

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

### **ANNUAL STATEMENT**

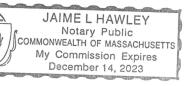
FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

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
Otalulory 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	enbach			•
	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







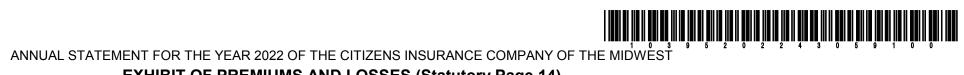
### **EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0088 BUSI	NESS IN THE STATE C	F Indiana				_	DUI	RING THE YEAR	R 2022	NAIC Com	pany Code 10	395
	Policy and Mer Less Return F	ums, Including mbership Fees, Premiums and blicies not Taken	3  Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		0	0	0	0	0	
2.1 Allied Lines	0	0	0		)		0	0	0	0	0	
2.3 Federal Flood			0							0		
2.4. Private Crop		Λ			)		,  0			0	n	
2.5 Private Flood		Λ			1		0			0	Λ	
Farmowners Multiple Peril		0	0		)		0	0	0	0	0	
Homeowners Multiple Peril		4.352.283	0	7.574	3.277.453	2.687.443	1.981.617	94.068	49.069	70.557	63.977	5
5.1 Commercial Multiple Peril (Non-Liability Portion)			0	76.069					325	2.111	23.450	4
5.2 Commercial Multiple Peril (Liability Portion)	83, 126	85,861	0	12,923	3   c	(10,300	))132,363	11,688	30,096	79,845	14,816	
6. Mortgage Guaranty	0	0	0		)	·	00	0	0	0	0	
8. Ocean Marine		0	0						0	0	0	
9. Inland Marine		84,346	0	167	713,584	16,529	12,214	0	(1,262)	433	1,825	
10. Financial Guaranty		0	0		)  C	·	00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence	0	0	0		)  0		00	0	0	0	0	
11.2 Medical Professional Liability - Claims-Made	0	0	0		)	·	0	0	0	0	0	
12. Earthquake		159,619	0	1, 155	)	(10,482	2)	0	(2,214)	859	5,396	
13.1 Comprehensive (hospital and medical) ind (b)		0	0		)		0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b)	0	0	0		)			0	0	0	0	
14. Credit A&H (Group and Individual)		0	0		)		0	0	0	0	0	
15.1 Vision Only (b)		0	0					0		0		
15.3 Disability Income (b)	0		0							0		
15.3 Disability income (b)			0		)			0		0		
15.5 Medicaid Title XIX (b)		0 n			1		,		0	0	n	
15.6 Medicare Title XVIII (b)		n			1		,	0	0	0	0	
15.7 Long-Term Care (b)		0	0		)		0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)		0	0		)		0	0	0	0	0	
15.9 Other Health (b)	0	0	0		)		0	0	0	0	0	
16. Workers' Compensation	0	0	0		)   c	l	)0	0	0	0	0	
17.1 Other Liability - Occurrence	0	0	0		)   c	(84,012	2)(1)	14,998	(4,082)	0	0	
17.2 Other Liability - Claims-Made		0	0		)		0	0	0	0	0	
17.3 Excess Workers' Compensation		0	0	(	)	·	00	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0		)   C	(4	l) 0	0	(3)	0	0	
18.2 Products Liability - Claims-Made	0	0	0		)  C	·	00	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		)	·	00	0	0	0	0	
19.2 Other Private Passenger Auto Liability	92, 129	116,768	0	7,384	333, 182	231,070			4, 152	12,334	29,758	
19.3 Commercial Auto No-Fault (Personal Injury Protection)		0	0		)		0		0	0	0	
19.4 Other Commercial Auto Liability		J0	0	(			0.744		0	0	J0	
21.1 Private Passenger Auto Physical Damage	98,278	124,407	0	7,754	40,547	48,721	8,741 175	0	(55)	13/	31,913	
21.2 Commercial Auto Physical Damage			٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		,					0		
22. Aircraπ (aii periis)		n			,	,	,   <sup>0</sup>			n	n	
24. Surety	0	n	n		)	,	n	n	n	n	n	
26. Burglary and Theft		n	n		)		)n	n	n	n	n	
27. Boiler and Machinery	0	0	0		)		0	0	0	0	0	
28. Credit	0	0	0		)		0	0	0	0	0	
29. International	0	0	0		)  d		0	0	0	0	0	
30. Warranty	0	0	0		)		)0	0	0	0	0	
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0						0		0	
35. Total (a)	609,080	5,053,407	0	113,026	3,728,906	3,006,419	2,264,167	130,507	76,026	166,276	171,135	1.
DETAILS OF WRITE-INS												
01	······						··					
02												
03												
99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0	0		,					0		
99. Totals (Lines 3401 tillu 3403 plus 3490)(Line 34 above)	U	U	U	1	וי	'	1	U	0	1 0	U	



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

	NAIC Group Code 0088 BUSINESS II	N THE STATE O	F Michigan					ĎUF	RING THE YEAR	R 2022	NAIC Com	pany Code 10	395
		Gross Premiu	ıms, Including	3	4	5	6	7	8	9	10	11	12
			nbership Fees, Premiums and blicies not Taken 2 Direct Premiums	Dividends Paid or Credited to Policyholders	Direct Uncerned	Direct Losses Paid	Direct Losses	Direct	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment Expense	Commissions and Brokerage	Taxes. Licenses
	Line of Business	Written	Earned	on Direct Business		(deducting salvage)		Losses Unpaid	Expense Paid	Expense Incurred	Unpaid	Expenses	and Fees
1.	Fire	1,840,722	1,365,294	0	1,001,872		2,595,956			37,396	11,317	263,604	23,739
	Allied Lines	3,585,286	2,818,551	0	1,940,992		67,933			7,554	11,868	512,947	46,244
	Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
	Federal Flood		0	0	0	0	0	0	0	0	0		0
	Private Flood	Λ	Λ	o						Λ	Λ	Λ	o
3.	Farmowners Multiple Peril		0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril			0				62,859,258	2,023,352	2,885,480	2,371,711	35, 169, 155	3, 103, 263
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
	Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	C
6.	Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. 9.	Ocean Marine	0 9.361.813	0 8.194.728	0			2.238.202	0	0	0	0	0	
9. 10.	Financial Guaranty	9,361,813	5, 194, /28	u	4,768,908		2,238,202			(1,333) n	41,U4b	1,332,890 n	12U,686
	Medical Professional Liability - Occurrence	0		n	0		0		n		n		
	Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
	Earthquake	304,443	227,204	0	163,701	0	721	5,892	0	106	1,017	46,341	3,927
	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
	Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Disability Income (b)		0	0	0	0	0	0	0			0	0
15.3	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Medicare Title XVIII (b).	0	0	0	0	0	0	0	0	0	0	0	0
	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Workers' Compensation		465,557	0						22,709	77,275	70,013	6,027 187.641
	Other Liability - Occurrence Other Liability - Claims-Made	0	0	0				0		0	314,403	2,400,302	187,041
	Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	C
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)		176,762,749	0	81,728,164	73,774,044	92,688,010		6, 184,556	7,725,235	34,305,397	18,070,247	1,827,397
19.2	Other Private Passenger Auto Liability	142,738,665	145,325,210	0	67,819,283				5,861,156	7,038,907	16,466,491	20,540,412	1,841,628
	Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability	0	0	0	0					0	0	0	
21.1	Private Passenger Auto Physical Damage			0 N					50.808		40.332	43.902.656	
21.2	Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	C
24.	Surety	0	0	<u>0</u>	0	0	0	0	0	0	0	0	
26. 27.	Burglary and Theft Boiler and Machinery	ō		ō	0	0	0	0	0	ō	ō	ō	
27.	Credit	,	U	u		0 n					U		U
29.	International	n	n	n	n	n	n	n	0	0			
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate Write-Ins for Other Lines of Business	889.647.873	0 837.264.844	0	441.796.651	498.560.226	564.571.381	711.332.530	14.201.759	17.842.723	53.640.907	122.573.827	0
JU.	DETAILS OF WRITE-INS	003,047,873	031,204,844	U	441,790,001	490,000,220	304,3/1,381	111,032,030	14,201,739	11,042,123	33,040,907	122,313,821	11,004,392
3401.													
3402.					.		.						
3403.					.		.						
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	ı 0	1 0	1 0	0	1 0	0	1 0	. 0	1 0	. 0	0



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

NAIC Group Code 0088 BUSI	NESS IN THE STATE O				COOCLO			RING THE YEAR	R 2022	NAIC Com	pany Code 10	395
	Gross Premiu Policy and Mer Less Return F	ms, Including	3  Dividends Paid	4	5	6	7	8  Direct Defense	9 Direct Defense	10 Direct Defense and Cost	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business		(deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire		1,365,294	0	1,001,872		2,595,956	732,248	37,827	37,396	11,317		23,73
Allied Lines	3,585,286	2,818,551	0	1,940,992			/3,015	6,495	/,554	11,868	512,947	46,24
2.3 Federal Flood		0	0	0					0	0		
2.4. Private Crop	0	0	0	0	0		0	0	0			
2.5 Private Flood		٥			0	n	0			٥	Λ	
Farmowners Multiple Peril		0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril			0				64.840.875	2.117.420	2.934.549	2.442.268	35.233.132	3.103.78
5.1 Commercial Multiple Peril (Non-Liability Portion)		130, 123	0	76,069	64,140	127,454	72,769	26	325	2,111	23,450	42
5.2 Commercial Multiple Peril (Liability Portion)	83, 126	85,861	0	12,923	0	(10,300)	132,363	11,688	30,096	79,845	14,816	25
Mortgage Guaranty		0	0	0		0	0	0	0	0	0	
8. Ocean Marine		0	0	0		0		0	0	0	0	(
9. Inland Marine		8,279,074	0	4,769,075	2,214,570	2,254,731	361,991	3,382	(2,595)	41,479	1,534,715	120,70
10. Financial Guaranty		0	ļ0	J0	0	0	0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
11.2 Medical Professional Liability - Claims-Made		386.823	0	164 . 856	0	(9.761)		0			51.737	3.97
12. Earthquake			0	104,856		(७,/७۱)	0	u	(2, 108)		31,/3/	3,9/
13.2 Comprehensive (hospital and medical) group (b)		0	0	0	0	0			0			
14. Credit A&H (Group and Individual)		0	0	0	0	0	0	0	0	0	0	
15.1 Vision Only (b)		0	0	0	0	0	0	0	0	0	0	
15.2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
15.3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
15.4 Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0	0	0	0	0	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0	0	0	0	0	0	0	0	0	
15.7 Long-Term Care (b)		0	0	0	0	0	0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	
15.9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation		465,557 12.612.248	0	160,067 7.554.140				19,846	22,709	77,275	70,013	6,02 187.64
17.1 Other Liability - Occurrence		12,612,248	0		1,0/8,664		12,956,534	28,020	82,6/8	314,453	2,465,562	187,64
17.3 Excess Workers' Compensation		٥			0	n				٥	Λ	
18.1 Products Liability - Occurrence		0	0	0	0	(4)	0	0	(3)	0	0	
18.2 Products Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	171.962.086		0	81,728,164	73.774.044			6.184.556	7.725.235	34.305.397		1.827.39
19.2 Other Private Passenger Auto Liability		145,441,978	0	67,826,667		61,226,061		5,870,883	7,043,059	16,478,825	20,570,170	1,841,90
19.3 Commercial Auto No-Fault (Personal Injury Protection)		0	0	0	0	(29,850)	00	0	0	0	0	
19.4 Other Commercial Auto Liability		0	0	0		(22,821)	0	1,315	1,315	0	0	
21.1 Private Passenger Auto Physical Damage		296,996,440	0	147,488,240	226,213,103	242,023,175	37,472,088	50,808	38,539	40,469	43,934,569	3,924,13
21.2 Commercial Auto Physical Damage	0	0	ļ0	J0	0	J0	175	0	0	0	0	
22. Aircraft (all perils)	0	0	0	0	0	J0	0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
23. Fidelity	0	0	0	0	0	J	0	0	0	0	0	
26. Burglary and Theft				u	,u	l			u	۰۰		
27. Boiler and Machinery			0		n	n	0	n	n		n	
28. Credit			n	n		n		n			n	
29. International	0	0	0	0	0	0	0	0	0	0	0	
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0	0		0	0	0	0	0	0	
35. Total (a)  DETAILS OF WRITE-INS	890,256,953	842,318,251	0	441,909,677	502,289,132	567,577,800	713,596,697	14,332,266	17,918,749	53,807,183	122,744,962	11,086,23
DETAILS OF WRITE-INS												
						·····						
03						l						
98. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	
99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	(
				·			<u> </u>			•		

## **SCHEDULE F - PART 1**

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

				ASS	umed Reinsuran	ce as of Decemi	ber 31, Current	rear (\$000 Omili	.eu)					
1	2	3	4	5	Reinsura	ance On	8	9	10	11	12	13	14	15
					6	7							Amount of Assets	i
													Pledged or	ı
	NAIC										Funds Held By or		Compensating	Amount of
	Com-				Paid Losses and			Contingent	Assumed		Deposited With		Balances to	Assets Pledged
ID	pany		Domiciliary	Assumed	Loss Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	Letters of Credit	Secure Letters of	
Number	Code	Name of Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 + 7	Payable	Receivable	Premium	Companies	Posted	Credit	Held in Trust
0499999.	Total - U.	.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0
0799999.	Total - O	ther (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0
0899999.				0	0	0	0	0	0	0	0	0	0	0
		MICHIGAN WC PLACEMENT FACILITY	MI	17	0	129	129	0	0	7	0	0	0	0
1099999.	Total Pod	ols, Associations or Other Similar Facilities - Mandatory Pools	3	17	0	129	129	0	0	7	0	0	0	0
1299999.	Total - Po	ools and Associations		17	0	129	129	0	0	7	0	0	0	0
														·····
														······
				• • • • • • • • • • • • • • • • • • • •										
														······
0000000			I	47		400	400	^	^	7	^	^	Δ	
9999999 T	otais			1/	0	129	129	0	1 0	/	1 0	0	0	, 0 1

SCHEDULE F - PART 2
Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1	2	3	4	5	6
	NAIC	•		-	-
	Com-				
ID	pany		Date of	Original	Reinsurance
Number	Code	Name of Company	Contract	Original Premium	Premium
	l				
	l				
	l				
	l				
	l				
	l				
	l				
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	l				
				r	1

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### ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF THE MIDWEST

## **SCHEDULE F - PART 3**

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

					Ceueu	Nemburanc	e as of Dece	illiber 31, Cu	illelit Leal (4	oud Office	u)							
1	2 3	4	5	6				Reinsur	ance Recovera	able On				16	Reinsuran	ce Payable	19	20
					7	8	9	10	11	12	13	14	15		17	18	Net Amount	
																	Recoverable	
	NAIC													Amount in		Other	From	Company
	Com-			Reinsurance			Known	Known	IBNR	IBNR		Contingent	Columns	Dispute	Ceded	Amounts	Reinsurers	Under
ID	pany	Domiciliary	Special	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Commis-	7 through	included in	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
38-0421730	31534 . CITIZENS INS CO OF AMERICA	MI		890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
	Total Authorized - Affiliates - U.S. Non-Pool - Oth	er		890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
	Total Authorized - Affiliates - U.S. Non-Pool			890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
	Total Authorized - Affiliates - Other (Non-U.S.)			0	0	0		0	0	0	0	0	0	0	0	0	0	0
0899999. T	Total Authorized - Affiliates			890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
	Total Authorized Excluding Protected Cells (Sum	of 0899999, 099	99999,															
	1099999, 1199999 and 1299999)			890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
1899999. T	Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. T	Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. T	Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. T	Total Unauthorized Excluding Protected Cells (St	ım of 2299999, 2	2399999,															
	2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. T	Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. T	Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. T	Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. T	Total Certified Excluding Protected Cells (Sum of	3699999, 37999	999,															
	3899999, 3999999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999. T	Total Reciprocal Jurisdiction - Affiliates - U.S. No	n-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. T	Total Reciprocal Jurisdiction - Affiliates - Other (N	Ion-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. T	Total Reciprocal Jurisdiction - Affiliates	,		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. T	otal Reciprocal Jurisdiction Excluding Protected	Cells (Sum of 5	099999,															
	5199999, 5299999, 5399999 and 5499999)	,	•	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. T	Total Authorized, Unauthorized, Reciprocal Jurise	diction and Certif	fied Excluding	7														
	Protected Cells (Sum of 1499999, 2899999, 429			890,273	0	0	241,752	6,714	472,020	58,212	441,916	0	1,220,614	0	0	0	1,220,614	0
5899999. T	Total Protected Cells (Sum of 1399999, 2799999	, 4199999 and 5	599999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 T	otals		,	890.273	0	0	241.752	6.714	472.020	58.212	441.916	0	1,220,614	0	0	0	1,220,614	0

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

							(Credit Ris	sk)									
			Colla	ateral		25	26	27				Ceded F	Reinsurance Cr	edit Risk			
		21	22	23	24				28	29	30	31	32	33	34	35	36
																	Credit Risk
																Credit Risk on	
																Collateralized	
											Reinsurance						Recoverables
											Payable &					(Col. 32 *	(Col. 33 *
					Single				Total Amount		Funds Held		Total	Stressed Net		Factor	Factor
				Issuing or	Beneficiary		Net		Recoverable		(Cols.		Collateral	Recoverable		Applicable to	
ID				Confirming	Trusts &	Total Funds	Recoverable	Applicable	from	Stressed	17+18+20;		(Cols. 21+22	Net of		Reinsurer	Reinsurer
Number		Multiple		Bank	Other	Held,	Net of Funds	Sch. F	Reinsurers	Recoverable	but not in	Stressed Net	+ 24, not in	Collateral	Reinsurer	Designation	Designation
From	Name of Reinsurer	Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	excess of	Recoverable	Excess of	Offsets	Designation		Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	(Cols. 29-30)	Col. 31)	(Cols. 31-32)	Equivalent	Col. 34)	Col. 34)
	CITIZENS INS CO OF AMERICA	0	0		0	0	1,220,614	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	0	1,220,614	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	1,220,614	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized - Affiliates	0	0	XXX	0	0	1,220,614	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized Excluding Protected Cells (Sum of																
	0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	0	1,220,614	0	0	0	0	0	0	0	XXX	0	0
	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0			0	0	0	0	0	0	XXX	0	0
	otal Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Unauthorized Excluding Protected Cells (Sum of																
	2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	U	0	0	0	0	0	0	0	XXX	0	0
	otal Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Certified Excluding Protected Cells (Sum of																
	3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates - Other (Non-																
	J.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Reciprocal Jurisdiction Excluding Protected Cells																
	Sum of 5099999, 5199999, 5299999, 5399999 and																
	5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized, Unauthorized, Reciprocal Jurisdiction																
	and Certified Excluding Protected Cells (Sum of			1001									ĺ	ĺ			
	499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	0	1,220,614	0	0	0	0	0	0	0	XXX	0	0
	otal Protected Cells (Sum of 1399999, 2799999,	_	_	2007	_			_	2004	2007	2004	2004	2004	2004	2004	2007	1000
	199999 and 5599999)	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 To	itals I	0	0	XXX		0	1,220,614	0		0		. 0	. 0	0	XXX	1 0	1 0 1

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

	(Aging of Ceded Reinsurance)  Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses 44 45 46 47 48 49 50 51 52 53																	
		Rein	surance Reco	verable on Pai	d Losses and	Paid Loss Adj	ustment Exper	ises	44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										1
			38	39	40	41	42					Recoverable						1
									Total	Recoverable		on Paid			Percentage			1
									Recoverable	on Paid	Total	Losses &			of Amounts			1
									on Paid	Losses &	Recoverable	LAE Over 90			More Than			Amounts in
									Losses &	LAE Over 90		Days Past			90 Days	Percentage		Col. 47 for
								Total Due	LAE	Days Past		Due Amounts			Overdue Not	More Than	Is the	Reinsurers
ID							Total	Cols. 37+42	Amounts in	Due Amounts		Not in	Amounts		in Dispute	120 Days	Amount in	with Values
Number							Overdue	(In total	Dispute	in Dispute	Amounts Not		Received	Percentage	(Col.	Overdue	Col. 50 Less	
From	Name of Reinsurer		1 - 29	30 - 90	91 - 120	Over 120		should equal	Included in	Included in	in Dispute	(Cols. 40 +	Prior	Overdue Col.	47/[Cols.	(Col. 41/	Than 20%?	20% in
Col. 1	From Col. 3	Current	Davs	Days	Days	Davs	+40+41	Cols. 7+8)	Col. 43		(Cols 43-44)		90 Davs	42/Col. 43	46+48])	Col. 43)	(Yes or No)	Col. 50
	CITIZENS INS CO OF AMERICA	Ourion.	Days	0	Days	- , -	140141	0	0	0	, ,	,	n Dayo	0.0	0.0	0.0	YES	001.00
	otal Authorized - Affiliates - U.S. Non-Pool -																ILO	
	Other	0	n	n	n	n	n	n	0	0	0	0	0	0.0	0.0	0.0	xxx	
	otal Authorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0		0	0.0	0.0	0.0	XXX	0
	otal Authorized - Affiliates - 0.5. Non-Pool otal Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0		0	0	0.0	0.0	0.0	XXX	0
	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0	, ,	0	0	0	0		0	0	0.0	0.0	0.0	XXX	0
		U	U	U	U	U	U	U	U	U	U	U	U	0.0	0.0	0.0	***	U
	otal Authorized Excluding Protected Cells (Sum																	1
	f 0899999, 0999999, 1099999, 1199999 and	0		0	0	0		0	0			0	0		0.0	0.0	V/V/	
	299999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - U.S. Non-Pool	•	Ū	0	0		0	0	·	0		0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	0		0	0	0	0		0	0		0.0	0.0	XXX	0
	otal Unauthorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized Excluding Protected Cells																	i
	Sum of 2299999, 2399999, 2499999, 2599999	_	_	_	_	_	_	_		_	_	_	_					1
	ind 2699999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Certified - Affiliates - U.S. Non-Pool	0	0	0	0		0	0	0	0			0		0.0	0.0	XXX	0
	otal Certified - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0		0.0	0.0	XXX	0
	otal Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	tal Certified Excluding Protected Cells (Sum of																	1
3	699999, 3799999, 3899999, 3999999 and																	1
	.099999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates - U.S.	-																1
	lon-Pool	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates - Other																	1
	Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	tal Reciprocal Jurisdiction Excluding Protected																	1
	Cells (Sum of 5099999, 5199999, 5299999,																	1
5	(399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5799999. To	otal Authorized, Unauthorized, Reciprocal	-																1
	urisdiction and Certified Excluding Protected																	1
	Cells (Sum of 1499999, 2899999, 4299999 and																	I
5	699999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5899999. To	otal Protected Cells (Sum of 1399999,																	[
	799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 Tot	tals	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

	T					(Provision for	Kellisulalic	e ioi Certilleu		antical Date							
	-	<b>5</b> 4		F0	<b>57</b>	50	50	00	Provision for C			C4	05	0	# O-1 FO - "*! "	. 041	00
		54	55	56	57	58	59	60	61	62	63	64	65	Complete	if Col. 52 = "No"	; Otherwise	69
								Percent of						- 00	Enter 0	00	Danislas fas
								Collateral	Percent Credit				20% of	66	67	68	Provision for Overdue
										20% of		Danislan for					
						Net		Net Recoverables	Allowed on Net	Recoverable		Provision for	Recoverable on Paid				Reinsurance Ceded to
											Amount of	Reinsurance with Certified	Losses & LAE	Total	N1.1		Ceded to Certified
				Percent		Recoverables Subject to		Subject to Collateral	Recoverables Subject to		Credit Allowed			Collateral Provided (Col.	Net		Reinsurers
		Certified	⊏ffo otivo	Collateral	Catastrophe	Collateral	Dollar Amoun		Collateral	Over 90 Davs		Due to	Past Due	20 + Col. 21 +	. Unsecured		(Greater of
ID		Reinsurer	Effective Date of	Required for		Requirements	of Collateral	([Col. 20 +	Requirements		Recoverables	Collateral	Amounts Not		Recoverable for Which		[Col. 62 + Col.
Number		Rating	Certified	Full Credit	Qualifying for		Required	Col. 21 + Col.	(Col. 60 / Col.	Amounts in	(Col. 57 +	Deficiency	in Dispute	Col. 22 +	Credit is	20% of	65] or Col.68;
From	Name of Reinsurer	(1 through	Reinsurer	(0% through	Collateral	(Col. 19 -	(Col. 56 *	22 + Col. 24]	56, not to	Dispute (Col.	[Col. 58 *	(Col. 19 -	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	not to Exceed
Col. 1	From Col. 3	(1 tillough	Rating	100%)	Deferral	Col. 19 -	Col. 58)	Col. 58)	exceed 100%)	45 * 20%)	Col. 61])	Col. 63)	20%)	Col. 63)	63 - Col. 66)	Col. 67	Col. 63)
38-0421730	CITIZENS INS CO OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other	////		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized Excluding Protected Cells (Sum of 0899	9999 09999	999	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001
	1099999. 1199999 and 1299999)	0000, 00000	000,	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. T	otal Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. T	otal Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. T	otal Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. T	otal Unauthorized Excluding Protected Cells (Sum of 22	299999, 239	99999,														
2	2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. T	otal Certified - Affiliates - U.S. Non-Pool			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
	otal Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0	,,,,,	XXX	0	0	0	0	0	0	0	0
3699999. T	otal Certified - Affiliates			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4299999. T	otal Certified Excluding Protected Cells (Sum of 369999	99, 379999	9, 3899999,														
	3999999 and 4099999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	· ·
	otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates - Other (Non-U.S	5.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999,			1001		1001						1001	1001		1001		1001
	5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Exclud			2001				2004	2004								
	Protected Cells (Sum of 1499999, 28999999, 42999999 ar	,	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
	otal Protected Cells (Sum of 1399999, 2799999, 41999	999 and 559	99999)	XXX	0	•	0		XXX	0	0	0	•	0	•		_
9999999 To	otais			XXX	0	0	0	XXX	XXX	1 0	0	0	0	0	0	0	0

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

				(Total Provision for						
		70				due Authorized and				
1			Provision for Unaut	horized Reinsurance	Reciprocal Jurisd	iction Reinsurance		Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
					Complete if	Complete if				
					Col. 52 = "Yes";	Col. 52 = "No";				
					Otherwise Enter 0	Otherwise Enter 0				
						Greater of 20% of Net				
					20% of Recoverable	Recoverable Net of				
					on Paid Losses &	Funds Held &				
		20% of		Provision for Overdue	LAE Over 90 Days	Collateral, or 20% of				
		Recoverable on Paid	Provision for	Reinsurance from	Past Due Amounts	Recoverable on Paid	Provision for Amounts			
		Losses & LAE Over	Reinsurance with	Unauthorized	Not in Dispute + 20%	Losses & LAE Over 90	Ceded to Authorized	Provision for Amounts		
ID		90 Days past Due	Unauthorized	Reinsurers and	of Amounts in	Days Past Due	and Reciprocal	Ceded to Unauthorized	Provision for Amounts	
Number		Amounts Not in	Reinsurers Due to	Amounts in Dispute	Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	Cols. [40 + 41] * 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 + 77)
38-0421730	CITIZENS INS CO OF AMERICA	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. To	otal Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. To	otal Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. To	otal Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. To	otal Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. To	otal Authorized Excluding Protected Cells (Sum of 0899999,									
	0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. To	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
	otal Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
	otal Unauthorized Excluding Protected Cells (Sum of 2299999,		•		7001	7001	7001	Ţ.	7001	
	2399999. 2499999. 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
	otal Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7001	0
	otal Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	otal Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999,	7000	7000	7000	7000	7000	7000	7000		<u> </u>
	3899999. 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	7000	7001	7000	XXX	XXX	0
	otal Reciprocal Jurisdiction - Affiliates - 0.5. Non-Pool otal Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
	otal Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
	otal Reciprocal Jurisdiction - Affiliates otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of	U	^^^	^^^	U	U	1	^^^	^^^	U
	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	_	^	0	XXX	XXX	۸
	otal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified	U	^^^	^^^	U	U	1	^^^	^^^	U
	otal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and									
	Excluding Protected Cells (Sum of 1499999, 2699999, 4299999 and 5699999)	0	0	_	_	^	0	^	n	۸
	otal Protected Cells (Sum of 1399999, 2799999, 4199999 and	U	U	U	U U	U	U	U	U	U
	otal Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	^	_	_	^	0	^	n	۸
9999999 To		0	0	0	0	0	0	0	0	0
1 4444444 10	nais				. 0	. 0	. ()		. 0	0

## **SCHEDULE F - PART 4**

		Is	suing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)	
1	2	3	4	5
Issuing or Confirming Bank Reference Number Used				
Number Used				
in Col. 23 of	Letters of	American Bankers Association		
Sch F Part 3	Credit Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

### N

#### ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CITIZENS INSURANCE COMPANY OF THE MIDWEST

### **SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.		0.000	0
2.		0.000	0
3.		0.000	0
4.		0.000	0
5.		0.000	0

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3,Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	<u>Affiliated</u>
6.	CITIZENS INS CO OF AMERICA	1,220,614	890,273	Yes [ X ] No [ ]
7.		0	0	Yes [ ] No [ ]
8.		0	0	Yes [ ] No [ ]
9.		0	0	Yes [ ] No [ ]
10.		0	0	Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

## SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to Identify Net Cre	1 1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	109,645,175	0	109,645,175
2.	Premiums and considerations (Line 15)	0	0	0
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5.	Other assets	785,046	0	785,046
6.	Net amount recoverable from reinsurers	0	1,220,614,000	1,220,614,000
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	110,430,221	1,220,614,000	1,331,044,221
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	778,698,000	778,698,000
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	49,438	0	49,438
11.	Unearned premiums (Line 9)	0	441,916,000	441,916,000
12.	Advance premiums (Line 10)	0	0	0
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15.	Funds held by company under reinsurance treaties (Line 13)	0	0	0
16.	Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17.	Provision for reinsurance (Line 16)	0	0	0
18.	Other liabilities	8,868	0	8,868
19.	Total liabilities excluding protected cell business (Line 26)	58,306	1,220,614,000	1,220,672,306
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	110,371,915	XXX	110,371,915
22.	Totals (Line 38)	110,430,221	1,220,614,000	1,331,044,221

NOTE:	Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling		
	arrangements?	Yes [ X ] No [	]

If yes, give full explanation: The Company ceded 100% of its insurance business to The Citizens Insurance Company of America, an affiliated insurer.

# Schedule H - Part 1 - Analysis of Underwriting Operations

## NONE

Schedule H - Part 2 - Reserves and Liabilities

## NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

### SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

		Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
Ye	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa	yments	Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
_	ned and	l <u>_</u>							l		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	0	0	0	0	0	0	0	0	XXX
2.	2013	13,649	13,649	0	9,657	9,657	85	85	747	747	0	0	1,667
3.	2014	13,381	13,381	0	7,337	7,337	72	72	853	853	0	0	1,343
4.	2015	13,046	13,046	0	8,936	8,936	125	125	756	756	0	0	1,072
5.	2016	12, 192	12, 192	0	6,418	6,418	232	232	872	872	0	0	1,168
6.	2017	12,692	12,692	0	6,918	6,918	110	110	848	848	0	0	1,147
7.	2018	22 , 138	22 , 138	0	12,069	12,069	170	170	1,203	1,203	0	0	1,690
8.	2019	61,371	61,371	0	42,728	42,728	525	525	4,211	4,211	0	0	6,015
9.	2020	99 , 355	99,355	0	83,402	83,402	1,113	1,113	6,934	6,934	0	0	8,765
10.	2021	135,242	135,242	0	135,044	135,044	1,521	1,521	12,757	12,757	0	0	15,607
11.	2022	196,974	196,974	0	87,787	87,787	1,144	1,144	12,702	12,702	0	0	12,734
12.	Totals	XXX	XXX	XXX	400,297	400,297	5,098	5,098	41,882	41,882	0	0	XXX

						Defe				A 41		23	24	25
		Case	Losses	Unpaid Bulk +	IRNR	Defense and Cost Containment Unpaid Case Basis Bulk + IBNR				Adjusting and Other Unpaid				
		13	14	15	16	17	18	19	20	21	22	Salvage	Total Net	Number of Claims
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	and Subrog- ation Anticipated	Losses and Expenses Unpaid	Outstand- ing Direct and Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	1	1	0	0	0	0	0
4.	2015	0	0	0	0	0	0	1	1	0	0	0	0	0
5.	2016	0	0	11	11	2	2	3	3	1	1	0	0	1
6.	2017	0	0	70	70	0	0	18	18	0	0	0	0	0
7.	2018	8	8	122	122	37	37	15	15	2	2	0	0	2
8.	2019	430	430	255	255	28	28	45	45	10	10	0	0	9
9.	2020	1,785	1,785	440	440	37	37	301	301	28	28	0	0	24
10.	2021	5 , 548	5,548	2,730	2,730	268	268	507	507	131	131	0	0	113
11.	2022	23,890	23,890	29,551	29,551	44	44	1,136	1,136	1,006	1,006	0	0	867
12.	Totals	31,662	31,662	33, 179	33, 179	414	414	2,028	2,028	1,179	1,179	0	0	1,016

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves After Dis	
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct			Direct					Pooling		Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
		Assumed	Ceded						Expense	reiceillage	Oripaiu	Ulipalu
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	10,490	10,490	0	76.9	76.9	0.0	0	0	0.0	0	0
3.	2014	8,263	8,263	0	61.8	61.8	0.0	0	0	0.0	0	0
4.	2015	9,819	9,819	0	75.3	75.3	0.0	0	0	0.0	0	0
5.	2016	7,540	7,540	0	61.8	61.8	0.0	0	0	0.0	0	0
6.	2017	7,964	7,964	0	62.8	62.8	0.0	0	0	0.0	0	0
7.	2018	13,625	13,625	0	61.5	61.5	0.0	0	0	0.0	0	0
8.	2019	48,233	48,233	0	78.6	78.6	0.0	0	0	0.0	0	0
9.	2020	94,040	94,040	0	94.7	94.7	0.0	0	0	0.0	0	0
10.	2021	158,506	158,506	0	117.2	117.2	0.0	0	0	0.0	0	0
11.	2022	157,260	157,260	0	79.8	79.8	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

### SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

OMITTED	

		Pr	emiums Earn	ed		,	Los	s and Loss Ex	kpense Payme	ents			12
_	ears in	1	2	3				and Cost	, ,	and Other	10	11	
	/hich				Loss Pa	1		nt Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
_	ned and	l									Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and		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	7,367	7,367	316	316	13	13	0	0	XXX
2.	2013	232,759	232,759	0	110,095	110,095	6 , 175	6 , 175	10,037	10,037	0	0	13,501
3.	2014	236,524	236,524	0	89,603	89,603	6,042	6,042	7,096	7,096	0	0	13,098
4.	2015	244 , 121	244 , 121	0	119,640	119,640	9,180	9,180	7,725	7,725	0	0	13,014
5.	2016	244,764	244,764	0	126,710	126,710	10,212	10,212	7,724	7,724	0	0	13, 137
6.	2017	269,078	269,078	0	141,309	141,309	10,604	10,604	9,626	9,626	0	0	12,362
7.	2018	300,458	300,458	0	139 , 377	139,377	11,162	11,162	9,979	9,979	0	0	12,356
8.	2019	341,626	341,626	0	161,074	161,074	10,490	10,490	11,095	11,095	0	0	12,654
9.	2020	353,113	353,113	0	81,657	81,657	6,379	6,379	9,063	9,063	0	0	7,792
10.	2021	322,772	322,772	0	71,385	71,385	4,349	4,349	8,996	8,996	0	0	9,519
11.	2022	322,205	322,205	0	22,838	22,838	615	615	5,585	5,585	0	0	8,212
12.	Totals	XXX	XXX	XXX	1,071,054	1,071,054	75,524	75,524	86,940	86,940	0	0	XXX

		1				1				1				
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjust	ng and	23	24	25
		Case	Basis	Bulk +	- IBNR	Case Basis Bulk + IBNR			+ IBNR	Other Unpaid				
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
		Direct		Direct		Direct		Direct		Direct		and Subrog-	Losses and	Outstand- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	20,007	20,007	7,430	7,430	113	113	2,939	2,939	207	207	0	0	127
2.	2013	4,322	4,322	2 , 153	2 , 153	15	15	673	673	37	37	0	0	23
3.	2014	1,718	1,718	2,443	2,443	2	2	758	758			0	0	19
4.	2015	5 , 112	5 , 112	19,452	19,452	13	13	1,220	1,220	47		0	0	29
5.	2016	5 , 198	5 , 198	26,826	26,826	32	32	1,621	1,621	64	64	0	0	39
6.	2017	6,837	6,837	29,238	29,238	94	94	1,711	1,711	106	106	0	0	65
7.	2018	9 , 482	9,482	34,910	34,910	375	375	2,029	2,029	182	182	0	0	112
8.	2019	17,035	17,035	45,652	45,652	873	873	2,897	2,897	506	506	0	0	311
9.	2020	21,669	21,669	52,870	52,870	1, 175	1 , 175	3,971	3,971	730	730	0	0	448
10.	2021	48,517	48,517	76,329	76,329	2,677	2,677	10,316	10,316	1,876	1,876	0	0	1 , 152
11.	2022	50,196	50,196	108,704	108,704	875	875	16,405	16,405	4,301	4,301	0	0	2,641
12.	Totals	190,093	190,093	406,005	406,005	6,244	6,244	44,541	44,541	8,088	8,088	0	0	4,966

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabular Discount			Reserves After Discou	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	133,507	133,507	0	57.4	57.4	0.0	0	0	0.0	0	0
3.	2014	107,693	107,693	0	45.5	45.5	0.0	0	0	0.0	0	0
4.	2015	162,390	162,390	0	66.5	66.5	0.0	0	0	0.0	0	0
5.	2016	178,386	178,386	0	72.9	72.9	0.0	0	0	0.0	0	0
6.	2017	199,524	199,524	0	74.2	74.2	0.0	0	0	0.0	0	0
7.	2018	207,496	207,496	0	69.1	69.1	0.0	0	0	0.0	0	0
8.	2019	249,623	249,623	0	73.1	73.1	0.0	0	0	0.0	0	0
9.	2020	177,514	177,514	0	50.3	50.3	0.0	0	0	0.0	0	0
10.	2021	224,444	224,444	0	69.5	69.5	0.0	0	0	0.0	0	0
11.	2022	209,520	209,520	0	65.0	65.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

/ውስስስ	OMITTED	١١
lacor	OMITTED	')

		Pr	emiums Earn	ed		,	Los	and Loss Ex	cpense Payme	ents			12
	ears in	1	2	3				and Cost		and Other	10	11	
	/hich				Loss Pa			t Payments		nents	1		Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and	l							l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	0	0	0	2	2	2	2	0	0	2
6.	2017	0	0	0	0	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0	0	0	0	0
8.	2019	0	0	0	0	0	0	0	1	1	0	0	1
9.	2020	0	0	0	0	0	0	0	0	0	0	0	0
10.	2021	0	0	0	0	0	0	0	0	0	0	0	0
11.	2022	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	0	0	2	2	4	4	0	0	XXX

						5.6						23	24	25
		Case		Unpaid Bulk +	IDND	Defens	e and Cost (	Containment Bulk +			ng and Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
		10	1-7	10	10		10	10	20			Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	Direct and Assumed
		7100011100	Ocucu	7133411104		7100011100	Ocucu	7133411104	Ocaca	7100011100	Ocaca		Oripaid	7100011100
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	2022	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

1			Total		Loss and L	oss Expense F	Porcontago	1		34	Net Balar	nco Shoot
		Losses and	l Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		ter Discount
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and	0.1.1	Not	Direct and	0.4.4	Not		Loss	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	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	2016	5	5	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	2019	1	1	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 OMITTED)

		Pr	emiums Earn	ed		•	Los	s and Loss Ex	cpense Payme	ents			12
	ears in	1	2	3				and Cost	Adjusting		10	11	
-	/hich				Loss Pa			t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7)	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	21	21	3	3	1	1	0	0	XXX
2.	2013	1,468	1,468	0	618	618	27	27	96	96	0	0	130
3.	2014	919	919	0	638	638	18	18	108	108	0	0	83
4.	2015	833	833	0	166	166	18	18	54	54	0	0	53
5.	2016	809	809	0	59	59	1	1	27	27	0	0	23
6.	2017	875	875	0	143	143	6	6	32	32	0	0	42
7.	2018	936	936	0	95	95	3	3	38	38	0	0	54
8.	2019	778	778	0	84	84	2	2	54	54	0	0	58
9.	2020	559	559	0	100	100	7	7	69	69	0	0	71
10.	2021	478	478	0	378	378	19	19	71	71	0	0	73
11.	2022	486	486	0	54	54	2	2	45	45	0	0	52
12.	Totals	XXX	XXX	XXX	2,355	2,355	105	105	596	596	0	0	XXX

						5.6						23	24	25
		Case		Unpaid	· IBNR	Detens		Containment Bulk +		Adjusti Other	ng and			
		13	14	15	16	17	18	19	20	21	22			Number
		Direct		Direct		Direct		Direct		Direct		Salvage and Subrog-	Total Net Losses and	of Claims Outstand- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	73	73	94	94	0	0	11	11	1	1	0	0	2
2.	2013	39	39	32	32	6	6	4	4	1	1	0	0	2
3.	2014	3	3	32	32	0	0	3	3	0	0	0	0	0
4.	2015	6	6	27	27	0	0	3	3	0	0	0	0	0
5.	2016	4	4	28	28	0	0	3	3	0	0	0	0	0
6.	2017	5	5	11	11	0	0	3	3	0	0	0	0	0
7.	2018	9	9	18	18	0	0	4	4	0	0	0	0	0
8.	2019	8	8	16	16	0	0	4	4	1	1	0	0	1
9.	2020	11	11	23	23	0	0	4	4	0	0	0	0	0
10.	2021	390	390	44	44	13	13	7	7	2	2	0	0	4
11.	2022	76	76	71	71	0	0	12	12	7	7	0	0	12
12.	Totals	625	625	396	396	19	19	58	58	12	12	0	0	21

T		I	Total		Loss and L	oss Expense F	Percentage	I		34	Net Ralar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums I		Nontabula	r Discount	04		fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	822	822	0	56.0	56.0	0.0	0	0	0.0	0	0
3.	2014	802	802	0	87.3	87.3	0.0	0	0	0.0	0	0
4.	2015	275	275	0	33.0	33.0	0.0	0	0	0.0	0	0
5.	2016	121	121	0	15.0	15.0	0.0	0	0	0.0	0	0
6.	2017	199	199	0	22.8	22.8	0.0	0	0	0.0	0	0
7.	2018	166	166	0	17.8	17.8	0.0	0	0	0.0	0	0
8.	2019	169	169	0	21.7	21.7	0.0	0	0		0	0
9.	2020	216	216	0	38.7	38.7	0.0	0	0	0.0	0	0
10.	2021	924	924	0	193.2	193.2	0.0	0	0	0.0	0	0
11.	2022	266	266	0	54.7	54.7	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

# SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL (\$000 OMITTED)

		Pr	emiums Earn	ed		(\$00.	Los		pense Payme	ents			12
Ye	ears in	1	2	3				and Cost		and Other	10	11	
V	Vhich				Loss Pa	ayments	Containmen	nt Payments		nents			Number of
-	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	303	303	0	21	21	9	9	21	21	0	0	28
3.	2014	201	201	0	12	12	0	0	11	11	0	0	10
4.	2015	126	126	0	8	8	0	0	3	3	0	0	2
5.	2016	79	79	0	5	5	0	0	5	5	0	0	3
6.	2017	111	111	0	(100)	(100)	0	0	2	2	0	0	1
7.	2018	179	179	0	(19)	(19)	0	0	10	10	0	0	8
8.	2019	227	227	0	(94)	(94)	93	93	5	5	0	0	4
9.	2020	368	368	0	0	0	0	0	3	3	0	0	1
10.	2021	233	233	0	87	87	6	6	13	13	0	0	8
11.	2022	216	216	0	58	58	0	0	7	7	0	0	3
12.	Totals	XXX	XXX	XXX	(23)	(23)	108	108	79	79	0	0	XXX

												1	1	
			Lococo	Unpaid		Dofono	e and Cost (	Containment	Unnoid	Adiusti	ing and	23	24	25
		Case	Basis		- IBNR		Basis		- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
		Direct		Direct		Direct		Direct		Direct		and Subrog-	Losses and	Outstand- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated		Assumed
1.	Prior	0	0	3	3	0	0	4	4	0	0	0	0	0
2.	2013	0	0	0	0	0	0	1	1	0	0	0	0	0
3.	2014	0	0	1	1	0	0	1	1	0	0	0	0	0
4.	2015	0	0	1	1	0	0	1	1	0	0	0	0	0
5.	2016	0	0	2	2	0	0	1	1	0	0	0	0	0
6.	2017	0	0	2	2	0	0	2	2	0	0	0	0	0
7.	2018	0	0	3	3	0	0	2	2	0	0	0	0	0
8.	2019	75	75	3	3	33	33	3	3	1	1	0	0	1
9.	2020	0	0	6	6	0	0	7	7	0	0	0	0	0
10.	2021	0	0	15	15	0	0	12	12	0	0	0	0	0
11.	2022	1	1	92	92	0	0	15	15	1	1	0	0	1
12.	Totals	76	76	129	129	33	33	49	49	3	3	0	0	2

			Total		l nee and l	oss Expense F	Percentage	1		34	Net Balar	nca Sheat
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		fter Discount
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and			Direct and				Loss	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	52	52	0	17.3	17.3	0.0	0	0	0.0	0	0
3.	2014	24	24	0	11.8	11.8	0.0	0	0	0.0	0	0
4.	2015	13	13	0	10.5	10.5	0.0	0	0	0.0	0	0
5.	2016	13	13	0	16.4	16.4	0.0	0	0	0.0	0	0
6.	2017	(94)	(94)	0	(85.0)	(85.0)	0.0	0	0	0.0	0	0
7.	2018	(4)	(4)	0	(2.3)	(2.3)	0.0	0	0	0.0	0	0
8.	2019	119	119	0	52.2	52.2	0.0	0	0	0.0	0	0
9.	2020	16	16	0	4.4	4.4	0.0	0	0	0.0	0	0
10.	2021	133	133	0	56.9	56.9	0.0	0	0	0.0	0	0
11.	2022	175	175	0	80.8	80.8	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

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

						(\$00	<u>0 OMITTED</u>	)					
		Pr	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premi	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
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	30	30	0	0	0	0	0	0	0	0	0	0
3.	2014	55	55	0	0	0	0	0	2	2	0	0	1
4.	2015	59	59	0	0	0	0	0	2	2	0	0	1
5.	2016	59	59	0	14	14	6	6	11	11	0	0	2
6.	2017	67	67	0	4	4	0	0	12	12	0	0	2
7.	2018	397	397	0	0	0	22	22	2	2	0	0	1
8.	2019	2,351	2,351	0	40	40	0	0	1	1	0	0	2
9.	2020	5,343	5,343	0	0	0	7	7	6	6	0	0	4
10.	2021	8,979	8,979	0	1,055	1,055	6	6	10	10	0	0	16
11.	2022	12,612	12,612	0	29	29	0	0	4	4	0	0	5
12.	Totals	XXX	XXX	XXX	1, 141	1,141	42	42	51	51	0	0	XXX

												23	24	25
		Case		Unpaid	- IBNR		e and Cost ( Basis		Unpaid - IBNR		ing and			
		13	14	15	16	17	18	19	20	21	Unpaid 22			Number
			'-		10		10		20		22	Salvage and	Total Net Losses	of Claims Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	Direct and Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	28	28	0	0	0	0	0	0	0	0	0
6.	2017	0	0	21	21	0	0	2	2	0	0	0	0	0
7.	2018	0	0	141	141	0	0	3	3	0	0	0	0	0
8.	2019	150	150	413	413	0	0	18	18	2	2	0	0	1
9.	2020	0	0	1 , 181	1, 181	0	0	36	36	0	0	0	0	0
10.	2021	2,964	2,964	2 , 113	2, 113	5	5	95	95	25	25	0	0	11
11.	2022	2,015	2,015	3,930	3,930	0	0	155	155	7	7	0	0	3
12.	Totals	5,129	5,129	7,828	7,828	5	5	310	310	35	35	0	0	15

		1	Total		Loss and L	oss Expense F	Percentage	1		34	Net Balar	ice Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	0.		ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2014	2	2	0	4.4	4.4	0.0	0	0	0.0	0	0
4.	2015	2	2	0	4.0	4.0	0.0	0	0	0.0	0	0
5.	2016	59	59	0	99.7	99.7	0.0	0	0	0.0	0	0
6.	2017	40	40	0	59.1	59.1	0.0	0	0	0.0	0	0
7.	2018	168	168	0	42.4	42.4	0.0	0	0	0.0	0	0
8.	2019	624	624	0	26.6	26.6	0.0	0	0	0.0	0	0
9.	2020	1,231	1,231	0	23.0	23.0	0.0	0	0	0.0	0	0
10.	2021	6,273	6,273	0	69.9	69.9	0.0	0	0	0.0	0	0
11.	2022	6,140	6,140	0	48.7	48.7	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

# SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE (\$000 OMITTED)

		Pr	emiums Earn	ed		(+	Los		pense Payme	ents			12
Ye	ars in	1	2	3			Defense		Adjusting		10	11	
	/hich				Loss Pa	yments	Containmen	t Payments	Payn				Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and	Discret and			Discret and		Discret and		Discot and		Salvage and		Reported
	es Were curred	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Received	(4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
1110	Julieu	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 0 - 9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2013												
3.	2014												
4.	2015				<b></b>			<b></b>					
5.	2016												
6.													
7													
8.													
9.	2020								• • • • • • • • • • • • • • • • • • • •				•••••
10.	2021								•				•
11.	2022												
12.	Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other I	Jnpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand
		Direct and	Codod	Direct	Codod	Direct and	Codod	Direct	Codod	Direct and	Codod	Subrog- ation	and Expenses	
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2013													
3.	2014													
4.	2015													
5.														
6.	2017						<i></i>							
7.	2018													
8.	2019													
9.	2020													
10.	2021						•							
11.	2022													
12.	Totals													

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves A	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX			xxx		
2.	2013											
3.	2014											
4.	2015											
5.	2016											
6.	2017											
7.	2018											•
8.	2019											
9.	2020			•	•	•						•
10.	2021			•	•	•						•
11.	2022											
12.	Totals	xxx	XXX	XXX	XXX	XXX	xxx			XXX		

## SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

						(+++	O OMITTIED	/					
		Pr	emiums Earne	ed			Los	s and Loss Ex	pense Payme	ents			12
Years	s in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Whi	ich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premium	s Were				4	5	6	7	8	9		Total Net	Claims
Earned	d and										Salvage and	Paid Cols	Reported
Losses	Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7	Direct and
Incur	red	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
		,,,,,	1001	2004	68	00							2004
1. P	Prior	XXX	XXX	XXX	68	68	0	0	2	2	0	0	XXX
2. 2	021	9,099	9,099	0	3,881	3,881	30	30	317	317	0	0	XXX
	-	,	,		,	, i							
3. 2	2022	12,850	12,850	0	3,769	3,769	38	38	359	359	0	0	XXX
		2007	2007	2004	7.719	7.719	68	68	678	678		_	1004
4. 1	otals	XXX	XXX	XXX	7,719	7,719	00	00	0/0	0/8	U	U	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid		ng and			
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk -	- IBNR	Other	Jnpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	7	7	0	0	12	12	0	0	0	0	0
2.	2021	88	88	9	9	0	0	18	18	9	9	0	0	7
3.	2022	748	748	326	326	0	0	37	37	36	36	0	0	28
4.	Totals	836	836	342	342	0	0	67	67	45	45	0	0	35

T			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	xxx	0	0	xxx	0	0
2.	2021	4,351	4,351	0	47.8	47.8	0.0	0	0	0.0	0	0
3.	2022	5,313	5,313	0	41.3	41.3	0.0	0	0	0.0	0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

### SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

	Pr	emiums Earn	ed		•	Los	s and Loss Ex	cpense Paymo	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premiums Were				4	5	6	7	8	9		Total Net	Claims
Earned and	rned and ses Were Direct and									Salvage and	Paid Cols	Reported
Losses Were	osses Were Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred			Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	XXX	xxx	103	103	7	7	17	17	0	0	XXX
2. 2021	278,333	278,333	0	181,734	181,734	28	28	9,505	9,505	0	0	88 , 445
3. 2022	296,996	296,996	0	193,605	193,605	27	27	10,550	10,550	0	0	95,434
4. Totals	XXX	XXX	XXX	375,442	375,442	61	61	20,072	20,072	0	0	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid		ng and			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Jnpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	11	11	72	72	0	0	0	0	1	1	0	0	5
2.	2021	70	70	151	151	0	0	5	5	8	8	0	0	30
3.	2022	13,250	13,250	23,918	23,918	0	0	35	35	1,749	1,749	0	0	6,782
4.	Totals	13,331	13,331	24,141	24,141	0	0	40	40	1,758	1,758	0	0	6,817

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	xxx	0	0	xxx	0	0
2.	2021	191,501	191,501	0	68.8	68.8	0.0	0	0	0.0	0	0
3.	2022	243,134	243, 134	0	81.9	81.9	0.0	0	0	0.0	0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

NONE

Schedule P - Part 1M - International

NONE

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

NONE

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

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

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

		Pr	emiums Earn	ed		( ,	Los	s and Loss Ex	cpense Payme	ents			12
	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	Vhich				Loss Pa	-		t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and				5		5		5		Salvage and		Reported
	es Were	Direct and	0.4.4	No. (4 O)	Direct and	0.4.4	Direct and	0.1.1	Direct and	0.4.4		(4 - 5 + 6 - 7	Direct and
ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	4	4	0	0	0	0	0	0	0	0	0	0
3.	2014	9	9	0	0	0	0	0	0	0	0	0	0
4.	2015	2	2	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	0	0	0	0	0	0	0	0	0	0
6.	2017	0	0	0	0	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0	0	0	0	0
8.	2019	0	0	0	0	0	0	0	0	0	0	0	0
9.	2020	0	0	0	0	0	0	0	0	0	0	0	0
10.	2021	0	0	0	0	0	0	0	0	0	0	0	0
11.	2022	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ing and			
		Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	2022	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	ce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

### NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2T - Warranty

NONE

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	/hich											Closed	Closed
	osses											With	Without
	Vere	2042	0044	0045	0040	0047	0040	2040	0000	0004	0000	Loss	Loss
ine	curred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1.	Prior	000	0	0	0	0	0	0	0	0	0	21	0
2.	2013	0	0	0	0	0	0	0	0	0	0	1,296	371
3.	2014	XXX	0	0	0	0	0	0	0	0	0	1,021	322
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	759	313
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	890	277
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	858	289
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1,212	476
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	4,410	1,596
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	6,425	2,316
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	11,557	3,937
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	8,491	3,376

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	2,337	0
2.	2013	0	0	0	0	0	0	0	0	0	0	9,743	3,735
3.	2014	XXX	0	0	0	0	0	0	0	0	0	8 , 855	4,224
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	8,493	4,492
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	8,990	4, 108
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	9,644	2,653
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	9,561	2,683
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	9,592	2,751
9.	2020	XXX	0	0	0	5,574	1,770						
10.	2021	XXX	0	0	6,068	2,299							
11.	2022	XXX	0	3,663	1,908								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	0	2
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1
9.	2020	XXX	0	0	0	0	0						
10.	2021	XXX	0	0	0	0							
11.	2022	XXX	0	0	0								

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

				1									
1.	Prior	000	0	0	0	0	0	0	0	0	0	20	0
2.	2013	0	0	0	0	0	0	0	0	0	0	69	59
3.	2014	XXX	0	0	0	0	0	0	0	0	0	36	47
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	23	30
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	20	3
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	34	8
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	45	9
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	43	14
9.	2020	XXX	0	0	0	54	17						
10.	2021	XXX	0	0	51	18							
11.	2022	xxx	0	29	11								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	1	0	i
2.	2013	0	0	0	0	0	0	0	0	0	0	6	22	i
3.	2014	XXX	0	0	0	0	0	0	0	0	0	7	3	
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	2	0	
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	3	0	i
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	1	
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	3	5	
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	2	i
9.	2020	XXX	0	0	0	0	1							
10.	2021	XXX	0	0	5	3								
11.	2022	XXX	0	2	0	i								

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
Ye	ears in	1	2	3	4	(\$000 OI	6 6	7	8	9	10	Number of Claims	Number of Claims
	/hich		_	Ŭ		Ŭ	Ü		Ü	Ü	.0	Closed	Closed
	osses											With	Without
	Vere .											Loss	Loss
Inc	curred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1.	Prior	000											
2.	2013												
3.	2014	XXX											
4.	2015	XXX	XXX				<b></b>						
5.	2016	XXX	XXX	XXX	<b></b>		\ \.	<b></b>					
6.	2017	XXX	XXX	XXX	X			<b></b>					
7.	2018	XXX	XXX	XXX	XXX		<b>4</b> 7						
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

1.	Prior	000									 	
2.	2013										 	
3.	2014	XXX									 	
4.	2015	XXX	XXX								 	
5.	2016	XXX	XXX	XXX							 	
6.	2017	XXX	XXX	XXX	XXX			<b>.</b>			 	
7.						xx	\ \	<b>\</b>			 	
8.			XXX	XXX		×x						
9.	2020	XXX	XXX	XXX	XXX		YYY	X			 	
10.	2021	XXX	XXX									
11.	2022	XXX	XXX	XXX								

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

									' /			
1.	Prior	000									 XXX	XXX
2.	2013										 XXX	XXX
3.	2014	XXX									 XXX	XXX
4.	2015	XXX	XXX								 XXX	XXX
5.	2016	XXX	XXX	XXX							 XXX	XXX
6.	2017	XXX	XXX	XXX	XXX						 XXX	XXX
7.	2018	XXX	XXX	XXX	X X	xx	\	<b>\</b>			 XXX	XXX
8.	2019	XXX	XXX	XXX	X		\infty				 XXX	XXX
9.	2020	XXX	XXX	XXX	XX		.XXX	X			 XXX	XXX
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

### SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0	0	1
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	0	1
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	2	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	1	1
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	0
9.	2020	XXX	0	0	0	0	4						
10.	2021	XXX	0	0	4	1							
11.	2022	XXX	0	1	1								

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

		00112		1 / 11 1					/ \DILII	. 0 - / \	11110 1117	
1.	Prior	000										 
2.	2013											 
3.	2014	XXX										 
4.	2015	XXX	XXX									 
5.	2016	XXX	XXX	XXX								 
6.	2017	XXX	XXX	XXX	XXX		<b></b>	<b></b>				 
7.	2018	XXX	XXX	XXX	. X			<b></b>				 
8.	2019	XXX	XXX	XXX	x	XX	🕸					 
9.	2020	XXX	XXX	XXX	<b>xx</b> x		XXX	\ ×				 
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			 
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND COS	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 ON	MITTED)					Number of	Number of
Year	rs in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
Whi	Which Losses											Closed	Closed
Losses											With	Without	
We	Losses Were										Loss	Loss	
Incur								Payment	Payment				
, ,	Dai	V/V/	V/V/	V///	V00		200					V/V/	V///
1. F	Prior	XXX	XXX	XXX	XXX	×	XXX	·····				XXX	XXX
2. 2	2021	xxx	XXX	xxx	XXX	xxx	XXX	xxx	XXX			xxx	xxx
3. 2	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1	Prior	XXX	000	0	0	0	0						
2		XXX							VVV	0	0	82 . 495	5.920
3	2022	xxx	0	82.412	6 240								

### SCHEDULE P - PART 3K - FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX	X	y.,	XXX		ζ			XXX	XXX
2.	2021	XXX	XXX	XXX	. «X		ΧX	\infty	: ×	XXX			xxx	XXX
3.	2022	xxx	XXX	XXX			xx	$\infty$		XXX	XXX		xxx	xxx
		7000	7001	7001						7000	7000	l	7001	7000

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

	•	<del></del>		<i>.</i>	` : :	 \				<del>, , , , , , , , , , , , , , , , , , , </del>		 - <i>,</i> ,	
1.	Prior	XXX	XXX	XXX	XX	 X	XXX	<b></b>	x	000		XXX	XXX
2.	2021	<b>VVV</b>	VVV			XX	$\sim$		X			~~~	XXX
3.	2022	XXX	XXX	XXX	XXX		XXX		X		XXX	XXX	XXX

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

				SCH	EDULE	P - PAF	<u> (1 3M - </u>	INIEKN	IAHON	AL		
1.	Prior	000			•						 XXX	xxx
2.	2013										 XXX	XXX
3.	2014	xxx									 XXX	XXX
4.	2015	xxx	xxx								 XXX	XXX
5.	2016	XXX	xxx	XXX							 XXX	XXX
6.	2017	XXX	xxx	XXX	XX			<b></b>			 XXX	XXX
7.	2018	xxx	xxx	XXX				<b>\</b>			 XXX	XXX
8.	2019	xxx	XXX	XXX	xxx		XXX				 XXX	XXX
9.	2020	xxx	xxx	XXX	XXX	XXX	XXX	XXX			 XXX	XXX
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	xxx
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 30 - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence **NONE** 

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made **NONE** 

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 3T - Warranty **N O N E** 

Schedule P - Part 4A - Homeowners/Farmowners

NONE

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

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

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

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

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

NONE

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made NONE

Schedule P - Part 4G - Special Liability

### NONE

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence **NONE** 

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made NONE

Schedule P - Part 4I - Special Property **N O N E** 

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

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

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

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

NONE

# Schedule P - Part 4T - Warranty **N O N E**

# SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS SECTION 1

			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	emiums e Earned										
	Losses										
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	231	17	2	1	0	0	1	0	0	0
2.	2013	1,166	1,283	1,289	1,294	1,295	1,295	1,296	1,296	1,296	1,296
3.	2014	XXX	945	1,015	1,020	1,021	1,021	1,021	1,021	1,021	1,021
4.	2015	XXX	XXX	648	748	754	756	759	759	759	759
5.	2016	XXX	XXX	XXX	787	885	890	890	890	890	890
6.	2017	XXX	XXX	XXX	XXX	761	849	855	857	858	858
7.	2018	XXX	XXX	XXX	XXX	XXX	975	1, 187	1,203	1,208	1,212
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	3,563	4,360	4,403	4,410
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,252	6,340	6,425
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,040	11,557
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,491

### **SECTION 2**

							_						
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END											
Years	in Which	1	2	3	4	5	6	7	8	9	10		
	miums												
	Earned												
	Losses												
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1.	Prior	8	1	1	1	0	0	0	0	0	0		
2.	2013	75	8	3	1	0	0	0	0	0	0		
3.	2014	XXX	25	6	1	0	0	0	0	0	0		
4.	2015	XXX	XXX	63	9	4	3	0	0	0	0		
5.	2016	XXX	XXX	XXX	44	4	1	0	0	1	1		
6.	2017	XXX	XXX	XXX	XXX	18	8	3	2	0	0		
7.	2018	XXX	XXX	XXX	XXX	XXX	106	19	7	5	2		
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	286	47	13	9		
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	425	85	24		
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	728	113		
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867		

### **SECTION 3**

							9				
				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
	in Which miums	1	2	3	4	5	6	7	8	9	10
	Earned Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	235	13	2	1	0	0	1	0	0	
2.	2013	1,559	1,657	1,662	1,666	1,666	1,666	1,667	1,667	1,667	1,66
3.	2014	XXX	1,267	1,341	1,341	1,343	1,343	1,343	1,343	1,343	1,34
4.	2015	XXX	XXX	951	1,064	1,069	1,070	1,071	1,071	1,072	1,07
5.	2016	XXX	XXX	XXX	1,076	1,162	1,167	1,167	1,167	1,168	1, 16
6.	2017	XXX	XXX	XXX	XXX	1,018	1,136	1,146	1,147	1,147	1, 14
7.	2018	XXX	XXX	XXX	XXX	XXX	1,467	1,677	1,684	1,689	1,69
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	5,198	5,979	6,005	6,0 <sup>-</sup>
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,660	8,725	8,76
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,032	15,60
11	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12 73

### SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	e Earned										
	Losses Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
110.0		20.0									
1.	Prior	3,492	1,217	567	226	97	79	46	42	35	28
2.	2013	6,090	8,598	9,224	9,527	9,644	9,681	9,715	9,728	9,738	9,743
3.	2014	XXX	5,861	7,837	8,389	8,702	8,795	8,825	8,839	8,848	8,855
4.	2015	XXX	XXX	5,295	7,381	7,998	8,306	8,430	8,468	8,482	8,493
5.	2016	XXX	XXX	XXX	5,186	7,778	8,475	8,804	8,917	8,970	8,990
6.	2017	XXX	XXX	XXX	XXX	5,681	8,311	9,050	9,435	9,586	9,644
7.	2018	XXX	XXX	XXX	XXX	XXX	5,530	8,249	8,963	9,376	9,561
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	5,492	8,233	9,095	9,592
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,414	5,040	5,574
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,568	6,068
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,663

### **SECTION 2**

						LC HON					
				NUMBE	R OF CLAIMS O	UTSTANDING [	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned	1	2	3	4	5	6	7	8	9	10
	Losses Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	2, 139	1,007	499	302	251	184	160	143	133	127
2.	2013	2,526	1,089	500	201	87	60	37	28	26	23
3.	2014	XXX	2,394	989	464	160	60	34	24	20	19
4.	2015	XXX	XXX	2,740	1, 104	459	187	75	48	36	29
5.	2016	XXX	XXX	XXX	2,899	1,167	508	202	100	54	39
6.	2017	XXX	XXX	XXX	XXX	2,762	1 , 192	567	246	109	65
7.	2018	XXX	XXX	XXX	XXX	XXX	2,998	1,298	647	277	112
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	3,223	1,502	725	311
9.	2020	XXX	xxx	XXX	xxx	XXX	XXX	xxx	2,004	939	448
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,641	1,152
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,641

					J	LC HON	<u> </u>				
				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Prer Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	2,376	369	149	59	48	14	22	26	25	2
2.	2013	11,167	13, 175	13,366	13,439	13,461	13,473	13,486	13,491	13,499	13,50
3.	2014	XXX	11,164	12,770	12,977	13,056	13,074	13,082	13,087	13,092	13,0
4.	2015	XXX	XXX	11,009	12,677	12,853	12,949	12,984	13,002	13,009	13,0
5.	2016	XXX	XXX	XXX	10,868	12,746	12,969	13,081	13,120	13,132	13, 1
6.	2017	XXX	XXX	XXX	XXX	9,837	11,838	12,159	12,294	12,341	12,3
7.	2018	XXX	XXX	XXX	XXX	XXX	9,922	11,913	12,175	12,311	12,3
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	10 , 104	12,153	12,489	12,6
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,406	7,601	7,7
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,471	9,5
11.	2022	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	XXX	8.2

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

			CUMULA	SSUMED AT YE	AR END						
	in Which	1	2	3	4	5	6	7	8	9	10
Were and	miums Earned Losses Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
vveie	incurred	2013	2014	2015	2010	2017	2010	2019	2020	2021	2022
1.	Prior										
2.	2013										
3.	2014	XXX									
4.	2015	xxx	xxx				<u> </u>				
5.	2016	XXX	XXX	××	<b>\</b>						
6.	2017	XXX	xxx	XX	. xxx.						
7.	2018	XXX	XXX	xxx	xxx	xxx					
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2021	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### **SECTION 2**

				NUMBER	R OF CLAIMS O	UTSTANDING [	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	0	0	0	0	0	1	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	0
9.	2020	XXX	XXX	XXX	XXX	xxx	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

						LOTION	0				
				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre	in Which miums	1	2	3	4	5	6	7	8	9	10
and	Earned Losses	2042	2044	2045	0040	2047	2040	2010	2020	2024	2022
vvere	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	(
2.	2013	0	0	0	0	0	0	0	0	0	
3.	2014	XXX	0	0	0	0	0	0	0	0	
4.	2015	XXX	XXX	0	0	0	0	0	0	0	
5.	2016	XXX	XXX	XXX	0	0	0	0	0	1	
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(
11	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

		1	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END								
			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	OSS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
Years	in Which	1	2	3	4	5	6	7	8	9	10
	emiums e Earned										
	Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	30	11	0	2	0	0	4	0	1	2
2.	2013	45	63	69	69	69	69	69	69	69	69
3.	2014	XXX	19	31	35	35	36	36	36	36	36
4.	2015	XXX	XXX	11	17	21	23	23	23	23	23
5.	2016	XXX	XXX	XXX	13	20	20	20	20	20	20
6.	2017	XXX	XXX	XXX	XXX	27	34	34	34	34	34
7.	2018	XXX	XXX	XXX	XXX	XXX	24	45	45	45	45
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	30	43	43	43
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	52	54
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	51
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29

### **SECTION 2**

NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR FUD											
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END           1         2         3         4         5         6         7         8         9									
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	13	5	3	1	3	5	4	4	3	2
2.	2013	28	6	0	0	0	0	0	0	0	2
3.	2014	XXX	19	7	1	1	0	0	0	0	0
4.	2015	XXX	XXX	5	4	2	0	0	0	0	0
5.	2016	XXX	XXX	XXX	3	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	5	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	18	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	8	0	0	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	2	0
10.	2021	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	21	4
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

					3	ECHON.	3				
				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre	in Which emiums e Earned	1	2	3	4	5	6	7	8	9	10
and	Losses Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	14	5	(2)	2	3	2	3	0	2	1
2.	2013	119	128	128	128	128	128	128	128	128	130
3.	2014	XXX	71	83	83	83	83	83	83	83	83
4.	2015	XXX	XXX	44	51	53	53	53	53	53	53
5.	2016	XXX	XXX	XXX	18	23	23	23	23	23	23
6.	2017	XXX	XXX	XXX	XXX	39	42	42	42	42	42
7.	2018	XXX	XXX	XXX	XXX	XXX	48	54	54	54	54
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	50	57	57	58
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	70	71
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	60	73
11.	2022	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	52

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

			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned										
	Losses	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
*****	inounca	2010	2011	2010	2010	2011	2010	2010	2020	2021	2022
1.	Prior	2	1	0	0	0	0	0	0	0	0
2.	2013	4	4	4	6	6	6	6	6	6	6
3.	2014	XXX	5	7	7	7	7	7	7	7	7
4.	2015	XXX	XXX	2	2	2	2	2	2	2	2
5.	2016	XXX	XXX	XXX	2	3	3	3	3	3	3
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

### **SECTION 2**

						LC HON					
				NUMBER	R OF CLAIMS O	UTSTANDING [	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	1	0	0	0	0	0	0	0	0	0
2.	2013	2	2	2	0	0	0	0	0	0	0
3.	2014	XXX	2	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	1	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	3	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	2	1	1	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

					<u> </u>	ECTION .	<u> </u>				
		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END  1									
Prer Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	1	1	0	0	0	0	0	0	0	(
2.	2013	25	27	27	28	28	28	28	28	28	2
3.	2014	XXX	10	10	10	10	10	10	10	10	1
4.	2015	XXX	XXX	2	2	2	2	2	2	2	
5.	2016	XXX	XXX	XXX	3	3	3	3	3	3	
6.	2017	XXX	XXX	XXX	XXX	1	1	1	1	1	
7.	2018	XXX	XXX	XXX	XXX	XXX	8	8	8	8	
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	2	4	4	
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	
11.	2022	xxx	xxx	XXX	XXX	XXX	xxx	XXX	XXX	XXX	;

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

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

NONE

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

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

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

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

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	miums Earned Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	1	2	2	2	2	2	2
6.	2017	XXX	XXX	XXX	XXX	0	0	1	1	1	1
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	4
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

### **SECTION 2A**

					OL.	CHON 2	_				
Υe	ears in			NUMBER	R OF CLAIMS O	UTSTANDING [	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	1	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	1	1	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	11
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

### **SECTION 3A**

					JL	CHOIN 3	A				
Υe	ears in			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	1	1	1	1	1	1	1	1	1
4.	2015	XXX	XXX	1	1	1	1	1	1	1	1
5.	2016	XXX	XXX	XXX	2	2	2	2	2	2	2
6.	2017	XXX	XXX	XXX	XXX	1	1	2	2	2	2
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	4	4
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	16
11.	2022	xxx	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	5

# Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B **NONE** 

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B **N O N E** 

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A NONE

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

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

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

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

Schedule P - Part 5T - Warranty - Section 2 **NONE** 

Schedule P - Part 5T - Warranty - Section 3 **N O N E** 

### SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

Υe	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015		xxx				<u> </u>					
5	2016	XXX		<b>,</b>								
6	2017	XXX			VV							
7	2018	XXX	XXX		XX	$\checkmark$						
ν.	2019	XXX			XX	····· 🕽						
0.		XXX			XXX		3					
9.	2020		XXX			Λ	XX					
10.	2021	XXX	XXX	XXX	xxx	XXX	xxx	XXX	XXX			
11.	2022	XXX	XXX	XXX		XXX	XXX			XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)											XXX

### **SECTION 2**

					•		<b>1</b>					
Υe	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015	XXX	XXX									
5.	2016	XXX	XXX									
6.	2017	XXX	XXX		xx							
7.	2018	XXX	XXX		xx	×						
8.	2019	XXX	XXX	) K	XX	X	X					
9.	2020	XXX	XXX		XXX.	.X	xx		 			
10.	2021	xxx	xxx	XXX	XXX	XXX	xxx	XXX	xxx			
11.	2022	xxx	xxx	xxx	XXX	xxx	xxx	XXX	XXX	xxx		
12.	Totals	xxx	xxx	xxx	xxx	xxx	xxx	XXX	XXX	xxx	xxx	
13.	Earned											
	Premiums											1
	(Sch P-Pt. 1)											XXX

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

Ye	ears in Which		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	73	2	(2)	0	0	0	0	0	0	0	0
2.	2013	1,394	1,636	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	0
3.	2014	XXX	676	901	901	900	900	900	900	900	900	0
4.	2015	XXX	XXX	603	757	752	752	752	752	752	752	0
5.	2016	XXX	XXX	XXX	655	745	747	747	747	747	747	0
6.	2017	XXX	XXX	XXX	XXX	791	861	864	864	864	864	0
7.	2018	XXX	XXX	XXX	XXX	XXX	864	888	889	889	888	(1)
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	751	757	756	753	(2)
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	xxx	551	547	568	22
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	484	543	59
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	409	409
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	486
13.	Earned											
	Premiums	4 400	040	000	000	075	000	770	550	470	400	2001
	(Sch P-Pt. 1)	1,468	919	833	809	875	936	778	559	478	486	XXX

					3		N Z					
Ye	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
6	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	73	2	(2)	0	0	0	0	0	0	0	0
2.	2013	1,394	1,636	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	0
3.	2014	XXX	676	901	901	900	900	900	900	900	900	0
4.	2015	xxx	xxx	603	757	752	752	752	752	752	752	0
5.	2016	xxx	xxx	XXX	655	745	747	747	747	747	747	0
6.	2017	xxx	xxx	XXX	xxx	791	861	864	864	864	864	0
7.	2018	xxx	xxx	XXX	XXX	xxx	864	888	889	889	888	(1)
8.	2019	xxx	xxx	XXX	xxx	xxx	xxx	751	757	756	753	(2)
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	551	547	568	22
10.	2021	xxx	xxx	XXX	xxx	xxx	xxx	XXX	XXX	484	543	59
11.	2022	xxx	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	409	409
12.	Totals	xxx	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	486
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,468	919	833	809	875	936	778	559	478	486	XXX

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	1	0	0	0	0	0	0	0	0	0	0
2.	2013	302	302	302	302	302	302	302	302	302	302	0
3.	2014	XXX	201	201	201	201	201	201	201	201	201	0
4.	2015	XXX	XXX	126	127	128	128	128	128	128	128	0
5.	2016	XXX	XXX	XXX	78	82	82	82	82	82	82	0
6.	2017	XXX	XXX	XXX	XXX	106	106	106	106	106	106	0
7.	2018	XXX	XXX	XXX	XXX	XXX	179	179	179	179	179	0
8.	2019	xxx	xxx	XXX	XXX	xxx	xxx	227	228	228	228	0
9.	2020	xxx	xxx	XXX	XXX	xxx	xxx	xxx	367	349	349	0
10.	2021	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	252	236	(15)
11.	2022	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx	231	231
12.	Totals	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	xxx	216
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	303	201	126	79	111	179	227	368	233	216	XXX

### **SECTION 2**

					•		1 =					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
V	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	1	0	0	0	0	0	0	0	0	0	0
2.	2013	302	302	302	302	302	302	302	302	302	302	0
3.	2014	XXX	201	201	201	201	201	201	201	201	201	0
4.	2015	XXX	XXX	126	127	128	128	128	128	128	128	0
5.	2016	XXX	XXX	XXX	78	82	82	82	82	82	82	0
6.	2017	xxx	XXX	XXX	XXX	106	106	106	106	106	106	0
7.	2018	xxx	XXX	XXX	XXX	XXX	179	179	179	179	179	0
8.	2019	XXX	XXX	XXX	XXX	XXX	xxx	227	228	228	228	0
9.	2020	XXX	XXX	XXX	XXX	XXX	xxx	XXX	367	349	349	0
10.	2021	xxx	xxx	XXX	XXX	xxx	xxx	xxx	XXX	252	236	(15)
11.	2022	xxx	xxx	XXX	XXX	xxx	xxx	xxx	XXX	xxx	231	231
12.	Totals	xxx	xxx	XXX	XXX	xxx	xxx	xxx	XXX	xxx	xxx	216
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	303	201	126	79	111	179	227	368	233	216	XXX

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

Υe	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUMED	AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	30	30	30	30	30	30	30	30	30	30	0
3.	2014	XXX	55	55	55	55	55	55	55	55	55	0
4.	2015	XXX	XXX	59	60	60	60	60	60	60	60	0
5.	2016	XXX	XXX	XXX	59	59	59	59	59	59	59	0
6.	2017	XXX	XXX	XXX	XXX	67	67	67	67	67	67	0
7.	2018	XXX	XXX	XXX	XXX	XXX	397	397	397	397	397	0
8.	2019	xxx	xxx	XXX	XXX	xxx	XXX	2,351	2,351	2,351	2,351	0
9.	2020	xxx	xxx	XXX	XXX	xxx	XXX	xxx	5,343	5,343	5,343	0
10.	2021	xxx	xxx	XXX	XXX	xxx	XXX	xxx	XXX	8,979	8,979	0
11.	2022	xxx	xxx	XXX	xxx	xxx	xxx	xxx	XXX	xxx	12,612	12,612
12.	Totals	xxx	xxx	XXX	XXX	xxx	XXX	xxx	XXX	xxx	xxx	12,612
13.	Earned											,
	Premiums											
	(Sch P-Pt. 1)	30	55	59	59	67	397	2,351	5,343	8,979	12,612	XXX

### **SECTION 2A**

					5	FCHON	I ZA					
Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	30	30	30	30	30	30	30	30	30	30	0
3.	2014	XXX	55	55	55	55	55	55	55	55	55	0
4.	2015	XXX	XXX	59	60	60	60	60	60	60	60	0
5.	2016	xxx	xxx	XXX	59	59	59	59	59	59	59	0
6.	2017	xxx	xxx	XXX	XXX	67	67	67	67	67	67	0
7.	2018	xxx	xxx	XXX	XXX	xxx	397	397	397	397	397	0
8.	2019	xxx	xxx	XXX	XXX	xxx	xxx	2,351	2,351	2,351	2,351	0
9.	2020	xxx	xxx	XXX	xxx	xxx	xxx	xxx	5.343	5.343	5.343	0
10.	2021	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	8.979	8.979	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	12.612	12,612
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12.612
13.	Earned Premiums	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	(Sch P-Pt. 1)	30	55	59	59	67	397	2,351	5,343	8,979	12,612	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B **N O N E** 

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

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

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

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

NONE

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

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	4	4	4	4	4	4	4	4	4	4	0
3.	2014	XXX	9	9	9	9	9	9	9	9	9	0
4.	2015	XXX	XXX	2	2	2	2	2	2	2	2	0
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13.	Earned											
	Premiums		_									
	(Sch P-Pt. 1)	4	9	2	0	0	0	0	0	0	0	XXX

### **SECTION 2A**

					•							
Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	4	4	4	4	4	4	4	4	4	4	0
3.	2014	XXX	9	9	9	9	9	9	9	9	9	0
4.	2015	XXX	XXX	2	2	2	2	2	2	2	2	0
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6.	2017	xxx	xxx	XXX	XXX	0	0	0	0	0	0	0
7.	2018	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0	0
8.	2019	xxx	xxx	XXX	XXX	xxx		0	0	0	0	0
9.	2020	xxx	xxx	XXX	XXX	xxx	xxx	xxx	0	0	0	0
10.	2021	xxx	xxx	XXX	xxx	xxx	xxx	XXX	XXX	0	0	0
11.	2022	XXX	XXX	XXX			XXX	XXX	XXX	xxx	0	0
12.	Totals	XXX	XXX		XXX	XXX	XXX	XXX		XXX	xxx	0
13.	Earned											
10.	Premiums											
	(Sch P-Pt. 1)	4	9	2	0	0	0	0	0	0	0	XXX

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

					5	ECHON	1 1 B					
Υe	ears in Which		CUML	JLATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
and Losses												Premiums
V	/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015	XXX	XXX									
5.	2016	XXX	XXX	X								
6.	2017	XXX	XXX		XX							
7.	2018	XXX	XXX		xx	×						
8.	2019	xxx	XXX		××	×						
9	2020	XXX	XXX	)	XXX.	<b>X</b>	×	1001				
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2022	XXX	XXX		XXX	XXX	XXX		XXX	XXX		
12.	Totals	XXX				XXX		XXX			XXX	
13.	Earned											
13.	Premiums											
	(Sch P-Pt. 1)											xxx

#### SECTION 2B

					S	ECHON	2B					
Υe	ears in Which			CUMULATI	/E PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015	XXX	XXX									
5.	2016	XXX	XXX	X								
6.	2017	XXX	XXX		XX							
7.	2018	XXX	xxx		xx	×						
8.	2019	XXX	xxx	) K	××	×						
9.	2020	xxx		× ()	XXX.	X	×					
10.	2021	XXX		XXX	XXX	XXX	XXX	XXX	xxx			
11	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				[
10.	Premiums											
	(Sch P-Pt. 1)											XXX

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

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

NONE

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

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts **N O N E** 

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts **N O N E** 

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts **NONE** 

### **SCHEDULE P INTERROGATORIES**

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from De Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to		)R) provision	s in Medi	cal
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge of the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes questions:	or at no additional cost?		] No [	Х]
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsew dollars)?	here in this statement (in	i		0
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes [	] No [	]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		. Yes [	] No [	]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	the Underwriting and	[ ] No [	] N//	A [
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the follow in Schedule P:	ing table corresponding to where	these reserve	es are rep	ported
		DDR Reserve I Schedule P, Part 1F, Medic Column 24: Total Net Losse	al Profession		
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	Section 2: C	2 Claims-Ma	ade
1.601	Prior				
	2013				
	2014				
	2015       2016				
	2017				
	2018				
	2019				
	2020				
	2021				
	2022	0			0 1
3.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment experfective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these experies and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in the Adjusting and Other expense payments and reserves should be allocated to the years in which the losses number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense should be allocated in the same percentage used for the	expenses (now reported as " in this statement?  es were incurred based on the expense between companies in a loss amounts and the claim	. Yes [ X ]	] No [	]
	counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurer Other expense incurred by reinsurers, or in those situations where suitable claim count information is not avexpense should be allocated by a reasonable method determined by the company and described in Interrogreported in this Statement?	vailable, Adjusting and Other gatory 7, below. Are they so	-	] No [	]
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future net of such discounts on Page 10?			] No [ )	Х ]
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular relating to discount calculations must be available for examination upon request.  Discounting is allowed only if expressly permitted by the state insurance department to which this Annual States being filed.	discounting. Work papers			
5.	What were the net premiums in force at the end of the year for:				
	(in thousands of dollars) 5.1 Fidelit	ty			0
	5.2 Surety	y			0
<ul><li>6.</li><li>7.1</li><li>7.2</li></ul>	Claim count information is reported per claim or per claimant (Indicate which).  If not the same in all years, explain in Interrogatory 7.  The information provided in Schedule P will be used by many persons to estimate the adequacy of the currer among other things. Are there any especially significant events, coverage, retention or accounting changes considered when making such analyses?  (An extended statement may be attached.)	nt loss and expense reserves, s that have occurred that must be	. Yes [ X	] No [	
	Larger than expected catastrophes were experienced during accident years 2021 and 2022.				

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

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

	INTERSTATE C			States and Terri	tories		<b>=</b> 1 <b>\</b>	
			1	2	Direct Bus	iness Only 4	5	6
			Life (Group and	Annuities (Group and	Disability Income (Group and	Long-Term Care (Group and	Deposit-Type	
	States, Etc.		Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	ΑZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	СО						
7.	Connecticut	СТ						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	ldaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	lowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	•	MA						
23.	Michigan	MI						
24.		MN						
25.		MS						
26.	***	МО						
27.		MT						
28.	Nebraska	<u></u>						
29.	Nevada							
30.		NH	4					
31.		NJ						
32.	•	NM						
33.	New York							
34.	North Carolina							
35.		ND						
36.		ОН						
37.		OK						
38.	Oregon							
39.	Pennsylvania							
40.	Rhode Island							
41.		SC						
42.	South Dakota							
43.		TN						
43. 44.		TX						
44. 45.		UT						
		VT						
46. 47.		V I VA						
47. 48.	· ·	VA WA						
	<b>G</b>							
49. 50	<b>G</b>	WV						
50.	Wyoming							
51.	Wyoming							
52.	American Samoa							
53.		GU						
54.		PR						
55.	U.S. Virgin Islands							
56.	Northern Mariana Islands							
57.		CAN						
58.	Aggregate Other Alien	ОТ						
59.	Total							

														16
										Type	If			
										of Control	Control			
										(Ownership,	is		ls an	
					Name of Securities			Relation-		Board,	Owner-		SCA	
					Exchange		Domi-	ship		Management,	ship		Filing	
	NAIC				if Publicly Traded	Names of	ciliarv	to		Attorney-in-Fact.	Provide		Re-	
	Company	ID	Federal		(U.S. or	Parent, Subsidiaries	,	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	,
Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	* ((
The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership Board Management	100 000	, , , ,	NO	1
													1	1
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										Ownership, Board, Management				
. The Hanover Insurance Group										Ownership, Board, Management				
The Hanover Insurance Group						NOVA Casualty Company			The Hanover Insurance Company	Ownership, Board, Management	100.000		NO	
. The Hanover Insurance Group						Opus Investment Management, Inc	MA	UIP	The Hanover Insurance Group, Inc	Ownership, Board, Management	100 . 000	The Hanover Insurance Group, Inc	NO	
. The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NI A	The Hanover Insurance Company	Ownership, Board, Management	100 . 000	The Hanover Insurance Group, Inc	NO	
. The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100 . 000	The Hanover Insurance Group, Inc	NO	
. The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	I A	The Hanover Insurance Company	Ownership, Board, Management	100 . 000	The Hanover Insurance Group, Inc	YES	
The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management	. 100.000	The Hanover Insurance Group, Inc	NO	
The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
The Hanover Insurance Group		04-3263626			New York Stock Exchange .	The Hanover Insurance Group, Inc.	DE	UIP			0.000		NO	
The Hanover Insurance Group	13147	74-3242673				The Hanover National Insurance Company	NH		The Hanover Insurance Company	Ownership, Board, Management	. 100.000	The Hanover Insurance Group, Inc	NO	
The Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	I A	The Hanover Insurance Company	Ownership, Board, Management	. 100.000	The Hanover Insurance Group, Inc	NO	
. The Hanover Insurance Group		04-2448927	l			VeraVest Investments. Inc.		NIA			. 100.000	The Hanover Insurance Group, Inc	NO	
The Hanover Insurance Group	10815		l			Verlan Fire Insurance Company						The Hanover Insurance Group, Inc	NO	
								NIA					1	
							L'							1
•											•			
	The Hanover Insurance Group	The Hanover Insurance Group	Company Code	Company	Company	NAIC Group Name	NAIC   Company   Federal   Federal	NAIC Company   Federal RSSD   Fed	NAIC Company	NAIC   Company   December   Federal   Federa	NAME Group Name Code U.S. or Be Hanner finatenee Grap Be Hanner finaten	Name of Securities   Name of Securities   Name of Securities   Exchange   Public Traded (U.S. or many of Personal Company   Decar   Deca	Name of Securities Exchange Find Digital Transporter of the state fluorance Graph Cooper Number Coop	Name of Securities Exchange Fig. (Comership, Group Name Code Number Code Number Code Number Code Name of Federal Code Name of Federal Code Name of Securities Exchange Filtry Respond Code Number Code Name of Federal Code Name of Federal Name of Securities Person, Substituties Code Person, Substituties Code No. 100 No.

Asterisk			Ēχ	XL E	n	

### SCHEDULE Y

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

PART 2 - SUMMART OF INSURER S TRANSACTIONS WITH ANT AFFICIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of Loans. Securities.	Connection with Guarantees or		Income/		Any Other Material Activity Not in the		Recoverable/
NAIC					Real Estate.	Undertakings for	Management	(Disbursements) Incurred Under		Ordinary Course of		(Payable) on Losses and/or
Company	ID	Names of Insurers and Parent.	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	407.123.853
10212	04-3272695	. Allmerica Financial Alliance Ins Co			0	0	0	0		0	3.000.000	242.414.804
	23-2643430	. Allmerica Financial Benefit Ins Co	0	5.000.000			0	(68.614.766)		°		925,575,872
	52–1827116	Campmed Casualty & Indemnity Company,		, ,				, , , ,			, , , , , , , , , , , , , , , , , , , ,	,,
		Inc	(400,000)	0			0			0	(400,000)	7,639,609
31534	38-0421730	. Citizens Insurance Co. of America	(72,000,000)	0	(70,658,418)	0	151,739,430	13,923,502		0	23,004,514	(204,344,804)
	36-4123481	Citizens Insurance Co. of Illinois	l0 l.	1.000.000	0	0	0	0		0		57,775,676
		Citizens Insurance Co. of Ohio	(1,000,000)	0	0	0	0	0		0		10,999,001
	35-1958418	Citizens Insurance Co. of the Midwest										1,220,614,443
36064	04–3063898	The Hanover American Insurance Co	0	3,000,000	0	0	0	(53,233,047)		0	(50,233,047)	537,691,456
	. 98–1300399	The Hanover Atlantic Insurance Company	0	5,000,000	0	0	0	0			5,000,000	73,726,957
22292	13-5129825	The Hanover Insurance Company	(20,210,909)	(19,277,330)	(27,670,662)	0	(94,216,727)	426,351,047		(125,000,000)	139,975,419	(5,160,877,588)
11705	86-1070355	Hanover New Jersey Insurance Company	(4,739,091)	(18,722,670)	0	0	0	0		0		5,848
41602	75–1827351	The Hanover Casualty Company	(800,000)	0			0			0	(800,000)	97,248,565
	04-2217600	Massachusetts Bay Insurance Company								0	(113,000,588)	1,055,905,855
42552		NOVA Casualty Co	0	0	0			0		0	0	623,646,736
	. 04-3263626	The Hanover İnsurance Group, Inc	110,411,303	0	98,329,080		(57,522,703)			125,000,000		0
		. The Hanover National Insurance Company	(300,000)	0	0	0	0	0		0	(300,000)	0
10815	52-0903682	Verlan Fire Insurance Co	(550,000)	0	0	0	0	(59,329,812)				104,853,717
	. 04-2854021	Opus Investment Management, Inc	0	(1,000,000)	0	0	0	0		0		0
	. 27-3626264	CitySquare II Investment Co., LLC	(10,411,303).	0	0	0	0	0		0	(10,411,303)	0
9999999 Cd	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0
	·			·	·	·	·	·		· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·

### **SCHEDULE Y**

#### PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

PART 3 - ULTIMATE CONTROL	LING PARTY AND LISTING OF O	IHER U.S. INS	URANCI	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING F	ARTY'S CON	IROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
		O	Affiliation of			O	Affiliation of
		Ownership Percentage	Column 2 Over			Ownership Percentage	Column 5 Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
	NOVA Casualty Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
Allmerica Financial Allicance Insurance Co.	The Hanover Insurance Company			The Hanover Insurance Group, Inc.	The Hanover Insurance Group		NO
Allmerican Financial Benefit Insurance Co	The Hanover Insurance Company			The Hanover Insurance Group, Inc.	The Hanover Insurance Group		NO
Campmed Causalty & Indemnity Co. Inc.	The Hanover Insurance Company	100.000	NO		The Hanover Insurance Group	100.000	NO
			NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		NO
	Opus Investment Management, Inc.		NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
Citizens Insurance Company of Ohio	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
Citizens Insurance Company of the Midwest	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
Massachusetts Bay Insurance Company	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group		NO
NOVA Casualty Company	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
The Hanover American Insurance Company		100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
The Hanover Atlantic Insurance Company	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
	The Hanover Insurance Company		NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		NO
The Hanover Insurance Company	Opus Investment Management, Inc.	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
The Hanover National Insurance Company	The Hanover Insurance Company	100.000	NO		The Hanover Insurance Group	100.000	NO
The Hanover New Jersey Insurance Company	The Hanover Insurance Company	100.000	NO		The Hanover Insurance Group		
Verlan Fire Insurance Company	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	NO
							[
							[

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### **REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	_	Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

#### SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO.
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO.
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO.
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	
	electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	
	with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state	
	of domicile and the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	
	NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
34.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	
	NAIC by April 1?	NO
35.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

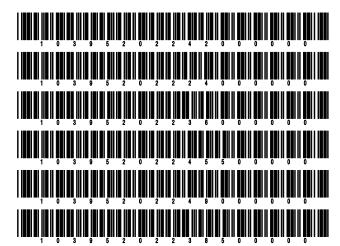
#### Bar Codes:

11. 12.

13. 14. 15. 16. 17. 18. 20. 21. 22. 23. 24. 25. 26. 27. 28. 30. 31. 32. 34. 35.

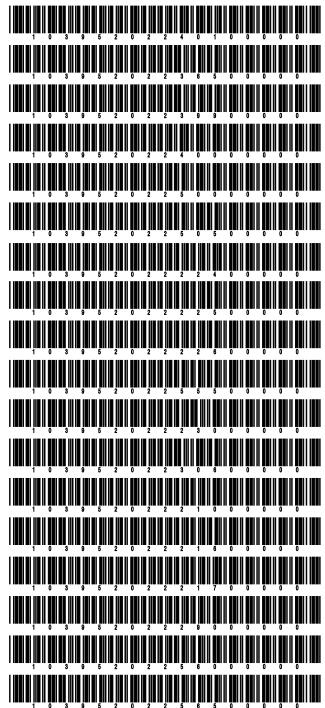
36.

- 11. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 14. Supplement A to Schedule T [Document Identifier 455]
- 15. Trusteed Surplus Statement [Document Identifier 490]
- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 17. Reinsurance Summary Supplemental Filing [Document Identifier 401]
- 18. Medicare Part D Coverage Supplement [Document Identifier 365]
- 20. Reinsurance Attestation Supplement [Document Identifier 399]
- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 22. Bail Bond Supplement [Document Identifier 500]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 27. Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -Parts 1 and 2 [Document Identifier 290]
- 35. Private Flood Insurance Supplement [Document Identifier 560]
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



# NONE