger or consolidation.	omicile (use two letter state abbreviation) for any entity that has	;				
	1 Name of Entity	2 3 NAIC Company Code State of Domicile					
6.1	Has the reporting entity had any Certificates of Authority, licenses or registr revoked by any governmental entity during the reporting period?	rations (including corporate registration, if applicable) suspende		Yes []	No [Х]
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly or	control 10% or more of the reporting entity?		Yes []	No [Х]
7.2	If yes, 7.21 State the percentage of foreign control;	tity is a mutual or reciprocal, the nationality of its manager or	<u> </u>	(0.0		%
	1	2					
	Nationality	Type of Entity					

GENERAL INTERROGATORIES

3.2	If the response to 8.1 is yes, please identify the name of the DIHC.								
	Is the company affiliated with one or more banks, thrifts or securities If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commissions of the Commission of the Securities (FDIC) and the Securities (FDIC) are the Securities (FDIC) and the Securities (FDIC) and the Securities (FDIC) are the Securities (FDIC) and the Securities (FDIC) are t	on (city and state of the main office) of any affiliance Office of the Comptroller of the Currency (OCC	es regulate c), the Fede	ed by a fe eral Depo	deral	Yes [)	[]	No []
	1	2	3	4	5	6	1		
	Affiliate Name Opus Investment Management, Inc			NO	FDICN0	SEC YES	-		
3.5	Is the reporting entity a depository institution holding company with s				of				
3.6	Federal Reserve System or a subsidiary of the depository institution If response to 8.5 is no, is the reporting entity a company or subsidia Federal Reserve Board's capital rule?	holding company?	ubject to th	e		Yes [] No [_	-
	What is the name and address of the independent certified public ac	ecountant or accounting firm retained to conduct	ne annual a	audit?		, [
0.1	PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, E Has the insurer been granted any exemptions to the prohibited non-requirements as allowed in Section 7H of the Annual Financial Repolaw or regulation?	audit services provided by the certified independenting Model Regulation (Model Audit Rule), or su	ent public a	ccountan similar sta	t ate	Yes [1	No ſ	X 1
0.2	If the response to 10.1 is yes, provide information related to this exer	mption:					•		
	Has the insurer been granted any exemptions related to the other reallowed for in Section 18A of the Model Regulation, or substantially s If the response to 10.3 is yes, provide information related to this exer	quirements of the Annual Financial Reporting Mosimilar state law or regulation?mption:	del Regula	tion as		Yes []	No [Х]
0.5	Has the reporting entity established an Audit Committee in complian					1 No [1	N/A	\ []
	If the response to 10.5 is no or n/a, please explain				-	, [,		
	What is the name, address and affiliation (officer/employee of the rej firm) of the individual providing the statement of actuarial opinion/cer Julie Frechette, Assitant Vice President and Actuary, FCAS, MAAA,	porting entity or actuary/consultant associated wirtification?	h an actua	rial consu	ulting				
2.1	Does the reporting entity own any securities of a real estate holding of					Yes []	No [Χ]
		al estate holding company							
		parcels involved							
2.2	12.13 Total book/a lf, yes provide explanation:	adjusted carrying value				\$			
•									
	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTI What changes have been made during the year in the United States	manager or the United States trustees of the rep	•	•					
3.2	Does this statement contain all business transacted for the reporting					Yes []	No []
3.3	Have there been any changes made to any of the trust indentures du	uring the year?				Yes []	No []
	If answer to (13.3) is yes, has the domiciliary or entry state approved] No []	N/A	\ [_]
	Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, wa. Honest and ethical conduct, including the ethical handling of actual relationships;	which includes the following standards?al or apparent conflicts of interest between perso	nal and pro			Yes [)	(]	No []
	 b. Full, fair, accurate, timely and understandable disclosure in the pe c. Compliance with applicable governmental laws, rules and regulation d. The prompt internal reporting of violations to an appropriate perso 	ons;	entity;						
.11	e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:								
	Has the code of ethics for senior managers been amended?					Yes [1	No [у 1
	If the response to 14.2 is yes, provide information related to amendment	nent(s).				169 [1	INU [ν 1
	Have any provisions of the code of ethics been waived for any of the If the response to 14.3 is yes, provide the nature of any waiver(s).					Yes []	No [Х]

GENERAL INTERROGATORIES

American Bankers Association (ABA) Routing Number	2		3	4
Number	laccion de Confirmina Bank Nama			
		o:		
	Issuing or Confirming Bank Name		at Can Trigger the Letter of Credit	Amount
	BOARD OF	DIRECTORS		
	or sale of all investments of the reporting entity passed upon eit			Yes [X] N
Does the reportir	ng entity keep a complete permanent record of the proceedings	s of its board of direct	tors and all subordinate committees	Yes [X] N
Has the reporting part of any of its	g entity an established procedure for disclosure to its board of d officers, directors, trustees or responsible employees that is in	directors or trustees of conflict or is likely to	of any material interest or affiliation on the conflict with the official duties of such	Yes [X] N
	FINA	ANCIAL		
Has this stateme	ent been prepared using a basis of accounting other than Statut ciples)?	itory Accounting Princ	siples (e.g., Generally Accepted	Yes [] N
Total amount loa	aned during the year (inclusive of Separate Accounts, exclusive	e of policy loans): 2	20.11 To directors or other officers	.\$
		2	20.12 To stockholders not officers	.\$
		2	20.13 Trustees, supreme or grand	
			(Fraternal Only)	\$
Total amount of policy loans):	loans outstanding at the end of year (inclusive of Separate Acc	counts, exclusive of	20.21 To directors or other officers	¢
policy loans).			20.22 To stockholders not officers	
			20.23 Trustees, supreme or grand	.ψ
			(Fraternal Only)	\$
Were any assets obligation being	reported in this statement subject to a contractual obligation to reported in the statement?			
If yes, state the a	amount thereof at December 31 of the current year:		21.21 Rented from others	
			21.22 Borrowed from others	
			21.23 Leased from others	
			21.24 Other	.\$
guaranty associa	nent include payments for assessments as described in the Annation assessments?			
If answer is yes:			1 Amount paid as losses or risk adjustment	
			2 Amount paid as expenses3 Other amounts paid	
Doos the reportion	ng entity report any amounts due from parent, subsidiaries or af		•	-
If yes, indicate a	ny amounts receivable from parent included in the Page 2 amounts	ount:		\$
90 days?	utilize third parties to pay agent commissions in which the amo			Yes [] N
		Is the		
	Name of Third-Party	Third-Party Agent a Related Party (Yes/No)		
		STMENT		

15.2

GENERAL INTERROGATORIES

25.02	2 If no, give full and complete information relating thereto					
25.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securitie whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided None- SEC lending program has been discontinued)				
25.04	4 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-B Instructions.		\$			0
25.05	5 For the reporting entity's securities lending program, report amount of collateral for other programs		\$			0
25.06	6 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	ne Yes [] No	[]	N/A [[X]
25.07	7 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [] No	[]	N/A [[X]
25.08	Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) conduct securities lending?] No	[]	N/A [[X]
25.09	9 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:					
	 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 Total payable for securities lending reported on the liability page. 		\$			0
26.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively uncontrol of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is curre force? (Exclude securities subject to Interrogatory 21.1 and 25.03).	ntly in	Yes [Х]	No []
26.2	26.21 Subject to repurchase agreements	ents to sale - s s eral pledged ng assets	\$		390	00000 0,942 8,070
26.3	For category (26.26) provide the following:			3		7
26.3	1 2 Nature of Restriction Description			3 mount		
26.3	1 2			mount		
26.3	Nature of Restriction Description			moun	0	
27.1	Nature of Restriction Description		Yes [mount	0 No [X	 X]
27.1 27.2	1 2 Description Does the reporting entity have any hedging transactions reported on Schedule DB?		Yes [mount	0 No [X	 X]
27.1 27.2	Nature of Restriction Description Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:	Yes [Yes []	No [X	 X]
27.1 27.2 NES 2	Nature of Restriction Description Description Description Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [Yes [] No Yes [Yes [Yes [] []	No [X	 X]
27.1 27.2 NES 2 27.3 27.4	Nature of Restriction Description Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	sensitivity? . he tof VM-21 unt. y Defined	Yes [] No Yes [Yes [Yes [Yes [Yes [] []	No [X N/A [No [N	 X]
27.1 27.2 NES 2 27.3 27.4	Nature of Restriction Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	sensitivity?he	Yes [] No Yes [Yes [Yes [Yes [Yes [No [X N/A [No [N	 X] [X]
27.1 27.2 NES 2 27.3 27.4	Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY: Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate if the response to 27.3 is YES, does the reporting entity utilize: 27.41 Special accounting provision of SSAP No. 108. 27.42 Permitted accounting practice. 27.43 Other accounting guidance. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to t following: • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishmer reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amo • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearl Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the of its actual day-to-day risk mitigation efforts. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the opissuer, convertible into equity?	sensitivity? . the of VM-21 unt. y Defined company in otton of the	Yes [] No Yes [Yes [Yes [Yes [Yes [No [X N/A [No [No [No [No [No [X No [X]]]]]
27.1 27.2 NES 2 27.3 27.4 27.5	Nature of Restriction Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY: Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate If the response to 27.3 is YES, does the reporting entity utilize: 27.41 Special accounting provision of SSAP No. 108. 27.42 Permitted accounting practice 27.43 Other accounting guidance 5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to t following: • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishmer reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amo • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearl Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the cits actual day-to-day risk mitigation efforts. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the opissuer, convertible into equity?	yes [sensitivity? . he t of VM-21 unt. y Defined company in btion of the orting entity's int to a s, F.	Yes [] No Yes [Yes [Yes [Yes [Yes [Yes [Yes [Yes [Yes]]]]	No [X N/A [No [No [No [No [No [X No [X]]]]]
27.1 27.2 NES 2 27.3 27.4 27.5	Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	sensitivity? . he t of VM-21 unt. y Defined company in bition of the criting entity's int to a s, F.	Yes [] No Yes [Yes [Yes [Yes [Yes [Yes [Yes [Yes [Yes]]]]	No [X N/A [No [No [No [No [No [X No [X]]]]]
27.1 27.2 NES 2 27.3 27.4 27.5	Nature of Restriction Does the reporting entity have any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	sensitivity? . Sensitivity? . The sensitivity? .	Yes [] No Yes []]] X]	No [X N/A [No [N	 X]]]]]

GENERAL INTERROGATORIES

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

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

29.03	Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes []	No	[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	549300UFGZJWL1M0S85	Commission	DS

30.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
		0
30 2000 - 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	108,955,760	97,169,098	(11,786,662)
31.2 Preferred stocks	0	0	0
31.3 Totals	108,955,760	97,169,098	(11,786,662)

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?	Yes []	No []
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:				
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes [)	(]	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?	V [1	No. E.V	v 1
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 [)	
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 [)	(]
37.	By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following: a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date. b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties. c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review. d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments. Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	X] No[1	N/A	[]

GENERAL INTERROGATORIES

38.1	Does the reporting entity directly hold cryptocurrencies?			. Yes []	No [Х]
38.2	If the response to 38.1 is yes, on what schedule are they reported?						
39.1	Does the reporting entity directly or indirectly accept cryptocurrencies as payments for	r premiums on policies?		Yes []	No [Х]
39.2	the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars? 39.21 Held directly. 39.22 Immediately converted to U.S. dollars. the response to 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly. 1		- 1	No []		
39.3	fithe response to 38.1 is yes, on what schedule are they reported? Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars? 39.22 Immediately converted to U.S. dollars If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly. I 2 2 3 Accepted for Payment of Directly Held, or Both Premiums OTHER Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations and statistical or rating bureaus during the period covered by this statement. 1						
		Immediately Converted to USD,	Accepted for Payment of				
	OTHE	<u> </u>		_			
	OTHER	`					
40.1	Amount of payments to trade associations, service organizations and statistical or rati	ing bureaus, if any?		\$			0
40.2			ents to trade association	ons,			
		Amo					
			0				
41.1		•		\$			0
41.2	List the name of the firm and the amount paid if any such payment represented 25% during the period covered by this statement.	or more of the total payments for I	egal expenses				
		A					
42.1	Amount of payments for expenditures in connection with matters before legislative bo	dies, officers or departments of go	overnment, if any?	\$			0
42.2							
		Ama	_				
	Name		unt Paid 0				

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in f	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 Insura 1.31 Reason for excluding	•		·		0
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alie			ò		0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance			è		0
4.0	ladicidual adiaba.					
1.6	Individual policies:	Most current three year 1.61 Total premium ear		.		0
		1.62 Total incurred clai				
		1.63 Number of covere	d lives			0
		All years prior to most of	current three vears			
		1.64 Total premium ear		;		0
		1.65 Total incurred clai				
		1.66 Number of covere	d lives			0
1.7	Group policies:	Most current three year	s:			
		1.71 Total premium ear	med\$;		0
		1.72 Total incurred clair	ms\$;		0
		1.73 Number of covere	d lives			0
		All years prior to most o	current three years			n
			ms\$			
			d lives			
		6 11426. 6. 6616.6	2 00			
2.	Health Test:		•			
		1 Current Year Prio	2 r Year			
	2.1 Premium Numerator	0	0			
	2.2 Premium Denominator	0	0			
	2.3 Premium Ratio (2.1/2.2)					
	2.4 Reserve Numerator					
	2.5 Reserve Denominator	0	0			
	2.6 Reserve Ratio (2.4/2.5)	0.000	0.000			
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-part	ticipating policies				
	during the calendar year:	3.21 Participating polic	ies\$		8	,008
		3.22 Non-participating	olicies\$;	890,248	,946
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?]
4.3	If assessable policies are issued, what is the extent of the contingent liability of	of the policyholders?	%	,		0.0
4.4	Total amount of assessments paid or ordered to be paid during the year on do	eposit notes or contingent premiums	\$;		0
5.	For Reciprocal Exchanges Only:					
5.1	Does the Exchange appoint local agents?			Yes [] No []
5.2	If yes, is the commission paid:	a fact componentian	V r	1 N= 7	1 NI/A F	1
		n-fact compensatione of the exchange] N/A [J
5.3	What expenses of the Exchange are not paid out of the compensation of the	Attorney-in-fact?		j NO [] N/A [J
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain co			Yes [] No []
5.5	If yes, give full information					

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY 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 Citizens Insurance Company of America (CICA). CICA 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 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 cedes 100% of its business to The Citizens Insurance Company of America (CICA). Effective July 1, 2022, we have catastrophe protection through a per occurrence excess of loss reinsurance agreement with Commonwealth Re Ltd. ("Commonwealth Re"), an independent company, licensed as a Special Purpose Insurer in Bermuda. The reinsurance agreement meets the requirements to be accounted for as reinsurance in accordance with the guidance for reinsurance contracts. In connection with the reinsurance agreement, Commonwealth Re issued notes (generally referred to as "catastrophe bonds") to investors in amounts totaling \$150 million, consistent with the amount of coverage provided under the reinsurance agreement as described below. The proceeds were deposited in a reinsurance trust account. The reinsurance agreement provides us with coverage of up to \$150 million through June 30, 2025, for catastrophe losses from named tropical storms or hurricanes, including all events or perils directly resulting from such storm or storm system, which may include, by way of example and not limitation, hurricane, wind, gusts, typhoon, hail, rain, tornadoes, cyclones, ensuing flood, storm surge, water damage, fire following, sprinkler leakage, riots, vandalism, and collapse. For events up to and including June 30, 2025, we are entitled to begin recovering amounts under this reinsurance agreement if the covered losses in the covered losses reach a maximum \$1.45 billion. The attachment level and the maximum level (or exhaustion level) under this agreement may be reset annually to adjust the expected loss of the layer within a predetermined range. The coverage under the reinsurance agreement is limited to specified personal and commercial property coverage written in the following g					
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 Citizens Insurance Company of America.					
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 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 [1	No	[X]	1
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its					
9.3	affiliates in a separate reinsurance contract. 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.	Yes []	No	[X]
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					
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? 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.	Yes []	No	[X]

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,		Yes []	No [Χ]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation					
	supplement; or		Yes [Χ]	No []
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an					
	attestation supplement		Yes []	No [Χ]
	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?	es [X]	No []	N/A	[

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1	Has the reporting entity guaranteed policies issued by	y any other entity and n	ow in force?			Yes [] No [Χ]
11.2	If yes, give full information							
12.1	If the reporting entity recorded accrued retrospective amount of corresponding liabilities recorded for:	premiums on insurance	e contracts on Line 15.3	of the asset schedule, I	Page 2, state the			
		12.11 Unp	aid losses		\$;		0
		12.12 Սոբ	aid underwriting expens	ses (including loss adjus	stment expenses)\$;		0
12.2	Of the amount on Line 15.3, Page 2, state the amount	t which is secured by le	etters of credit, collatera	and other funds	\$;		0
12.3	If the reporting entity underwrites commercial insuran accepted from its insureds covering unpaid premiums] 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:				
		12.41 Fro	n				0.	0 %
		12.42 To					0.0	0 %
12.5	Are letters of credit or collateral and other funds receipromissory notes taken by a reporting entity, or to seclosses under loss deductible features of commercial	cure any of the reporting	entity's reported direct	unpaid loss reserves .	including unpaid	Yes [] No [Х]
12.6	If yes, state the amount thereof at December 31 of the	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	(excluding workers' co	ompensation):		\$;		0
13.2	Does any reinsurance contract considered in the calc reinstatement provision?					Yes [] No [Х]
13.3	State the number of reinsurance contracts (excluding facilities or facultative obligatory contracts) considered	individual facultative ri d in the calculation of the	sk certificates, but include amount.	ding facultative program	s, automatic			1
14.1	Is the company a cedant in a multiple cedant reinsura	ance contract?				Yes [] No [Х]
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	bed in 14.2 entirely cor	tained in written agreen	nents?		Yes [] No []
14.5	If the answer to 14.4 is no, please explain:							
15.1	Has the reporting entity guaranteed any financed pre					Yes [] No [Х]
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 [Х]
		1	2	3	4	1	5	
		Direct Losses	Direct Losses	Direct Written	Direct Premium	Di	rect Premi	um
		Incurred	Unpaid	Premium	Unearned	+	Earned	

	1	2	3	4	5
	Direct Losses	Direct Losses	Direct Written	Direct Premium	Direct Premium
	Incurred	Unpaid	Premium	Unearned	Earned
6.11 Home	0	0	0	0	0
6.12 Products	0	0	0	0	0
6.13 Automobile	0	0	0	0	0
6.14 Other*	0	0	0	0	(
* Disclose type of coverage:					

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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

FIVE-YEAR HISTORICAL DATA

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

	Show amounts in whole			•		
		1	2	3	4	5
		2022	2021	2020	2019	2018
	Gross Premiums Written (Page 8, Part 1B Cols.					
	1, 2 & 3)					
1.	Liability lines (Lines 11, 16, 17, 18 & 19)	329.833.149	335 . 657 . 630	341,805,534	369.949.219	324,347,045
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
						201,000,040
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	044 060 057	157 750 057	117 100 077	04 056 000	40 700 000
		241,060,357	157,758,257	117, 139,977	81,836,330	40,788,000
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28,	_	_	_	_	_
	29, 30 & 34)		0	0	0	0
5.	Nonproportional reinsurance lines (Lines 31, 32 &					
	33)	0	0	0	0	0
6.	Total (Line 35)	890 273 493	794 072 841	733 342 684	724 169 647	616 465 660
Ŭ.	Net Premiums Written (Page 8, Part 1B, Col. 6)					
	Net Premiums Written (Page 6, Part 16, Col. 6)		•			•
7.	Liability lines (Lines 11, 16, 17, 18 & 19)	0	0	0		0
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)		0	0	0	0
9.	Droporty and liability combined lines (Lines 2 4 E					
	8, 22 & 27)	0	0	0	0	0
10.	All other lines (Lines C 10 12 14 15 22 24 20					
10.	29, 30 & 34)	0	0	0	0	0
11.		0	0	0	0	0
	33)		-	_	•	0
12.	Total (Line 35)		0	0	0	0
	Statement of Income (Page 4)					
13	Net underwriting gain (loss) (Line 8)	۸	n	n	0	0
	Not investment sein (1) (1 in - 44)	2 204 450	2 242 440	2,212,075		1,718,504
14.	Net investment gain (loss) (Line 11)		2,343, 142			
15.	Total other income (Line 15)		0	0		0
16.	Dividends to policyholders (Line 17)	0	0	0	0	0
17.	Federal and foreign income taxes incurred (Line 19)	474 963	463,536	448,553	425,610	358,218
	Not income (Line 20)	1 010 105	1,879,606	1,763,522		1,360,286
18.	Net income (Line 20)	195 , 10 هر ۱	1,8/9,606	1,703,522	1,044,/61	1,300,286
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell					
	business (Page 2, Line 26, Col. 3)	110,430,221	98,615,653	96,736,079	82,977,586	69,318,781
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	0	0	0	0	0
	20.1 in course of collection (Line 15.1)					
	20.2 Deferred and not yet due (Line 15.2)		0	0	0	0
	20.3 Accrued retrospective premiums (Line 15.3)		0	0	0	0
21.	Total liabilities excluding protected cell business					
	(Page 3, Line 26)	58,306	54,790	46,009	49,646	28,517
22.	Losses (Page 3, Line 1)	0	0	0		0
	Loss adjustment expenses (Page 3, Line 3)	0		0	0	0
23.	Loss adjustment expenses (Page 3, Line 3)					
24.	Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25.	Capital paid up (Page 3, Lines 30 & 31)	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
26.	Surplus as regards policyholders (Page 3, Line 37)	110 371 915	98 560 863	96,690,070	82,927,940	69,290,264
20.					02,027,010	
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	1,803,622	2,061,949	1,839,549	1,7/8,492	1,407,522
	Risk-Based Capital Analysis					
28.	Total adjusted capital	110.371.915	98.560.863	96.690.070	82.927.940	69.290.264
29.	Authorized control level risk-based capital					
29.	-			200,000	240,300	
	Percentage Distribution of Cash, Cash					
	Equivalents and Invested Assets (Page 2, Col.					
	3) (Line divided by Page 2, Line 12, Col. 3)					
	x100.0					
30.	Bonds (Line 1)	99.4	98.8	98.1	93.7	99.2
31.	Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)	0 0	ი ი	0.0	0.0	0.0
	Real estate (Lines 4.1, 4.2 & 4.3)	n n	n n	0.0	0.0	
33.						
34.	Cash, cash equivalents and short-term investments					
	(Line 5)	U.6	1.2	<u>.</u> 1.9	6.3	
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)	n n	0.0	0.0	0.0	0.0
	Receivables for securities (Line 9)					
38.						0.0
39.	Securities lending reinvested collateral assets (Line		<u> </u>	<u> </u>		A -
	10)	0.0	0.0	0.0		
40.	Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41.	Cach cach equivalents and invested assets (Line					
l '''	12)		100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and					
	Affiliates					
4.0						
42.	Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)		^	_	_	^
		U	0	0	0	0
43.	Affiliated preferred stocks (Schedule D, Summary,					
	Line 18, Col. 1)	0	0	0	0	0
44.						
	Line 24, Col. 1)	0	0	0	l 0 l	0
45.	A 6611 - 4					
45.	in Schedule DA Verification, Col. 5, Line 10)	^	٨	n	^	Λ
	in Schedule DA Verilication, Col. 5, Line 10)	۷		U	U	U
46.	Affiliated mortgage loans on real estate	0				0
47.	All other affiliated	0	0			0
48.	Total of above Lines 42 to 47	0	n	n	n	n
49.	Total Investment in Parent included in Lines 42 to					
49.	1 otal investment in Parent included in Lines 42 to 47 above	^	۸	^	^	^
		u	U	U	u	0
50.	Percentage of investments in parent, subsidiaries					
	and affiliates to surplus as regards policyholders					
	(Line 48 above divided by Page 3, Col. 1, Line 37					
	x 100.0)	0.0	0.0	0.0	0.0	0.0
	·					

FIVE-YEAR HISTORICAL DATA

(C	ontinued)

		1	2	3	4	5
		2022	2021	2020	2019	2018
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52.	Dividends to stockholders (Line 35)	0	0	0	0	0
53.	Change in surplus as regards policyholders for the year (Line 38)	11,811,053	1,870,792	13,762,130	13,637,676	9,864,489
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11, 16, 17, 18 & 19)	133,989,149	149,139,724	168, 169,972	163,441,682	148,548,755
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	230,740,317	161,869,932	132,826,169	161,950,651	138,512,813
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	137,580,367	117,784,153	64,975,705	34,291,845	8,356,934
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.	Total (Line 35)	502,309,833	428,793,809	365,971,846	359,684,178	295,418,502
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11, 16, 17, 18 & 19)	0	0	0	0	0
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0 .	0	0	0	0
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65.	Total (Line 35)	0	0	0	0	0
	Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)	0.0	0.0	0.0	0.0	0.0
68.	Loss expenses incurred (Line 3)	0.0	0.0	0.0	0.0	0.0
69.	Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	0.0	0.0
70.	Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	0.0	0.0
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
73.						0.0
	One Year Loss Development (\$000 omitted)			2.00		
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule					
75.	P - Part 2 - Summary, Line 12, Col. 11) Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)				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	0.0

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

(\$000 OMITTED)

		Pr	emiums Earn	ed		(400	Los	,	pense Payme	ents			12
Years in 1 2 3				Defense	and Cost	Adjusting	and Other	10	11				
Which					Loss Payments		Containment Payments		Payments				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	`	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	7,386	7,386	319	319	14	14	0	0	XXX
2.	2013	397,945	397,945	0	213,329	213,329	6 , 353	6,353	30,535	30,535	0	0	XXX
3.	2014	408,431	408,431	0	197,801	197,801	6 , 176	6 , 176	16,758	16,758	0	0	XXX
4.	2015	428,238	428,238	0	226,064	226,064	9,378	9,378	15,024	15,024	0	0	XXX
5.	2016	446,748	446,748	0	241,960	241,960	10,489	10,489	15,636	15,636	0	0	XXX
6.	2017	496,669	496,669	0	271,406	271,406	10,768	10,768	16,060	16,060	0	0	XXX
7.	2018	559,811	559,811	0	289,371	289,371	11,395	11,395	16,772	16,772	0	0	XXX
8.	2019	668 , 100	668 , 100	0	366,916	366,916	11, 169	11,169	22,769	22,769	0	0	XXX
9.	2020	727,534	727,534	0	292,583	292,583	7,552	7,552	24,595	24,595	0	0	XXX
10.	2021	755 , 135	755 , 135	0	393,564	393,564	5,959	5,959	31,669	31,669	0	0	XXX
11.	2022	842,338	842,338	0	308,138	308,138	1,826	1,826	29,252	29,252	0	0	XXX
12.	Totals	XXX	XXX	XXX	2,808,519	2,808,519	81,383	81,383	219,084	219,084	0	0	XXX

												23	24	25
		0		Unpaid	IDNID	Defense and Cost Containment Unpaid Case Basis Bulk + IBNR					and Other			
		Case 13	Basis 14	15	- IBNR 16	17	Basis 18	19	20	21	paid 22			Number
			14		10		10		20		22	Salvage and	Total Net Losses	of Claims Outstand-
		Direct and		Direct and		Direct and		Direct and		Direct and		Subrog- ation	and Expenses	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	20,081	20,081	7,527	7,527	113	113	2,955	2,955	208	208	0	0	XXX
2.	2013	4,361	4,361	2 , 185	2 , 185	21	21	678	678	39	39	0	0	XXX
3.	2014	1,722	1,722	2,474	2,474	2	2	762	762	31	31	0	0	XXX
4.	2015	5 , 118	5,118	19,479	19,479	13	13	1,226	1,226	47	47	0	0	XXX
5.	2016	5,202	5,202	26,891	26,891	34	34	1,628	1,628	65	65	0	0	XXX
6.	2017	6,841	6,841	29,340	29,340	94	94	1,736	1,736	106	106	0	0	XXX
7.	2018	9,502	9,502	35, 181	35 , 181	412	412	2,053	2,053	185	185	0	0	XXX
8.	2019	17,703	17,703	46,353	46,353	933	933	2,972	2,972	522	522	0	0	XXX
9.	2020	23,470	23,470	54,606	54,606	1,212	1,212	4,329	4,329	758	758	0	0	XXX
10.	2021	57,576	57,576	81,391	81,391	2,962	2,962	10,959	10,959	2,052	2,052	0	0	XXX
11.	2022	90,177	90,177	166,593	166,593	919	919	17,795	17,795	7,108	7,108	0	0	XXX
12.	Totals	241,752	241,752	472,020	472,020	6,714	6,714	47,093	47,093	11,119	11,119	0	0	XXX

			Total			oss Expense F				34		nce Sheet
		Losses and	d Loss Expense		(ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and			Direct and				Loss	Company Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	257,501	257,501	0	64.7	64.7	0.0	0	0	0.0	0	0
3.	2014	225,725	225 , 725	0	55.3	55.3	0.0	0	0	0.0	0	0
4.	2015	276,350	276,350	0	64.5	64.5	0.0	0	0	0.0	0	0
5.	2016	301,905	301,905	0	67.6	67.6	0.0	0	0	0.0	0	0
6.	2017	336,351	336,351	0	67.7	67.7	0.0	0	0	0.0	0	0
7.	2018	364,869	364,869	0	65.2	65.2	0.0	0	0	0.0	0	0
8.	2019	469,336	469,336	0	70.2	70.2	0.0	0	0	0.0	0	0
9.	2020	409 , 104	409 , 104	0	56.2	56.2	0.0	0	0	0.0	0	0
10.	2021	586 , 132	586 , 132	0	77.6	77.6	0.0	0	0	0.0	0	0
11.	2022	621,807	621,807	0	73.8	73.8	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

Schedule P - Part 3 - Summary
NONE

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories s, Including 4 5

Dividends

Direct Premiums

Written for

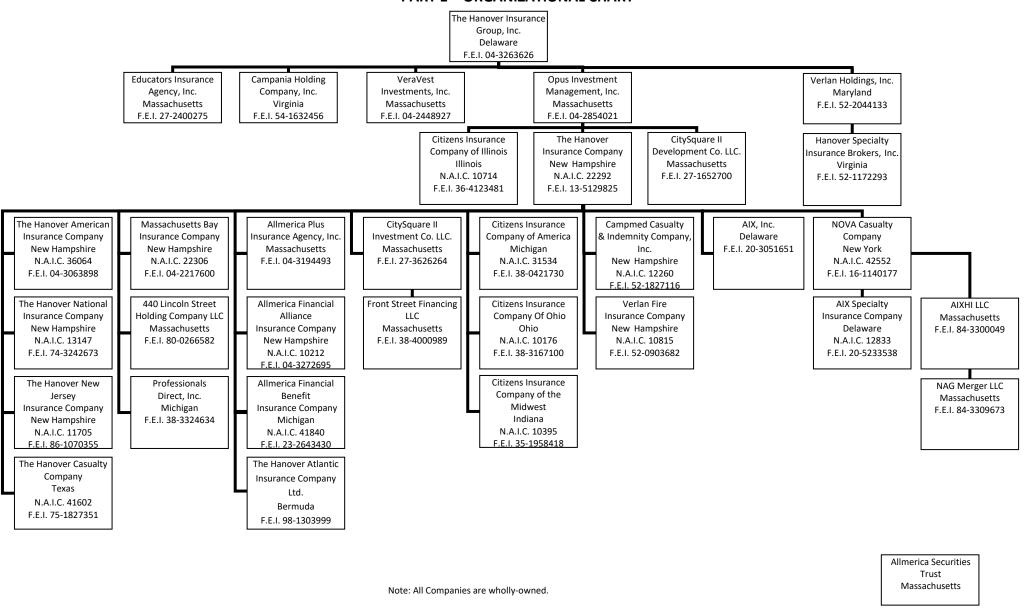
Gross Premiums, Including

Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not

			Premiums on Tak		Dividends Paid or	Direct			Finance and	Written for Federal
		A ativ-	2	3	Credited to	Losses	Direct	Dinast	Service	Purchasing
		Active Status	Direct Premiums	Direct Premiums	Policyholders on Direct	Paid (Deducting	Direct Losses	Direct Losses	Charges Not Included in	Groups (Included ir
	States, Etc.	(a)	Written	Earned	Business	`Salvage)	Incurred	Unpaid	Premiums	Column 2)
	Alabama AL	N	0	0	0	0	0	0	0	
	Alaska AK	N	0	0	0	0	0	0	0	
	Arizona AZ	N	0	0	0	0	0	0	0	
	Arkansas AR California CA	NN.	0		0	٥	0	0		
	ColoradoCO	N	0			0 0		0 N		
	Connecticut CT	N	0	0	0	0	0	0	0	
	Delaware DE	N	0	0	0	0	0	0	0	
9.	District of Columbia DC	N	0	0	0	0	0	0	0	
10.	Florida FL	N	0	0	0	0	0	0	0	
	GeorgiaGA	N	0	0	0	0	0	0	0	
	HawaiiHI	N	0	0	0	0	0	0	0	
	dahoID	N	0	0	0	0	0	0	0	
	IlinoisIL ndianaIN	N		5 .053 .407	0	0 3.728.906	3.006.419			
	owaIA	N	009,080	5,053,407	0	3,728,906	006,419	2,264,167	11,003	
	Kansas KS	N	0		0	0 0	0			
	KentuckyKY	N N	0	0	0	0	0	0	0	
	_ouisianaLA	N	0	0	0	0	0	0	0	
20.	MaineME	N	0	0	0	0	0	0	0	
21.	MarylandMD	N	0	0	0	0	0	0	0	
	Massachusetts MA	N	0	0	0	0	0	0	0	
	MichiganMI	L	889,647,873	837,264,844	0	498,560,226	564,571,381	711,332,530	4,344,966	
	MinnesotaMN	N	0	0	0	0	0	0	J0	
	MississippiMS MissouriMO	N NI	0	0	0	0 n	0	0	0	l
	Montana MO	N	0	0	0	ں ۱	0	n	0	
	NebraskaNF	N	0	o	n	0	0			
	NevadaNV	N	0	0	0	0	0	0	0	
	New HampshireNH	N	0	0	0	0	0	0	0	
31.	New JerseyNJ	N	0	0	0	0	0	0	0	
	New MexicoNM	N	0	0	0	0	0	0	0	
	New YorkNY	N	0	0	0	0	0	0	0	
	North CarolinaNC	N	0	0	0	0	0	0	0	
	North DakotaND	N	0	0	0	0	0	0	0	
	OhioOH OklahomaOK	NN.	0	0	0	٥	0	0		
	Oregon OR	N			0	٥			0 n	
	PennsylvaniaPA	N	0					0		
	Rhode IslandRI	N	0	0	0	0	0	0	0	
41.	South CarolinaSC	N	0	0	0	0	0	0	0	
42.	South Dakota SD	N	0	0	0	0	0	0	0	
	TennesseeTN	N		0	0	0	0	0		
	TexasTX			0		0		0		
	UtahUT		0					0		
	VermontVT							0		
	VirginiaVA WashingtonWA		0			0		0 0		
	West VirginiaWV		0					0		
	WisconsinWI		0							
	Wyoming WY		0					0		
	American SamoaAS		0	0	0	0	0			
	GuamGU	N	0	0	0	0	0	0	0	
	Puerto RicoPR		0					0		
	J.S. Virgin IslandsVI	N	0	0	0	0	0	0	0	
56. I	Northern Mariana Islands MP	N	0	0	0	0	n	0	n	
57.	CanadaCAN							0		
	Aggregate other alien . OT	XXX			0		0	0		
	Totals	XXX	890,256,953	842,318,251			567,577,800	713,596,697		<u> </u>
	DETAILS OF WRITE-INS									
8001.										
8002.										
8003.		XXX								
8998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	
8999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58				0			0	0	
) Activ	above) e Status Counts:	XXX	0	0	U	0	0	0	0	1
	e Status Counts: Licensed or Chartered - Lice	nsed insurance	e carrier or domi	ciled RRG		.2 4 O - Ousli	fied - Qualified o	r accredited reins	urer.	
1 1 -	Registered - Non-domiciled									
2. R -	Eligible - Reporting entities e	P				0 6 N None	of the above - N	lot allowed to write	e business in the	state
2. R - 3. E -	(other than their state of don					. 0 0. IN - INOITE	or the above in		0 200111000 111 1110	
2. R - 3. E - 5) Expla	nation of basis of allocation	of premiums b	y states, etc.							
2. R - 3. E - 5) Expla ire, Alli	nation of basis of allocation ed Lines, Homeowners, Com	of premiums b imercial multip	y states, etc. ble peril, Earthqua	ake, Glass, Burg	glary, Boiler and	Machinery - loca	ation of property	insured. Ocean I	Marine - state co	ntract was
2. R - 3. E -) Expla re, Allia negotia	nation of basis of allocation	of premiums b nmercial multip of insured. Li	y states, etc. ble peril, Earthqua ability other than	ake, Glass, Burg auto - location	glary, Boiler and of insured plant.	Machinery - loca Auto liability an	ation of property od physical dama	insured. Ocean I	Marine - state co cipal garage. W	ntract was orkers'

⁹⁴

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



Affiliated Investment Management
Company

NONE