

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF MARCH 31, 2022

			sey Insurance			
NAI	C Group Code 0088 0088 (Current) (Prior		ny Code <u>11705</u> Employer's	ID Number86-1070355		
Organized under the Laws of	New Hamps	hire	, State of Domicile or Port of I	Entry NH		
Country of Domicile		United Sta	ates of America			
Incorporated/Organized	07/15/2003		Commenced Business	08/01/2003		
Statutory Home Office	4 Bedford Farms Drive,	Suite 107		Bedford, NH, US 03110-5905		
	(Street and Numb			Town, State, Country and Zip Code)		
Main Administrative Office		440 Li	ncoln Street			
-			and Number)			
	orcester, MA, US 01653-0002			508-853-7200		
(City or	Town, State, Country and Zip Code	e)	(A	rea Code) (Telephone Number)		
Mail Address	440 Lincoln Street		,V	Vorcester, MA, US 01653-0002		
	(Street and Number or P.O. E	3ox)	(City or	Town, State, Country and Zip Code)		
Primary Location of Books and	Records	440 L	incoln Street			
		(Street	and Number)			
W	orcester, MA, US 01653-0002		,	508-853-7200-8557928		
(City or	Town, State, Country and Zip Code	e)	(A	rea Code) (Telephone Number)		
Internet Website Address		WWW.H	ANOVER.COM			
Statutory Statement Contact	Dennis M.	Hazelwood	2	508-853-7200-8557928		
	,	me)	(Area Code) (Telephone Number)			
DHA	ZELWOOD@HANOVER.COM		,	508-853-6332		
	(E-mail Address)			(FAX Number)		
		OF	FICERS			
President	John Conner Ro			Nathaniel William Clarkin		
Senior Vice President & Secretary						
		c	THER			
	De		Jr., Executive Vice President &			
Jeffrey Mark Farber, Execu	tive Vice President & CFO		GC	Willard Ty-Lunn Lee, Executive Vice President		
Bryan James Salvatore, I	Executive Vice President					
		DIRECTOR	S OR TRUSTEES			
Warren Ellis			nadette Corrigan	Jeffrey Mark Farber		
Lindsay France			ancis Kerrigan Jr.	Richard William Lavey		
Willard Ty	-Lunn Lee	John (	Conner Roche	Bryan James Salvatore		
State of	Massachusetts	- SS:				
County of	Worcester					

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact correct (accent for formation, differences the electronic filling and the electronic filling and the various required to required, that is an exact corresponding to the preduction in the electronic filling and the various required to required to the electronic filling and the electronic filling and the various required to account the enclosed statement. The electronic filling may be required to the in addition of the enclosed officers also includes the related corresponding electronic filling with the NAIC. exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

all hn Conner Roche Charles Frederick Cronin Nathaniel William Clarkin President Senior Vice President & Secretary Vice President & Treasurer Is this an original filing?

May, 2022

Subscribed and sworn to before me this day of 3rd

Jaime L. Hawley Notary December 14, 2023

JAIME L HAWLEY 5 Notary Public COMMONWEALTH OF MASSACHUSETTS B My Commission Expires December 14, 2023

b. If no,

2. Date filed

1. State the amendment number

3. Number of pages attached.

Yes[X]No[]

ASSETS							
	_		Current Statement Date		4		
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets		
4	Bonds						
			0				
2.	Stocks:	0	0	0	0		
	2.1 Preferred stocks			0	0		
	2.2 Common stocks	0	0	0	0		
3.	Mortgage loans on real estate:		_		_		
	3.1 First liens			0	0		
	3.2 Other than first liens	0	0	0	0		
4.	Real estate:						
	4.1 Properties occupied by the company (less \$0						
	encumbrances)	0	0	0	0		
	4.2 Properties held for the production of income (less						
	\$	0	0	0	0		
	4.3 Properties held for sale (less \$0						
	encumbrances)	0	0	0	0		
5	Cash (\$1,991,829 ), cash equivalents						
5.	(\$						
		1 001 000	0	1 001 000	1 104 416		
	investments (\$						
	Contract loans (including \$						
	Derivatives						
	Other invested assets						
	Receivables for securities						
10.	Securities lending reinvested collateral assets	0	0	0	0		
11.	Aggregate write-ins for invested assets	0	0	0	0		
	Subtotals, cash and invested assets (Lines 1 to 11)						
	Title plants less \$0 charged off (for Title insurers						
	only)	0	0	0	0		
14.	Investment income due and accrued						
	Premiums and considerations:						
15.		0	0	0	0		
	15.1 Uncollected premiums and agents' balances in the course of collection.		0	0	0		
	15.2 Deferred premiums, agents' balances and installments booked but						
	deferred and not yet due (including \$0						
	earned but unbilled premiums)	0	0	0	0		
	15.3 Accrued retrospective premiums (\$0 ) and						
	contracts subject to redetermination (\$0 )	0	0	0	0		
16.	Reinsurance:						
	16.1 Amounts recoverable from reinsurers	0	0	0	0		
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0		
	16.3 Other amounts receivable under reinsurance contracts			0	0		
17.	Amounts receivable relating to uninsured plans			0	0		
	Current federal and foreign income tax recoverable and interest thereon						
	Net deferred tax asset			0	0		
	Guaranty funds receivable or on deposit				0		
	Electronic data processing equipment and software			0	0		
			0	0	0		
21.	Furniture and equipment, including health care delivery assets	•					
	(\$			0	_		
	Net adjustment in assets and liabilities due to foreign exchange rates			0	0		
	Receivables from parent, subsidiaries and affiliates				0		
	Health care (\$0 ) and other amounts receivable			0	0		
25.	Aggregate write-ins for other than invested assets	0	0	0	0		
26.	Total assets excluding Separate Accounts, Segregated Accounts and						
	Protected Cell Accounts (Lines 12 to 25)		0				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0		
00							
28.	Total (Lines 26 and 27)	31,163,896	0	31,163,896	30,989,131		
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0		
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0		0	0		
2501.							
2502.							
2503.							
	Summary of remaining write-ins for Line 25 from overflow page				0		
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0		

## ASSETS

## LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$		0
2.	Reinsurance payable on paid losses and loss adjustment expenses		0
3.	Loss adjustment expenses		0
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1	Current federal and foreign income taxes (including \$		0
7.2	Net deferred tax liability		40,713
8.	Borrowed money \$0 and interest thereon \$0		0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$0 and accrued accident and health experience rating refunds		
	including \$0 for medical loss ratio rebate per the Public Health Service Act)		0
10.	Advance premium		0
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)		0
13.	Funds held by company under reinsurance treaties	0	0
14.	Amounts withheld or retained by company for account of others		0
15.	Remittances and items not allocated		0
16.	Provision for reinsurance (including \$0 certified)		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
18.	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		0
21.	Payable for securities		0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$0 and interest thereon \$0		0
25.	Aggregate write-ins for liabilities		0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		43,372
27.	Protected cell liabilities	.0	
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		0,000,000
32.	Aggregate write-ins for other than special surplus funds		
	Surplus notes		0
33.	Gross paid in and contributed surplus		
34.			
35.	Unassigned funds (surplus)		0,940,709
36.	Less treasury stock, at cost:	0	0
	36.10 shares common (value included in Line 30 \$		
	36.20 shares preferred (value included in Line 31 \$		0
	Surplus as regards policyholders (Lines 29 to 35, less 36)		30,945,759
38.	Totals (Page 2, Line 28, Col. 3)	31,163,896	30,989,131
	DETAILS OF WRITE-INS		
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		0
3299.	Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

## **STATEMENT OF INCOME**

			2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	UNDERWRITING INCOME		to Dute	December of
1.	Premiums earned:			
	1.1 Direct (written \$0 )		0	0
	1.2 Assumed (written \$0 )		0	0
	1.3 Ceded (written \$0 )		0	0
	1.4 Net (written \$	0	0	0
2				
2.	Losses incurred (current accident year \$0): 2.1 Direct	(1.325)	(830)	(3.173)
	2.2 Assumed			
	2.3 Ceded		(830)	
	2.4 Net		0	0
3.	Loss adjustment expenses incurred		0	0
4.	Other underwriting expenses incurred	0	0	0
5.	Aggregate write-ins for underwriting deductions	0	0	0
6.	Total underwriting deductions (Lines 2 through 5)		0	0
7.	Net income of protected cells	0	0	0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
	INVESTMENT INCOME			
9.	Net investment income earned			
10.	Net realized capital gains (losses) less capital gains tax of \$		(5,869)	
11.	<b>ö</b> ( ) ( )			
10	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$0 )	n	0	Λ
13.	Finance and service charges not included in premiums	0	0	0
14.	Aggregate write-ins for miscellaneous income		0	0
15.	Total other income (Lines 12 through 14)	0	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal			
	and foreign income taxes (Lines 8 + 11 + 15)			
17.	Dividends to policyholders	0	0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and	470 500	100 770	007.050
10	foreign income taxes (Line 16 minus Line 17)			
19.	Federal and foreign income taxes incurred	36,996	160.389	130,941
20.	Net income (Line 18 minus Line 19)(to Line 22) CAPITAL AND SURPLUS ACCOUNT	142,602	100,389	736,917
21.	Surplus as regards policyholders, December 31 prior year	30,945,759	30,831,962	30,831,962
21.	Net income (from Line 20)			
22.	Net transfers (to) from Protected Cell accounts		0	
24.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			0
25.	Change in net unrealized foreign exchange capital gain (loss)			0
26.	Change in net deferred income tax	-	0	(23,120)
27.	Change in nonadmitted assets	0	0	0
28.	Change in provision for reinsurance	0	0	0
29.	Change in surplus notes	0	0	0
30.	Surplus (contributed to) withdrawn from protected cells		0	0
31.	Cumulative effect of changes in accounting principles	0	0	0
32.	Capital changes:			•
	32.1 Paid in	0	0	0
	32.2 Transferred from surplus (Stock Dividend)		0	0
33.	32.3 Transferred to surplus Surplus adjustments:		0	0
55.	33.1 Paid in	0	0	0
	33.2 Transferred to capital (Stock Dividend)		0	0
	33.3 Transferred from capital		0	0
34.	Net remittances from or (to) Home Office		0	0
35.	Dividends to stockholders		0	
36.	Change in treasury stock		0	0
37.	Aggregate write-ins for gains and losses in surplus	0	0	0
38.	Change in surplus as regards policyholders (Lines 22 through 37)	142,602	160,389	113,797
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	31,088,361	30,992,351	30,945,759
	DETAILS OF WRITE-INS			
0501.				
0502.				l
0503.	Cummon of romaining write ine for Line E from quarflow page		~	^
0598. 0599.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	U
1401.	Totais (Lines 0501 through 0505 plus 0598)(Line 5 above)	0	0	0
1401.				
1403.				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0
1490. 1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.		-		
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page	0	0	0
	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

### **CASH FLOW**

		•	
	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations		10 200	2000
1. Premiums collected net of reinsurance		0	0
2. Net investment income			
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)		185,295	807,044
5. Benefit and loss related payments			
<ol> <li>benchi and loss related payments</li> <li>Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts</li> </ol>			0
			0
			0
		0	
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital			170,000
gains (losses)		0	170,000
10. Total (Lines 5 through 9)		0	170,000
11. Net cash from operations (Line 4 minus Line 10)	. 173,031	185,295	637,044
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		1,033,287	4,567,007
12.2 Stocks		0	0
12.3 Mortgage loans		0	
12.4 Real estate			0
12.5 Other invested assets		0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)			-
		1,000,207	4,567,007
13. Cost of investments acquired (long-term only):			o 107 oor
13.1 Bonds			
13.2 Stocks			0
13.3 Mortgage loans			0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications	. 0	0	100,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	. 0	1,377,223	9,537,285
14. Net increase (or decrease) in contract loans and premium notes	. 0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	714,117	(343,936)	(4,970,278
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	. 265	(405)	(589
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	. 265	(405)	(131,553
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
<ol> <li>Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).</li> </ol>	887 413	(159 046)	(4 464 787
<ol> <li>Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).</li> <li>Cash, cash equivalents and short-term investments:</li> </ol>			
	1 104 416	E E60 000	E E60 000
19.1 Beginning of year			
19.2 End of period (Line 18 plus Line 19.1)	1,991,829	5,410,156	1,104,416
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001. Bonds sold in settlement of intercompany dividend		0 .0	
בט.טטטב. השטועסע ווונסוסט טו שטועט טטוע ווו ספונוסוופוונ טו ווונטוטטוויףאוויץ עויזעטוע		0	

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

#### A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2022	2021
NET INCOME	<u> </u>	1 age		 2022	 2021
(1) State basis (Page 4, Line 20, Columns 1 & 3)	xxx	XXX	XXX	\$ 142,602	\$ 736,917
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	xxx	XXX	XXX	\$ 142.602	\$ 736.917
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	xxx	\$ 31,088,361	\$ 30,945,759
(6) State Prescribed Practices that are an increase/(decrease)	\$ -	\$ -			
(7) State Permitted Practices that are an increase/(decrease) f	\$ -	\$ -			
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 31.088.361	\$ 30.945.759

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

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

#### C. Accounting Policy

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

(13) The Company does not write major medical insurance with prescription drug coverage.

#### D. Going Concern

Not applicable

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

Not applicable

#### NOTE 3 Business Combinations and Goodwill

#### NOTE 4 Discontinued Operations

Not applicable

#### NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company does not own any mortgage loans.

#### B. Debt Restructuring

The Company did not have any restructured debt.

#### C. Reverse Mortgages

The Company does not own any reverse mortgages.

#### D. Loan-Backed Securities

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

a) The aggregate amount of unrealized losses:	
1. Less than 12 Months	\$ 50,002
2. 12 Months or Longer	\$ 110,742
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 961,811
2. 12 Months or Longer	\$ 1,199,214

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

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

Not applicable

#### L. Restricted Assets

- 1. Restricted Assets (Including Pledged)
- No change

2-4.

#### Not applicable

#### M., N., O., P.

Not applicable

Q. Prepayment Penalty and Acceleration Fees

	Genera	al Account	Pro	tected Cell
1. Number of CUSIPs		1		0
2. Aggregate Amount of Investment Income	\$	85	\$	-

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

Not applicable

#### NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

#### NOTE 7 Investment Income

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

#### NOTE 8 Derivative Instruments

#### NOTE 9 Income Taxes

No change

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

Α. Nature of Relationships

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

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

Not applicable

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

#### Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$2,923 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days

Management, Service Contracts, Cost Sharing Arrangements Ε.

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

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

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

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

Not applicable

#### NOTE 11 Debt

Not applicable

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

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

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

Not applicable

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

Outstanding Shares Α.

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

#### Dividend Rate of Preferred Stock

Not applicable

#### C-F. Dividend Restrictions

Pursuant to New Hampshire's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the New Hampshire Insurance Commissioner, is limited to the lesser of 10% of statutory policyholder surplus as of the preceding December 31, or net income. The Company declared an ordinary dividend of \$600,000 to Hanover on November 2, 2021. Accordingly, the maximum dividend that may be paid at January 1, 2022 without prior approval is \$121,334 and the Company can not declare a further dividend to it's parent without further approval until November 2, 2022, at which time the maximum dividend payable is \$721,334.

G-M

В.

Not applicable

#### NOTE 14 Liabilities, Contingencies and Assessments

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

#### G. All Other Contingencies

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

#### NOTE 15 Leases

The Company has no material lease obligations at this time.

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

Not applicable

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

A., B.

Α

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

#### NOTE 20 Fair Value Measurements

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

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

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

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

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

#### (5) Not applicable

#### B. Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Ad	mitted Assets	(Level 1)	(Level 2)	(Level 3)	Net	Asset Value (NAV)	 Practicable /ing Value)
Bonds	\$ 27,755,195	\$	28,886,856	\$ 3,134,113	\$ 24,621,082	\$ -	\$	-	\$ -
Cash and Short term Investments	\$ 1,991,829	\$	1,991,829	\$ 1,991,829	\$ -	\$ -	\$	-	\$ -

D., E.

Not applicable

#### NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

#### C. Other Disclosures

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

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

#### D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

#### F. Subprime Mortgage Related Risk Exposure

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

#### G. Insurance-Linked Securities (ILS) Contracts

Not applicable

the Policy

н

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

Not applicable

#### NOTE 22 Events Subsequent

Not applicable

#### NOTE 23 Reinsurance

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

#### NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

#### NOTE 26 Intercompany Pooling Arrangements

Not applicable

#### NOTE 27 Structured Settlements

Not applicable

#### NOTE 28 Health Care Receivables

#### NOTE 29 Participating Policies

Not applicable

#### NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability		03/31/2022
3. Was anticipated investment income utilized in the calculation?	•	Yes [X] No [ ]

### NOTE 31 High Deductibles

Not applicable

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

#### Not applicable

#### NOTE 33 Asbestos/Environmental Reserves

Not applicable

#### NOTE 34 Subscriber Savings Accounts

Not applicable

#### NOTE 35 Multiple Peril Crop Insurance

Not applicable

#### NOTE 36 Financial Guaranty Insurance

### **GENERAL INTERROGATORIES**

### **PART 1 - COMMON INTERROGATORIES**

### GENERAL

1.1	1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?								
1.2	2 If yes, has the report been filed with the domiciliary state?								
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [ ] No [X]							
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [ X ] No [ ]							
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes [ ] No [X]							
3.3	If the response to 3.2 is yes, provide a brief description of those changes.								
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [ X ] No [ ]							
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	0000944695							
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [ ] No [X]							
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.								
	1 2 3 Name of Entity NAIC Company Code State of Domicile								
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney- in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?	] No [ ] N/A [X]							
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2019							
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2019							
6.3	.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).								
6.4	By what department or departments?								
6.5	New Hampshire Department of Insurance Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	] No [ ] N/A [ X ]							
6.6	Have all of the recommendations within the latest financial examination report been complied with?	] No [ ] N/A [ X ]							
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [ ] No [X]							
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [ ] No [X]							
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.								
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [ X ] No [ ]							

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

	1	2	3	4	5	6	l
	Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC	
0p	us Investment Management, Inc	Worcester, MA				YES	Ĺ
		,					ĺ

## **GENERAL INTERROGATORIES**

9.1	<ul> <li>Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?</li> <li>(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;</li> <li>(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;</li> <li>(c) Compliance with applicable governmental laws, rules and regulations;</li> <li>(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and</li> <li>(e) Accountability for adherence to the code.</li> </ul>	Yes [ X	[]	No [	]
9.11	If the response to 9.1 is No, please explain:				
9.2	Has the code of ethics for senior managers been amended?	Yes [	1	No [ )	X I
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).	100 [	,		
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [	]	No [ )	X ]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).				
	FINANCIAL				
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [	1	No [ )	X I
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:				
	INVESTMENT				

#### INVESTMENT

11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.)			Yes [ ] No [ X	]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$		0
13.	Amount of real estate and mortgages held in short-term investments:				0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [ ] No [ X	]
14.2	If yes, please complete the following:				
		1		2	
		Prior Year-End		Current Quart	
		Book/Adjusted		Book/Adjuste	
14 21	Bonds	Carrying Value	0	Carrying Valu	
	Preferred Stock		n	φ \$	00
	Common Stock		n	\$	00
	Short-Term Investments		n	\$	
	Mortgage Loans on Real Estate		ñ	\$	
	All Other			\$	
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)			\$	
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	0	\$	
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB? If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?			Yes [ ] No [X	]
10.2	If no, attach a description with this statement.		res [	J NO [ J N/A ]	
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement dat	e:			
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.		\$		0
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, P				
	16.3 Total payable for securities lending reported on the liability page.				
	r.,		+		

## **GENERAL INTERROGATORIES**

17. 17.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	<ul> <li>deposit boxes, we</li> <li>ith a qualified bank</li> <li>Functions, Custod</li> </ul>	Special Deposits, real estate, mo ere all stocks, bonds and other se < or trust company in accordance lial or Safekeeping Agreements o equirements of the NAIC Financi	ecurities, owne e with Section of the NAIC Fin	d throughout 1, III - Genera ancial Condit	the current year h I Examination Co ion Examiners H	neld pursuant to a onsiderations, F. andbook?	Yes	[ X	] No	[]
		1				2					
	Bank of New York Mel	Name of Custo	dian(s)	225 Liberty S	Street. New Y	Custodian Addre	ess				
17.2	For all agreements that location and a complete		th the requirements of the NAIC I	Financial Cond	ition Examine	ers Handbook, pr	ovide the name,				
	1 Name(s	2)	2 Location(s)			3 Complete Explar	nation(s)				
17.3 17.4	Have there been any c If yes, give full informa		name changes, in the custodian( o:	(s) identified in	17.1 during th	ne current quarter	?	Yes	[]	No [	X ]
	1 Old Custo	dian	2 New Custodian	Date	3 of Change		4 Reason				
17.5	make investment decis	sions on behalf of t cess to the investr	restment advisors, investment ma he reporting entity. For assets the nent accounts"; "handle securi	at are manage ities"]							
		1 Name of Firm		2 Affilia	ion						
	Opus Investment Mana	-									
		s/individuals listed	l in the table for Question 17.5, do more than 10% of the reporting e	o any firms/ind				Yes	[	] No	[]
			with the reporting entity (i.e. desi aggregate to more than 50% of t					Yes	[	] No	[]
17.6	For those firms or indivitable below.	viduals listed in the	table for 17.5 with an affiliation of	code of "A" (aff	liated) or "U"	(unaffiliated), pro	ovide the information for the	ne			
	1		2			3	4			5 stmen igeme	
	Central Registration Depository Number		Name of Firm or Individual		Legal Entity	Identifier (LEI)	Registered With			emen () File	
	107569	Opus Investment N	lanagement, Inc				SEC		DS		
18.1 18.2	Have all the filing requ If no, list exceptions:	irements of the Pu	rposes and Procedures Manual c	of the NAIC Inv	estment Anal	ysis Office been	followed?	Yes	[X	] No	[ ]
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to perm vailable. r is current on all c an actual expecta	corting entity is certifying the follo nit a full credit analysis of the sect ontracted interest and principal p tion of ultimate payment of all con GI securities?	urity does not e ayments. ntracted intere	exist or an NA	IC CRP credit ra	ting for an FE or PL	Yes	[	] No	[X]
20.	<ul> <li>a. The security was</li> <li>b. The reporting en</li> <li>c. The NAIC Desig on a current priv</li> <li>d. The reporting en</li> </ul>	s purchased prior to tity is holding capit nation was derived ate letter rating he tity is not permitted	eporting entity is certifying the fol o January 1, 2018. tal commensurate with the NAIC I from the credit rating assigned b d by the insurer and available for d to share this credit rating of the PLGI securities?	Designation re by an NAIC CR r examination b PL security wi	ported for the P in its legal by state insura th the SVO.	e security. capacity as a NR ance regulators.	SRO which is shown	Vac	ſ		1
21.			egistered private fund, the reporti					162	ι	No	[ \ ]
	<ul> <li>c. The security had January 1, 2019</li> <li>d. The fund only or</li> <li>e. The current repoint its legal capace</li> <li>f. The public credit</li> </ul>	tity is holding capil a public credit rati predominantly hol rted NAIC Designa tity as an NRSRO. rating(s) with annu	tal commensurate with the NAIC ng(s) with annual surveillance as ds bonds in its portfolio. ation was derived from the public ial surveillance assigned by an N	ssigned by an N credit rating(s	IAIC CRP in i	its legal capacity surveillance assig	gned by an NAIC CRP				
	Has the reporting entit	y assigned FE to S	chedule BA non-registered priva	ite funds that c	omplied with t	the above criteria	?	Yes	[	No	[X]

### **GENERAL INTERROGATORIES**

### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? If yes, attach an explanation.	Yes [	]	No [	]	N/	Ά[Χ]
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?		Yes [	]	No	[X	]
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?		Yes [	]	No	[X	]
3.2	If yes, give full and complete information thereto.						
4.1	Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves" ) discounted at a rate of interest greater than zero?		Yes [	]	No	[X	]

#### 4.2 If yes, complete the following schedule:

				TOTAL D	ISCOUNT		DISCOUNT TAKEN DURING PERIOD					
1	2	3	4	5	6	7	8	9	10	11		
	Maximum	Discount	Unpaid	Unpaid			Unpaid	Unpaid				
Line of Business	Interest	Rate	Losses	LĂE	IBNR	TOTAL	Losses	LÁE	IBNR	TOTAL		
		0.000	0	0	0	0	0	0	0	0		
		TOTAL	0	0	0	0	0	0	0	0		

#### 5. Operating Percentages:

	5.1 A&H loss percent	
	5.2 A&H cost containment percent	
	5.3 A&H expense percent excluding cost containment expenses	
6.1	Do you act as a custodian for health savings accounts?	Yes [ ] No [ X ]
6.2	If yes, please provide the amount of custodial funds held as of the reporting date	0
6.3	Do you act as an administrator for health savings accounts?	Yes [ ] No [ X ]
6.4	If yes, please provide the balance of the funds administered as of the reporting date	0
7.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [ X ] No [ ]
7.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ] No [ ]

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

1	2	Snowing All New Reinsurer	4	5	6	7
					Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NAIC	ID		Domiciliary Jurisdiction		Rating	Certified Reinsurer
Company Code	Number	Name of Reinsurer	Jurisdiction	Type of Reinsurer	(1 through 6)	Rating
/						
	+					
·······						
			· · · · · · · · · · · · · · · · · · ·			
		NO				
	1					
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### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN** Current Year to Date - Allocated by States and Territories

		1	Direct Premiu		by States and Terr Direct Losses Paid (	(Deducting Salvage)	Direct Losse	es Unpaid
	States, etc.	Active Status	2 Current Year	3 Prior Year	4 Current Year	5 Prior Year	6 Current Year	7 Prior Year
4		(a) N	To Date 0	To Date 0	To Date 0	To Date 0	To Date 0	To Date
1.	AlabamaAL	NNNNN	0	0	0	0	0	
2.	AlaskaAK			0	0			
3.	ArizonaAZ	N		0	0		0	
4.	ArkansasAR	N		0	0	0	0	
5.	CaliforniaCA	N	0	0	0	0	0	
6.	ColoradoCO	N	0	0	0	0	0	
7.	ConnecticutCT	N	0	0	0	0	0	
8.	DelawareDE	N		0	0	0	0	
9.	District of ColumbiaDC	N		0	0	0	0	
10.	FloridaFL	N		0	0	0	0	
11.	GeorgiaGA	N	0	0	0	0	0	
12.	HawaiiHI	N	0	0	0	0	0	
13.	IdahoID	N	0	0	0	0	0	
	IllinoisIL	N	0	0	0	0	0	
	IndianaIN	N	0	0	0	0	0	
15.		N		0	0	0	0	
16.	IowaIA			••••••	0			
17.	KansasKS	N	0	0	0	0	0	
18.	KentuckyKY	N	0	0	0	0	0	
19.	LouisianaLA	N		0	0	0	0	
20.	MaineME	N		0	0	0	0	
	MarylandMD	N		0	0	0	0	
22.	MassachusettsMA	N	0	0	0	n	0	
23.	MichiganMI	N	0	0	0	0	0	
	0	NNNNN	0	0	0 ^	0	0	
24.				0	0			
25.	MississippiMS	N		0	0		0	
26.	MissouriMO	N	0	0	0	0	0	
27.	MontanaMT	N	0	0	0	0	0	
28.	NebraskaNE	N	0	0	0	0	0	
29.	NevadaNV	N	0	0	0	0	0	
	New HampshireNH	L	0	0	0	0	0	
	New JerseyNJ		0	0	(1,325)	(830)	0	
			0	0	0	0	0	
32.				•				
	New YorkNY	N	0	0	0	0	0	
34.	North CarolinaNC	N	0	0	0	0	0	
35.	North DakotaND	N	0	0	0	0	0	
36.	OhioOH	N	0	0	0	0	0	
37.	OklahomaOK	N	0	0	0	0	0	
38.	OregonOR	N	0	0	0	0	0	
39.	PennsylvaniaPA	N	0	0	0	0	0	
	Rhode IslandRI	N	0	0	0	0	0	
41.	South CarolinaSC	N	0	0	0	0	0	
		NN	0	0	0	0	0	
42.	South DakotaSD							
43.	TennesseeTN	N	0	0	0	0	0	
44.	TexasTX	N	0	0	0	0	0	
45.	UtahUT	N	0	0	0	0	0	
46.	VermontVT	N		0	0	0	0	
47.	VirginiaVA	N		0	0	0	0	
	WashingtonWA	N	0	0	0	0	0	
	West VirginiaWV	N	0	0	0	0	0	
	WisconsinWI	N	0	۰ ۱	۰	0	0	
			0	0	0	0	0	
	WyomingWY	N			•		• • • • • • • • • • • • • • • • • • • •	
52.	American SamoaAS	N	0	0	0	0	0	
53.	GuamGU	N	0	0	0	0	0	
54.	Puerto RicoPR	N		0	0	0	0	
55.	U.S. Virgin IslandsVI	N	0	0	0	0	0	
	Northern Mariana							
	IslandsMP	N		0	0	0	0	
57.	CanadaCAN	N	0	0	0	0	0	
	Aggregate Other Alien OT	XXX	0	0	0	0	.0	
59.	Totals	XXX	0	0	(1,325)	(830)	0	
59.		~~~	U	0	(1,020)	(000)	U	
	DETAILS OF WRITE-INS							
8001.		XXX						
8002.		XXX						
8003.		XXX						
	Summary of remaining							
5550.	write-ins for Line 58 from							
	overflow page	XXX		0	0	0	0	
589999	Totals (Lines 58001 through							
	58003 plus 58998)(Line 58							
	above)	XXX	0	0	0	0	0	

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG....

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other

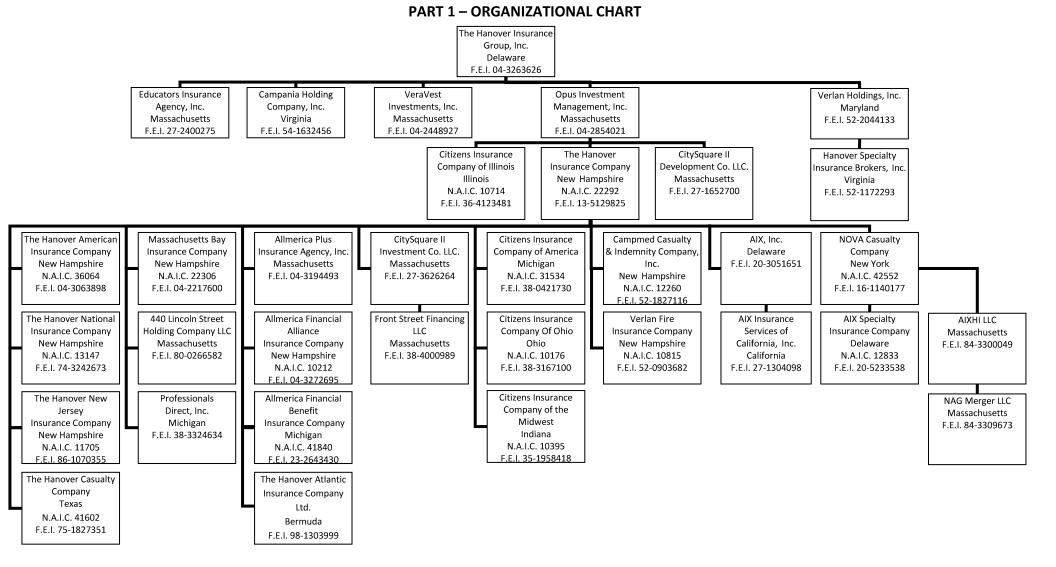
.....0 lines in the state of domicile.

.....0

Q - Qualified - Qualified or accredited reinsurer. ......0

N - None of the above - Not allowed to write business in the state ...

...0



#### SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Allmerica Securities Trust Massachusetts

Note: All Companies are wholly-owned.

Affiliated Investment Management Company

## SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2											10			4.0
		3	4	5	6	(	8	9	10	11	12	13	14	15	16
											Туре	lf			1
											of Control	Control			1
															1
											(Ownership,	is		ls an	1
						Name of Securities			Relation-		Board.	Owner-		SCA	1
						Exchange		Domi-	ship		Management.	ship		Filina	1
											J	P		5	1
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	1
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	auired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Ėntity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	Hanover Insurance Group	0000	80-0266582	ROOD	OIIX	internationaly	440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N0	t'
															[
	Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	Hanover Insurance Group		27-1304098				AIX Insurance Services of California, Inc	CA	NIA	AIX, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	NO	
0088 The H	Hanover Insurance Group		20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
The !	Hanover Insurance Group		20-3051651				AIX. Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
0088 The H	Hanover Insurance Group		04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board Management	100.000	The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
			04-3194493					MA						N0	1'
	Hanover Insurance Group	•••••	04-3194493				Allmerica Plus Insurance Agency, Inc			The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc		
	Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc	N0	{'
The H	Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	NO	
0088 The H	Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	. 100.000	The Hanover Insurance Group, Inc.	NO	1
0088 The H	Hanover Insurance Group		38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board Management	. 100.000	The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		36-4123481				Citizens Insurance Company of Illinois		14	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	{'
	Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	NO	
The H	Hanover Insurance Group		27-3626264				CitySquare II Investment Co., L.L.C	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
The !	Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
The !	Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
															1
	Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	Hanover Insurance Group		16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	N0	
The H	Hanover Insurance Group		04-2854021				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	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	1
0088 The H	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	1
	Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	YES	1
	Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company		IA	The Hanover Insurance Company		100.000	The Hanover Insurance Group, Inc.	N0	[
											Ownership, Board, Management				1'
	Hanover Insurance Group		13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	( <sup>'</sup>
	Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc	DE	UIP			0.000		N0	('
0088 The H	Hanover Insurance Group		74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	[
0088 The H	Hanover Insurance Group		86-1070355				The Hanover New Jersey Insurance Company	NH	RE	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
	Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N0	1
			52-2044133					MD							1
	Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	N0	

### STATEMENT AS OF MARCH 31, 2022 OF THE HANOVER NEW JERSEY INSURANCE COMPANY PART 1 - LOSS EXPERIENCE

	Line of Business	1 Direct Premiums Earned	Current Year to Date 2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1.	Fire			.0.0	
2.1	Allied Lines			.0.0	
2.2	Multiple peril crop	-	0	0.0	
2.3	Federal flood	-	0	0.0	0.0
2.4	Private crop		_	0.0	0.0
2.5	Private flood		0	0.0	0.0
3.	Farmowners multiple peril		0	0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril		0	0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine		.0	0.0	0.0
9.	Inland marine		0	0.0	0.0
3. 10.	Financial guaranty		0	0.0	0.0
11.1	Medical professional liability - occurrence		0	0.0	0.0
	Medical professional liability - claims-made			0.0	0.0
11.2				0.0	0.0
12.	Earthquake				
13.1	Comprehensive (hospital and medical) individual			0.0	0.0
13.2	Comprehensive (hospital and medical) group			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.1	Vision only			0.0	0.0
15.2	Dental only			0.0	0.0
15.3	Disablity income			0.0	0.(
15.4	Medicare supplement			0.0	0.(
15.5	Medicaid Title XIX			0.0	0.0
15.6	Medicare Title XVIII			0.0	0.(
15.7	Long-term care			0.0	0.0
15.8	Federal employees health benefits plan		0	0.0	0.(
15.9	Other health		0	0.0	0.(
16.	Workers' compensation		0	0.0	0.0
17.1	Other liability - occurrence	0	0	0.0	0.0
17.2	Other liability - claims-made	0	0	0.0	0.0
17.3	Excess workers' compensation	0	0	0.0	0.0
18.1	Products liability - occurrence	0	0	0.0	0.0
18.2	Products liability - claims-made	0	0	0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)			0.0	0.0
19.2	Other private passenger auto liability	0	0	0.0	0.0
19.3	Commercial auto no-fault (personal injury protection)			0.0	0.0
19.4	Other commercial auto liability	0	0	0.0	0.0
21.1	Private passenger auto physical damage	0	(792)	0.0	0.(
21.2	Commercial auto physical damage				0.(
22.	Aircraft (all perils)			0.0	0.(
23.	Fidelity		0	0.0	0.(
24.	Surety		0	0.0	
26.	Burglary and theft				
27.	Boiler and machinery		.0	.0.0	.0.0
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property				
32.	Reinsurance - Nonproportional Assumed Liability				
33.	Reinsurance - Nonproportional Assumed Elability				
33. 34.	Aggregate write-ins for other lines of business		0	0.0	0.0
		0		0.0	
35.		0	(1,325)	0.0	0.0
0.404	DETAILS OF WRITE-INS				
3401.					
3402.					
3403.					
3498.	Summary of remaining write-ins for Line 34 from overflow page	0		0.0	0

Part 2 - Direct Premiums Written

# ΝΟΝΕ

Part 3 (000 omitted) - Loss and Loss Adjustment Expense Reserves Schedule  ${\color{black}{N \mbox{ O } N \mbox{ E}}}$ 

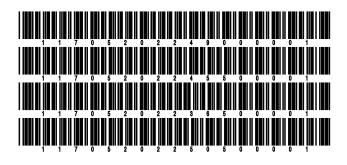
## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
5.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

- 1.
- 2.
- 3.
- 4.
- Bar Codes:
- 1. Trusteed Surplus Statement [Document Identifier 490]
- 2. Supplement A to Schedule T [Document Identifier 455]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]





### SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

# SCHEDULE B - VERIFICATION

		1	2
		Veeste Dete	Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in test present and the miting meets and the miti		
9.	Total foreign exchange change in book value/recarded involument exchange accrued interest international interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

# SCHEDULE BA - VERIFICATION

	Other Long-Term Invested Assets	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

## **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(126)	
6.	Deduct consideration for bonds and stocks disposed of		5,119,911
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	28,886,856	29,601,044

## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	e Current Quarter to	2		4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value Beginning	Acquisitions During	Dispositions During	Non-Trading Activity During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
		0		(314)		0	0	
1. NAIC 1 (a)		0	, ,	· · · · · · · · · · · · · · · · · · ·		0	0	
2. NAIC 2 (a)	5,701,475	0			5,501,845	0	0	5,701,475
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	. 0	0	0	0	0	0	0	0
7. Total Bonds	29,601,044	0	714,243	56	28,886,856	0	0	29,601,044
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
	0	0	0	0		0	0	0
9. NAIC 2		0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0		0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	29,601,044	0	714,243	56	28,886,856	0	0	29,601,044

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

## ΝΟΝΕ

Schedule DA - Verification - Short-Term Investments

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Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards **NONE** 

Schedule DB - Part B - Verification - Futures Contracts

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Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE** 

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE** 

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

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### SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	(Cash Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of cash equivalents acquired	0	9,999,589
3.	Accrual of discount	0	
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	0	0
6.	Deduct consideration received on disposals	0	
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made

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Schedule A - Part 3 - Real Estate Disposed **NONE** 

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made **NONE** 

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE** 

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

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## **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

	-				SHOW AII LUII	-															T
1	2	3	4	5	6	7	8	9	10		nange In Boo		Carrying Va		16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												0							Bond		nation
												Current	Change in	Foreign	D l. (						
									<b>D</b> · · · · ·			Year's	Book/	Exchange	Book/	_ ·			Interest/		Modifier
									Prior Year			Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange			Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eian	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	<b>`</b> 13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	G2 MA7051 - RMBS	Ŭ	03/01/2022	Pavdown		.66.807			69,669		(2,862)	0	(2,862)	0	.66.807	0	0	0			. 1.A
36179W-BY-3	G2 MA7255 - RMBS		03/01/2022	Paydown						0	(586)	0	(586)	0		0	0	0		.03/20/2051 .	. 1.A
010999999	9. Subtotal - Bonds - U.S. Governme	nts				81,640	81.640	85.095	85.088	0	(3,448)	0	(3,448)	0	81.640	0	0	0	274	XXX	XXX
	FH G08659 - RMBS		03/01/2022	Paydown	L		8,453	8,401		0	60	0	60	0	8,453	0	0	0		.08/01/2045 .	. 1.A
3128MM-YP-2	FH G18717 - RMBS		03/01/2022	Paydown		9,881		10,091		0	(280)	0	(280)	0		0	0	0		.12/01/2033 .	. 1.A
31335A-BE-7	FH G60037 - RMBS		03/01/2022	Paydown		5, 165	5, 165	5,021	5,018	0	147	0	147	0	5, 165	0	0	0		10/01/2043 .	. 1.A
	FH G61281 - RMBS		03/01/2022	Paydown		6,518	6,518	6,497	6,496	0		0		0	6,518	0	0	0	35	.01/01/2048 .	. 1.A
	FNR 2012-129 TD - CMO/RMBS		03/01/2022	Paydown		2,307	2,307	2,328	2,327	0	(20)	0	(20)	0	2,307	0	0	0	7	.05/25/2040 .	. 1.A
	FHR 3936 AB - CMO/RMBS		03/01/2022	Paydown					8,115	0	(24)	0	(24)	0		0	0	0	40	10/15/2026 .	. 1.A
	FHR 4099 VB - CMO/RMBS		03/01/2022	Paydown		68,789		71,885		0	(98)	0	(98)	0		0	0	0		.09/15/2033 .	. 1.A
	FN AS5384 - RMBS		03/01/2022	Paydown		7,619	7,619			0	(465)	0	(465)	0		0	0	0		.07/01/2045 .	. 1.A
	FHR 2666 BD - CMO/RMBS		03/01/2022	Paydown		1,839	1,839	1,883	1,843	0	(3)	0	(3)	0	1,839	0	0	0	14	.08/15/2023 .	. 1.A
	FN CA0522 - RMBS		03/01/2022	Paydown		11,372				0		0		0		0	0	0	55	.10/01/2047 .	. 1.A
	FN MA4366 - RMBS NEW MEXICO MTG FIN AUTH		03/01/2022 03/01/2022	Paydown Call @ 100.00	••••••					0	(605)	0		0		0	0 (128)			.06/01/2041 .	. 1.A
	VIRGINIA ST HSG DEV AUTH HOMEOWNERSHIP M	•••••	03/01/2022	Pavdown	••••••					0	(14)	0	(14)	0		0	(128)	(128)		.03/01/2043 .	
	99. Subtotal - Bonds - U.S. Special Re			rayuuwii		171.888	171.803	176.862	173.026	0	(1.095)	0	(1,095)	0	171.931	0	(127)		1.149	XXX	XXX
91159H-HC-7				Call @ 100.00	-			249.825	1/3,026	0	(1,095)	0	(1,095)	0	249.999	0	(127)	(127)			1.F FE
	WFRBS 2012-C9 A3 - CMBS		03/01/2022	Pavdown						0		0		0		0					. 1.A FM
	WELLS FARGO & CO			Call @ 100.00						0	(10)	0	(10)	0		0	0	0			2.A FE
	9. Subtotal - Bonds - Industrial and M					460.674	460.674	460.658	460.681	0	(8)	0	(8)	0	460.673	0	1	1	6.254	XXX	XXX
	97. Total - Bonds - Part 4	liscella		annialeu)		714,202	,	722.614	718,795	0	(4,551)	-	(4,551)	0	714,243	0	(126)	(126)	7.676	XXX	XXX
	98. Total - Bonds - Part 5					714,202 XXX	714,117 XXX	722,614 XXX	XXX	XXX	(4,551) XXX	XXX	(4,551) XXX	XXX	714,243 XXX	XXX	(126) XXX	(126) XXX	XXX	 XXX	XXX
												~~~		~~~		~~~					
	99. Total - Bonds					714,202	714, 117	722,614	718,795	0	(4,551)	0	(4,551)	0	714,243	0	(126)	(126)	7,676	XXX	XXX
	97. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	97. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	99. Total - Preferred and Common Sto	ocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
600999999	99 - Totals					714,202	XXX	722,614	718,795	0	(4,551)	0	(4,551)	0	714,243	0	(126)	(126)	7,676	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE** 

> Schedule DB - Part B - Section 1 - Futures Contracts Open **NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE** 

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE** 

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE** 

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE** 

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE** 

Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE** 

Schedule DL - Part 2 - Reinvested Collateral Assets Owned **NONE** 

SCH	ED		E E - PA End Depository	RT 1 - C Balances	ASH						
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter						
Deserviter	Orda	Rate of	Amount of Interest Received During Current	at Current	6	7	8	*			
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month				
Bank of New York Mellon         New York, NY           0199998. Deposits in         0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	xxx	0.000	0	0	1,438,451	1,830,434	1,991,829				
0199999. Totals - Open Depositories	XXX	XXX	0	0	1.438.451	1.830.434	1.991.829	XXX			
0299998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	xxx	xxx	0	0	0	0	0	xxx			
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX			
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,438,451	1,830,434	1,991,829	XXX			
0499999. Cash in Company's Office	XXX		XXX	XXX	0	0	0	XXX			
0599999. Total - Cash	XXX	XXX	0	0	1,438,451	1,830,434	1,991,829	XXX			

E13

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

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