

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

Massachusetts Bay Insurance Company

0088 NAIC Group Code 0088 NAIC Company Code 22306 Employer's ID Number 04-2217600 (Current) (Prior) Organized under the Laws of New Hampshire , State of Domicile or Port of Entry NH Country of Domicile United States of America 12/20/1994 Commenced Business Incorporated/Organized 04/17/1957 4 Bedford Farms Drive, Suite 107 Statutory Home Office Bedford, NH, US 03110-5905 (Street and Number) (City or Town, State, Country and Zip Code) Main Administrative Office 440 Lincoln Street (Street and Number) Worcester, MA, US 01653-0002 508-853-7200 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Mail Address 440 Lincoln Street Worcester, MA, US 01653-0002 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Books and Records 440 Lincoln Street (Street and Number) Worcester, MA, US 01653-0002 508-853-7200 8557928 (Citv or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Website Address WWW.HANOVER.COM Statutory Statement Contact Dennis M. Hazelwood 508-853-7200-8557928 (Name) (Area Code) (Telephone Number) DHAZELWOOD@HANOVER.COM 508-853-6332 (E-mail Address) (FAX Number) OFFICERS President John Conner Roche Vice President & Treasurer Nathaniel William Clarkin Senior Vice President & Charles Frederick Cronin Secretary OTHER Dennis Francis Kerrigan Jr., Executive Vice President & GC Jeffrey Mark Farber, Executive Vice President & CFO Richard William Lavey, Executive Vice President Willard Ty-Lunn Lee, Executive Vice President Denise Maureen Lowsley, Executive Vice President Bryan James Salvatore, Executive Vice President Mark Joseph Welzenbach, Executive Vice President DIRECTORS OR TRUSTEES Warren Ellison Barnes Jeffrey Mark Farber Lindsay France Greenfield Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee Denise Maureen Lowsley John Conner Roche Bryan James Salvatore Mark Joseph Welzenbach State of Massachusetts - SS: County of Worcester

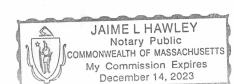
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 according 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 reles 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 filing with the NAIC, when required, that is an 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.

Cal atte 1 John Conner Roche Charles Frederick Cronin Nathaniel William Clarkin President Senior Vice President & Secretary Vice President & Treasurer a. Is this an original filing? ...

November 2022

Subscribed and sworn to before me this 2nd dav

Jaime L. Hawley Notary December 14, 2023



b. If no,

1.

2. Date filed 3.

State the amendment number...

Number of pages attached.

Yes[X]No[]

	AJC	SETS			
		1	Current Statement Date	3 Net Admitted Assets	4 December 31 Prior Year Net Admitted Assets
	Dead	Assets 	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.					
2.	Stocks:	0		•	•
	2.1 Preferred stocks		0 0		0
0	2.2 Common stocks	0		0	0
3.	Mortgage loans on real estate:	0	0	0	0
	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	0	0	0	0
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less	0		•	•
	\$	0	U	0	0
	4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5.	Cash (\$1,212,912), cash equivalents				
	(\$0) and short-term				
	investments (\$0)		0		
6.	Contract loans (including \$0 premium notes)			0	0
7.	Derivatives			0	0
8.	Other invested assets			0	.0
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets			0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers			, 020, 112	
10.	only)	0	0	0	0
14.	Investment income due and accrued			437.084	
15.	Premiums and considerations:				
10.	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but	0			
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$	0			
		0	0	0	0
16.	Reinsurance:	0			0
10.	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	00 ۱
17.	Amounts receivable relating to uninsured plans		0	0	0
	Current federal and foreign income tax recoverable and interest thereon		0	10.785	
	Net deferred tax asset		0		
10.2	Guaranty funds receivable or on deposit		0	0	0
19. 20.	Electronic data processing equipment and software			0	0
20. 21.	Furniture and equipment, including health care delivery assets	0			0
21.		0	0	0	0
22	(\$				0
22. 23.	Receivables from parent, subsidiaries and affiliates		0	0 	
				,	
24. 25	Health care (\$		0	0	0
25. 26.	Aggregate write-ins for other than invested assets	0	0	0	0
20.	Protected Cell Accounts (Lines 12 to 25)		0		
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	67,309,848	0	67,309,848	65,741,637
	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	0
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	0	C

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$0)		0
2.	Reinsurance payable on paid losses and loss adjustment expenses	0	0
3.	Loss adjustment expenses		0
4.	Commissions payable, contingent commissions and other similar charges	0	0
5.	Other expenses (excluding taxes, licenses and fees)	0	0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		0
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0	0	0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$		
	including \$		0
10.	Advance premium	0	0
11.	Dividends declared and unpaid:	0	0
	11.1 Stockholders		0
10	11.2 Policyholders		0
12. 13.	Funds held by company under reinsurance treaties		0
13.	Amounts withheld or retained by company for account of others		0
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		ľ
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		0
21.	Payable for securities		
22.	Payable for securities lending		
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)	. 543,505	43,505
27.	Protected cell liabilities	0	0
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock		
31.	Preferred capital stock	0	0
32.	Aggregate write-ins for other than special surplus funds		0
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.10 shares common (value included in Line 30 \$0)		0
	36.20 shares preferred (value included in Line 31 \$		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)		65,698,132
38.	Totals (Page 2, Line 28, Col. 3)	67,309,848	65,741,637
	DETAILS OF WRITE-INS		
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0 0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901. 2902.			
2902. 2903.			
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.			-
3201.			
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

		1 Current	2 Prior Year	3 Prior Year Ended
		Year to Date	to Date	December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct (written \$			
	1.2 Assumed (written \$			
	1.3 Ceded (written \$			
	DEDUCTIONS:		0	0
2.	Losses incurred (current accident year \$			
	2.1 Direct			
	2.2 Assumed			
	2.3 Ceded			
	2.4 Net			0
3.	Loss adjustment expenses incurred		0	0
4.	Other underwriting expenses incurred		0	0
5.	Aggregate write-ins for underwriting deductions	0		0
6.	Total underwriting deductions (Lines 2 through 5)	0	0	0
7.	Net income of protected cells	0		0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	U	0	0
0	INVESTMENT INCOME Net investment income earned	1 245 500	1 075 000	1 605 107
9. 10.	Net realized capital gains (losses) less capital gains tax of \$			
10.	Net investment gain (loss) (Lines 9 + 10)	1 345 385		
	OTHER INCOME	1,040,000		1,000,020
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
	\$0 amount charged off \$	0	0	0
13.	Finance and service charges not included in premiums	0	0	0
14.	Aggregate write-ins for miscellaneous income	0	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)	1,345,385		
17.	Dividends to policyholders	0	0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1 3/15 385	1 273 /8/	1 653 023
19.	Federal and foreign income taxes incurred	277,174	261,062	348,231
20.	Net income (Line 18 minus Line 19)(to Line 22)	1,068,211	1,012,422	1,304,792
20.	CAPITAL AND SURPLUS ACCOUNT	1,000,211	1,012,422	1,004,732
21.	Surplus as regards policyholders, December 31 prior year	65,698,132	64,384,215	64,384,215
22.	Net income (from Line 20)			, ,
23.	Net transfers (to) from Protected Cell accounts			
24.			0	0
25.	Change in net unrealized foreign exchange capital gain (loss)	0		0
26.	Change in net deferred income tax		0	
27.	Change in nonadmitted assets	0	0	0
28.	Change in provision for reinsurance		0	0
29.	Change in surplus notes		0	0
30.	r - (/		0	0
31.		0	0	0
32.	Capital changes:	0	0	٥
	32.1 Paid in		0	0
	32.2 Transferred from surplus (Stock Dividend)		0	0
33.	32.3 Transferred to surplus		0	
55.	33.1 Paid in	0	0	0
	33.2 Transferred to capital (Stock Dividend)	0	0	0
	33.3 Transferred from capital			
34.	Net remittances from or (to) Home Office	0	0	0
35.		0	0	0
36.	Change in treasury stock	0	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)	1,068,211	1,012,422	1,313,917
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	66,766,343	65,396,637	65,698,132
	DETAILS OF WRITE-INS			
0501.				
0502.				
0503.			~	^
0598.	, , , , , , , , , , , , , , , , , , , ,	0	0	0
0599. 1401.	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	v	0	0
1401. 1402.				
1402. 1403.				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.		~		v
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			
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income	1,452,195	1,448,704	1,830,595
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	1,452,195	1,448,704	1,830,595
5.	Benefit and loss related payments	0	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	0	0	C
8.	Dividends paid to policyholders	0	0	
9.	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)	273,000	268,001	353,999
10.	Total (Lines 5 through 9)	273,000	268,001	353,999
11.	Net cash from operations (Line 4 minus Line 10)	1,179,195	1,180,703	1,476,596
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			(
	12.3 Mortgage loans		0	
	12.4 Real estate			(
	12.5 Other invested assets			(
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	(
	12.7 Miscellaneous proceeds	496,040	885,504	626,583
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,330,743	7,510,347	
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	7,718,291	8,544,798	
	13.2 Stocks	0	0	
	13.3 Mortgage loans	0	0	
	13.4 Real estate	0	0	(
	13.5 Other invested assets	0	0	(
	13.6 Miscellaneous applications	0	0	(
	13.7 Total investments acquired (Lines 13.1 to 13.6)	7,718,291	8,544,798	11,733,944
14.	Net increase (or decrease) in contract loans and premium notes	0	0	(
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(387,548)	(1,034,452)	(1,185,654
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	(
	16.2 Capital and paid in surplus, less treasury stock	0	0	(
	16.3 Borrowed funds	0	0	(
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	(
	16.5 Dividends to stockholders	0	0	
	16.6 Other cash provided (applied)	4,103	(20,600)	(25,512
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	4,103	(20,600)	(25,512
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.				
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
		1,212,912	277,383	417,161

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Massachusetts Bay 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 uge		 2022		2021	
(1) State basis (Page 4, Line 20, Columns 1 & 3)	xxx	XXX	XXX	\$ 1,068,211	\$	1,304,792	
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$	-	
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$	-	
(4) NAIC SAP (1-2-3=4)	XXX	xxx	XXX	\$ 1,068,211	\$	1,304,792	
SURPLUS							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	XXX	\$ 66,766,343	\$	65,698,132	
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	NP:		\$ -	\$	-	
(7) State Permitted Practices that are an increase/(decrease) for	rom NAIC SAF	D:		\$ -	\$	-	
(8) NAIC SAP (5-6-7=8)	xxx	xxx	XXX	\$ 66,766,343	\$	65,698,132	

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

Not applicable

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

A., B., C.

Not applicable

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	\$ 139,226
2. 12 Months or Longer	\$ 249,664
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ 1,642,067
2. 12 Months or Longer	\$ 1,174,512

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

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

Not applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

No change

					Gr	oss (Admitt	ed &	Nonadmitt	ed)	Restricted				
					Cu	rrent Year	-					6		7
		1		2		3	4		5					
Restricted Asset Category		al General Account (G/A)	P Ce	G/A upporting rotected II Account Activity (a)	Ce R	Total Protected II Account estricted Assets	Ce Su	rotected II Account Assets upporting A Activity (b)	(Total 1 plus 3)	F	Total rom Prior Year	(De	ncrease/ crease) (5 ninus 6)
a. Subject to contractual obligation for which liability is not shown	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
b. Collateral held under security lending agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
c. Subject to repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
d. Subject to reverse repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
e. Subject to dollar repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
f. Subject to dollar reverse repurchase agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
g. Placed under option contracts	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
i. FHLB capital stock	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
j. On deposit with states	\$!	5,773,839	\$	-	\$	-	\$	-	\$	5,773,839	\$	5,575,814	\$	198,025
k. On deposit with other regulatory bodies	\$	688,641	\$	-	\$	-	\$	-	\$	688,641	\$	686,130	\$	2,511
I. Pledged collateral to FHLB (including assets backing funding agreements) m. Pledged as collateral not captured in other categories	\$ \$	-	\$	-	\$ \$	-	\$ \$	-	\$ \$	-	\$	-	\$ \$	-
n. Other restricted assets	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
o. Total Restricted Assets	\$ (6,462,480	\$	-	\$	-	\$	-	\$	6,462,480	\$	6,261,944	\$	200,536

(a) Subset of Column 1

(b) Subset of Column 3

	Current Year						
	8	9		ntage			
			10	11			
Restricted Asset Category	Total Non- admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)			
a. Subject to contractual obligation for which liability is not shown	\$-	\$-	0.000%	0.000%			
b. Collateral held under security lending agreements	\$-	\$-	0.000%	0.000%			
c. Subject to repurchase agreements	\$-	\$-	0.000%	0.000%			
d. Subject to reverse repurchase agreements	\$-	\$-	0.000%	0.000%			
e. Subject to dollar repurchase agreements	\$-	\$-	0.000%	0.000%			
f. Subject to dollar reverse repurchase agreements	\$-	\$-	0.000%	0.000%			
g. Placed under option contracts	\$-	\$-	0.000%	0.000%			
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$-	\$-	0.000%	0.000%			
i. FHLB capital stock	\$-	\$-	0.000%	0.000%			
j. On deposit with states	\$-	\$ 5,773,839	8.578%	8.578%			
k. On deposit with other regulatory bodies	\$-	\$ 688,641	1.023%	1.023%			
I. Pledged collateral to FHLB (including assets backing funding agreements)	\$-	\$-	0.000%	0.000%			
m. Pledged as collateral not captured in other categories	\$-	\$-	0.000%	0.000%			
n. Other restricted assets	\$-	\$-	0.000%	0.000%			
o. Total Restricted Assets	\$-	\$ 6,462,480	9.601%	9.601%			

(c) Column 5 divided by Asset Page, Column 1, Line 28 $\,$

(d) Column 9 divided by Asset Page, Column 3, Line 28

2-4.

Not applicable

M., N., O., P., Q., R.

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

Not applicable

NOTE 9 Income Taxes

No change

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

A. Natue 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.

B. 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 \$38,807 as amounts receivable from an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

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

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

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

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

Not applicable

NOTE 11 Debt

Not applicable

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

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

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

Not applicable

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

. Outstanding Shares

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

B. 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. Accordingly, the maximum dividend that may by paid at January 1, 2022 without prior approval is \$2,868,407. Dividends or distributions made within the preceding twelve months were considered in the above computation.

G., H., I., J., K., L., M. Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

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

NOTE 15 Leases

The Company has no material lease obligations at this time.

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

Not applicable

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

A., B.

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

A.

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

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

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

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

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

Fair values of common and preferred stocks are based on SVO valuation, if available. If SVO valuations are not available, quoted market prices are used. If neither SVO prices nor quoted market prices are available, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

Level 2 includes securities that are valued using pricing for similar securities and pricing models that incorporate observable inputs. Level 3 consists of common stock of private companies for which observable inputs are not available.

The Company utilizes a third party pricing service for the valuation of the majority of its equity securities. 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. Generally, all prices provided by the pricing service except quoted market prices, are reported as Level 2. Occasionally, 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	dmitted Assets	(Level 1)	(Level 2)	(Level 3)	 sset Value (NAV)	Not Prac (Carrying	
Bonds	\$ 58,723,914	\$	65,604,320	\$ 5,247,594	\$ 51,382,794	\$ 2,093,526	\$ -	\$	-
Cash and Short-Term									
Investments	\$ 1,212,912	\$	1,212,912	\$ 1,212,912	\$ -	\$ -	\$ -	\$	-

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.

The Company reported \$0 for premiums receivable due from policyholders, agents and ceding insurers on Page 2 line 15. The Company has no accounts receivable for uninsured plans and amounts due from agents, controlled or controlling persons.

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

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

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

NOTE 22 Events Subsequent

Not applicable

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

No change

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

No change

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

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

Yes [X] No []

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	09/30/2022

3. Was anticipated investment income utilized in the calculation?

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

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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?	Yes [] No [X]			
1.2	If yes, has the report been filed with the domiciliary state?	Yes [] No []			
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? If yes, complete Schedule Y, Parts 1 and 1A.	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	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).	04/01/2021			
6.4 6.5	By what department or departments? New Hampshire Department of Insurance Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial				
6.6	Statement filed with Departments?				
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	
Affil	iate Name	Location (City, State)	FRB	000	FDIC	SEC	
Opus Investment Management,	Inc	Worcester, MA				YES	
							L

GENERAL INTERROGATORIES

9.1	 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or pers similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal an relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. If the response to 9.1 is No, please explain: 	d professional	Yes [X] No []
9.2 9.21	Has the code of ethics for senior managers been amended? If the response to 9.2 is Yes, provide information related to amendment(s).		Yes [] No [X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).		Yes [] No [X]
	FINANCIAL			
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?			
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ <u></u>		
	INVESTMENT			
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise i use by another person? (Exclude securities under securities lending agreements.)	made available for	Yes [] No [X]
11.2	in yes, give full and complete information relating thereto.			
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:			
13.	Amount of real estate and mortgages held in short-term investments:			
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
	Ba	ior Year-End ook/Adjusted	Boo	rent Quarter ok/Adjusted rying Value
	Bonds		\$	0
14.22	Preferred Stock\$	0	\$	0

14.23 Common Stock ..

15.1

15.2

16.

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate . 14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

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?.... If no, attach a description with this statement.

16.3 Total payable for securities lending reported on the liability page.

For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

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Yes [

Yes [] No [] N/A [

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] No [X]

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GENERAL INTERROGATORIES

17. 17.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	y deposit boxes, were vith a qualified bank o Functions, Custodia	pecial Deposits, real estate, mo e all stocks, bonds and other s or trust company in accordanc I or Safekeeping Agreements quirements of the NAIC Financ	ecurities, owne e with Section of the NAIC Fir	ed throughout the 1, III - General E nancial Condition	e current year xamination C Examiners F	held pursuant to a considerations, F. Handbook?	Yes	; [X]	No []
		1				2				
	Bank of New York Mel	Name of Custodi	an(s)	225 Liberty	Cu Street New York	ustodian Addı	ess			
						(, III 10200 .				
17.2	For all agreements that location and a comple		the requirements of the NAIC	Financial Cond	lition Examiners	Handbook, p	rovide the name,			
	1 Name(s)	2 Location(s)		Co	3 mplete Expla	nation(s)			
			2000.01(0)							
17.3 17.4	Have there been any c If yes, give full informa		ame changes, in the custodian	(s) identified in	17.1 during the	current quarte	er?	Yes	[]]	No [X]
	1 Old Custo	odian	2 New Custodian	Date	3 of Change		4 Reason			
17.5	make investment deci	sions on behalf of the	stment advisors, investment m e reporting entity. For assets th ent accounts"; "handle secu	nat are manage rities"]	d internally by e					
		1 Name of Firm or			tion					
	Opus Investment Mana	gement, Inc		A						
			n the table for Question 17.5, c ore than 10% of the reporting e					Ye	s []	No []
			ith the reporting entity (i.e. des ggregate to more than 50% of					Ye	5[]	No []
17.6	For those firms or inditional table below.	viduals listed in the ta	able for 17.5 with an affiliation	code of "A" (af	filiated) or "U" (u	naffiliated), pi	rovide the information for t	he		
	1		2		3		4		5 Investi Manage	ment
	Central Registration Depository Number	Ν	lame of Firm or Individual		Legal Entity Id	entifier (I FI)	Registered With		Agree (IMA)	ment
	107569	Opus Investment Mar	nagement, Inc		549300UFGZJWL1L	MOS85	SEC		DS	
18.1 18.2	Have all the filing required in the filing re		oses and Procedures Manual		vestment Analysi		followed?	Yes	[X]	No []
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to permit available. In is current on all cor an actual expectation	rting entity is certifying the follo a full credit analysis of the sec ntracted interest and principal p on of ultimate payment of all co I securities?	curity does not payments. ontracted intere	exist or an NAIC st and principal.	CRP credit ra	ating for an FE or PL	Yes	;[]	No [X]
20.	 a. The security was b. The reporting er c. The NAIC Desig on a current priv d. The reporting er 	s purchased prior to ntity is holding capital mation was derived fir rate letter rating held ntity is not permitted t	porting entity is certifying the for January 1, 2018. I commensurate with the NAIC rom the credit rating assigned by the insurer and available for to share this credit rating of the GI securities?	Designation reby an NAIC CF by an NAIC CF or examination PL security w	eported for the se RP in its legal cap by state insurance th the SVO.	ecurity. bacity as a NI ce regulators.	RSRO which is shown	Yes	;[]	No [X]
21.	FE fund: a. The shares were b. The reporting er c. The security hac January 1, 2019 d. The fund only or e. The current repo in its legal capad	e purchased prior to o htity is holding capital d a public credit rating o predominantly holds orted NAIC Designati city as an NRSRO.	istered private fund, the report January 1, 2019. commensurate with the NAIC g(s) with annual surveillance a s bonds in its portfolio. on was derived from the public I surveillance assigned by an N	E Designation resigned by an ssigned by an c credit rating(s	eported for the se NAIC CRP in its) with annual su	ecurity. legal capacity	v as an NRSRO prior to			
		I SULVER OF WILL GITTUG								

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?	Yes [] N	No []	N//	A [X]
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?	Ŷ	′es []	No	[X]	
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Ŷ	′es []	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?	Ŷ	′es []	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	Line of Business Interest Rate			LĂE	IBNR	TOTAL	Losses	LÁE	IBNR	TOTAL			
	0.0	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
/						
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			· · · · · · · · · · · · · · · · · · ·			
		NO				
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Current Year to Date - Allocated by States and Territories

			1 Activo	Direct Premiu		Direct Losses Paid (u u /	Direct Losse	
			Active Status	2 Current Year	3 Prior Year	4 Current Year	5 Prior Year	6 Current Year	7 Prior Year
	States, etc.		(a)	To Date	To Date	To Date	To Date	To Date	To Date
1.	Alabama	AL	L						
2.	Alaska		L						
3.	Arizona							,	
4.	Arkansas	AR	L						
5.	California								
6.	Colorado								4,021,343
7.	Connecticut								
8.	Delaware								
9.	District of Columbia								
9. 10.	Florida								
	Georgia					, ,	,	, ,	
11.	-								, ,
12.	Hawaii								
13.	Idaho								
14.	Illinois								
15.	Indiana		L						
16.	lowa			,					
17.	Kansas								
18.	Kentucky	KY							3,418,29
19.	Louisiana								
20.	Maine	ME							
21.	Maryland		L	6,510,276		1,502,291			
22.	Massachusetts							40,314,987	
23.	Michigan		L						
24.	Minnesota								
25.	Mississippi								
26.	Missouri			1,955,125		.206,743			
27.	Montana								
27.	Nebraska								
	Nevada								
29.									
30.	New Hampshire								
31.	New Jersey								
32.	New Mexico								
33.	New York								
34.	North Carolina						, ,		
35.	North Dakota			,			,		
36.	Ohio	OH							6,056,73
37.	Oklahoma	OK	L		4,070,146				1, 187, 56
38.	Oregon	OR	L					4,190,820	
39.	Pennsylvania		L	.9,000,929	7,990,959			11,450,843	
40.	Rhode Island		L	1,726,537	1,368,723			1,854,537	2,173,22
41.	South Carolina		L	4,811,494	4,105,027	2,364,782			
42.	South Dakota		L	160,254	148,086		000,000	411,011	
43.	Tennessee		L	4,937,057		4,389,575			
44.	Texas		L		.22,620,024		19,364,688		
44. 45.	Utah		L						1 000 00
	Vermont		L		1,096,492				
46.									
47.	Virginia			, ,	, ,		, ,	, ,	, ,
48.	Washington		L	, , , , , , , , , , , , , , , , , , , ,	4,692,206				
49.	West Virginia						(18,579)	,	
50.	Wisconsin			, , , ,					
51.	Wyoming					0			
52.	American Samoa		N	0	0	0	0	0	
53.	Guam				0	0	0	0	
54.	Puerto Rico	PR	N		0	0	0		40
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	
56.	Northern Mariana								
	Islands	MP	N	0	0	0	0	0	
57.	Canada		N	0	0	0	0		70
58.	Aggregate Other Alier	n OT	XXX	0	0	0	0	0	
59.	Totals		XXX	482,000,471	431,027,271	198,326,264	169,294,426	608,139,299	565,642,53
	DETAILS OF WRITE-					. , .	, , ,	, , , , , ,	, ,
58001	DETAILS OF WRITE-		XXX						
			XXX XXX	<u>├</u>					
58002.		•••••							
58003.			XXX						
58998.	Summary of remaining								
	write-ins for Line 58 f	irom	XXX	0	0	0	0	n	(
58000	overflow page Totals (Lines 58001 th	arouch							
JU999.	58003 plus 58998)(L								
	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

than their state of domicile - see DSLI).
 D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.

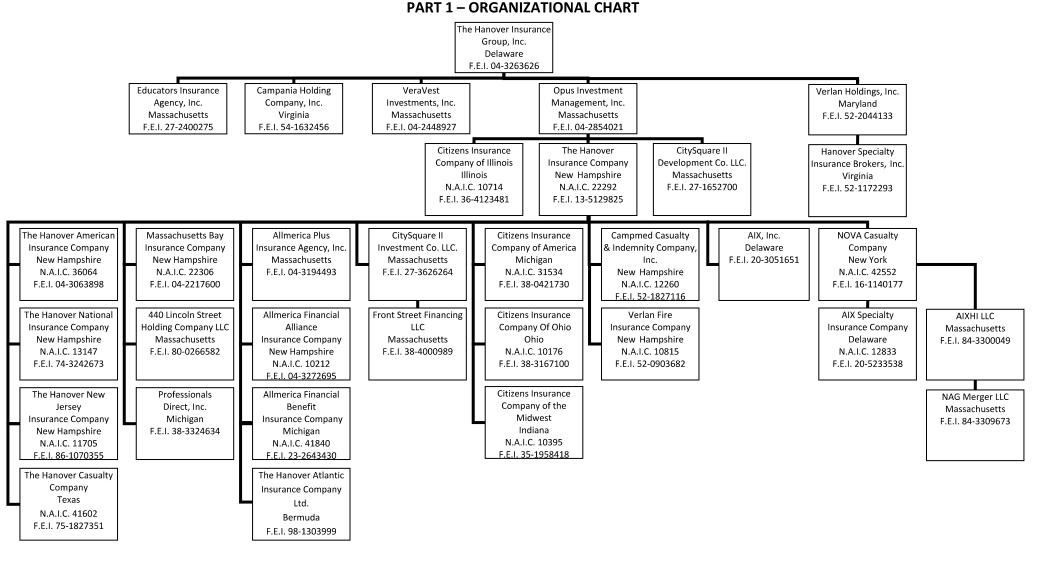
....6

Q - Qualified - Qualified or accredited reinsurer.0

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

....0

..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	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-	Ũ		°,	°,			Ũ			Туре	lf			
											of Control	Control			1
											(Ownership,	is		ls an	1
									Datation						1
						Name of Securities			Relation-		Board,	Owner-		SCA	1
						Exchange		Domi-	ship		Management,	ship		Filing	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	quired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
Th	e Hanover Insurance Group		80-0266582			,	440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
Th	e Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e 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	
Th	e 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 Th	e Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e 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.	
	e Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management.	100.000	The Hanover Insurance Group, Inc	NO.	1
	e 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	
	e Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO.	
	e Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e Hanover Insurance Group		36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e Hanover Insurance Group		38-3167100				Citizens Insurance Company of Ohio	0H	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc		
	e Hanover Insurance Group		35-1958418				Citizens Insurance Company of the Midwest	IN	١۵	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	N0.	
	e Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	
	e 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.	N0.	
	e Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	e Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	e Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	VA	NIA RF	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	e Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	n⊏ NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	e 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	
	e Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP.	The Hanover Insurance Group, Inc.			The Hanover Insurance Group, Inc	NO	
	e Hanover Insurance Group		38-3324634				Professionals Direct. Inc.	MA	DIP	The Hanover Insurance Company	Ownership, Board,Management Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc.	NO	
	e Hanover Insurance Group		04-3063898				The Hanover American Insurance Company	NH	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	e Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	INT BMU	IA	The Hanover Insurance Company			The Hanover Insurance Group, Inc		
			75-1827351						IA IA		Ownership, Board, Management				
	e Hanover Insurance Group		13-5129825				The Hanover Casualty Company		UDP	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO NO	
	e Hanover Insurance Group		04-3263626			New York Oterla Fuchance	The Hanover Insurance Company	NH DE	UP UIP	Opus Investment Management, Inc.	Ownership, Board,Management		The Hanover Insurance Group, Inc		
	e Hanover Insurance Group	10147	74-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.			The III	O marki Decad Marcanat			NO	
	e Hanover Insurance Group	13147	74-3242673 86-1070355				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	
	e Hanover Insurance Group		. 86-1070355 04-2448927				The Hanover New Jersey Insurance Company	NH	IA NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO NO	
	e Hanover Insurance Group						VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc		['
	e Hanover Insurance Group		52-0903682 52-2044133				Verlan Fire Insurance Company	NH MD	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
In	e Hanover Insurance Group		52-2044 133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board,Management		The Hanover Insurance Group, Inc	N0	·····
Asterisk	(I	I	I	I	1	NO	≣X <u>t</u>	ą <u>n</u>						
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L															

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE MASSACHUSETTS BAY 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				
2.1	Allied Lines		3,541,397		
2.2	Multiple peril crop	0		0.0	0.0
2.3	Federal flood			0.0	0.0
2.4	Private crop			0.0	0.0
2.5	Private flood			(107.8)	
3.	Farmowners multiple peril		0	0.0	0.0
4.	Homeowners multiple peril				
5.	Commercial multiple peril			61.6	
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine		0	0.0	
9.	Inland marine				
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability - occurrence		0	0.0	
11.2	Medical professional liability - claims-made	0	0	0.0	0.0
12.	Earthquake	2,210,801			
13.1	Comprehensive (hospital and medical) individual			0.0	0.0
13.2	Comprehensive (hospital and medical) group		0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.1	Vision only		0	0.0	0.0
15.2	Dental only	0	0	0.0	0.0
15.3	Disablity income	0		0.0	0.0
15.4	Medicare supplement			0.0	0.0
15.5	Medicaid Title XIX		0	0.0	0.0
15.6	Medicare Title XVIII		0	0.0	0.0
15.7	Long-term care		0	0.0	0.0
15.8	Federal employees health benefits plan		0	0.0	0.0
15.9	Other health			0.0	0.0
16.	Workers' compensation		, ,		
17.1	Other liability - occurrence				
17.2	Other liability - claims-made				
17.3	Excess workers' compensation			0.0	0.0
18.1	Products liability - occurrence			(83.7)	
18.2	Products liability - claims-made			0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)		,		
19.2	Other private passenger auto liability		,		
19.3	Commercial auto no-fault (personal injury protection)		,	6.3	6.6
19.4	Other commercial auto liability				
21.1	Private passenger auto physical damage				
21.2	Commercial auto physical damage		2,571,136		
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity	,	,		
24.	Surety		, , ,	(31.4)	
26.	Burglary and theft				
27.	Boiler and machinery		,,	6.8	
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty Reinsurance - Nonproportional Assumed Property			0.0	0.0
31.					
32.	Reinsurance - Nonproportional Assumed Liability		2001		
33.	Reinsurance - Nonproportional Assumed Financial Lines				
34.	Aggregate write-ins for other lines of business			0.0	0.0
35.	Totals	449,162,508	250, 142, 104	55.7	52.3
3404	DETAILS OF WRITE-INS				
3401. 3402					
3402. 2402					
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page				
3498. 3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)		0	0.0	0.0 0.0

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE MASSACHUSETTS BAY INSURANCE COMPANY PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire		4,877,578	5,283,197
2.1	Allied Lines			
2.2	Multiple peril crop			0
2.3	Federal flood		0	0
2.4	Private crop	0	0	0
2.5	Private flood	,	, .	
3.	Farmowners multiple peril			0
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			0
8.	Ocean marine	0	0	0
9.	Inland marine			2,992,817
10.	Financial guaranty	0	0	0
11.1	Medical professional liability - occurrence	0	0	0
11.2	Medical professional liability - claims-made	0	0	0
12.	Earthquake			2,342,312
13.1	Comprehensive (hospital and medical) individual	0	0	0
13.2	Comprehensive (hospital and medical) group	0	0	0
14.	Credit accident and health		0	0
15.1	Vision only			0
15.2	Dental only		0	0
15.3	Disablity income			0
15.4	Medicare supplement			0
15.5	Medicaid Title XIX		0	0
15.6	Medicare Title XVIII		0	0
15.7	Long-term care		.0	.0
15.8	Federal employees health benefits plan			0
15.9	Other health			0
16.	Workers' compensation			
17.1	Other liability - occurrence			
17.2	Other liability - claims-made			
17.2	Excess workers' compensation			432,000 0
18.1	Products liability - occurrence			
18.2	Products liability - claims-made			
	Private passenger auto no-fault (personal injury protection)			
19.1	Other private passenger auto liability			
19.2	Commercial auto no-fault (personal injury protection)			
19.3				
19.4	Other commercial auto liability			
21.1	Private passenger auto physical damage			
21.2	Commercial auto physical damage			5,135,366
22.	Aircraft (all perils)			0
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			0
29.	International			0
30.	Warranty			0
31.	Reinsurance - Nonproportional Assumed Property			XXX
32.	Reinsurance - Nonproportional Assumed Liability			XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines		XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	179,052,683	482,000,471	431,027,271
	DETAILS OF WRITE-INS			
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

PART 3 (000 omitted) LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	T		-	2000/1112	20033 ADJ031		THEOEINTEO OO		-				
	1	2	3	4	5	6	7	8	9	10	11	12	13
											Prior Year-End	Prior Year-End	
								Q.S. Date Known			Known Case Loss	IBNR Loss and	Prior Year-End
			Tatal Drian	0000	2022 Loss and		Q.S. Date Known	Case Loss and			and LAE Reserves	LAE Reserves	Total Loss and
		Drive Veen	Total Prior	2022 Loss and	LAE Payments on	Tatal 0000 Lasa	Case Loss and	LAE Reserves on			Developed	Developed	LAE Reserve
Years in Which	Prior Year-End	Prior Year- End IBNR	Year-End Loss and LAE	LAE Payments on Claims Reported	Claims Unreported	Total 2022 Loss and LAE	LAE Reserves on Claims Reported	Claims Reported or Reopened	Q.S. Date IBNR	Total Q.S. Loss and LAE	(Savings)/ Deficiency	(Savings)/ Deficiency	Developed (Savings)/
Losses	Known Case Loss	Loss and LAE	Reserves	as of Prior	as of Prior	Payments	and Open as of	Subsequent to	Loss and LAE	Reserves	(Cols.4+7	(Cols. 5+8+9	Deficiency
Occurred	and LAE Reserves	Reserves	(Cols. 1+2)	Year-End	Year-End	(Cols. 4+5)	Prior Year End	Prior Year End	Reserves	(Cols.7+8+9)	minus Col. 1)	minus Col. 2)	(Cols. 11+12)
1. 2019 + Prior			((0000000)				(00000 0 0)			(***********************
2. 2020													
8. Subtotals 2020 + Prior													
. 2021					N								
5. Subtotals 2021 + Prior													
6. 2022	XXX	XXX	XXX				XXX				XXX	XXX	XXX
7. Totals	-												
8. Prior Year-End Surplus											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
As Regards											As % of Col. 1	As % of Col. 2	As % of Col. 3
Policyholders											Line 7	Line 7	Line 7
											1.	2.	3.
													Col. 13, Line 7
													As a % of Col. 1
													Line 8

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?	YES
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.
 - 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]





SCHEDULE A - VERIFICATION Real Estate

		1	2
		I	<u> </u>
			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 impainment 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
		March Date	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 premand to mitme test and the mitme t		
9.	Total foreign exchange change in book value/recursed involution exchange accrued interest international internationa		
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		63, 119, 666
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(156)	(51,095)
6.	Deduct consideration for bonds and stocks disposed of	6,834,703	9,930,314
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	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
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)	65,604,320	64,777,859

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

During ti			3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
		Ourient Quarter	ounchi Quarter					Thor real
BONDS								
1. NAIC 1 (a)				(16,935)				
2. NAIC 2 (a)		0	0	2	4,784,766	4,080,799		5,285,807
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	65,328,196	3,375,525	3,082,468	(16,933)	65,406,376	65,328,196	65,604,320	64,777,859
PREFERRED STOCK								
8. NAIC 1		0	0	0	0	0	0	0
9. NAIC 2	0	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
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6		0	0	0	0	0	0	0
14. Total Preferred Stock		0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	65,328,196	3,375,525	3,082,468	(16,933)	65,406,376	65,328,196	65,604,320	64,777,859

(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

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Schedule DA - Verification - Short-Term Investments

NONE

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

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

	(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		
3.	Accrual of discount	0	0
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	0	0
6.	Deduct consideration received on disposals	4,825	
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value		
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 **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **NONE**

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

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SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

-				Long-Term Bonds and Stock Acquired During the Current Quarter			1		
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
91282C-FE-6	UNITED STATES TREASURY		08/24/2022	BARCLAYS CAPITAL INC					1.A
	Subtotal - Bonds - U.S. Governments					496,230	500,000	467	
212204-MD-0	CONTRA COSTA CALIF CNNTY COLLEGE DIST		09/16/2022	NORGAN STANLEY CO					1.B FE
64763F-ZT-9	NEW ORLEANS LA		09/22/2022	WELLS FARGO SECURITIES LLC					1.F FE
	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Poss	essions				682,442	700,000	190	
25477G-UY-9 270618-DZ-1	DISTRICT COLUMBIA INCOME TAX REV		07/13/2022 .09/22/2022	B.A. Securities Inc. Southwest Securities					1.B FE 1.D FE
546475-VJ-0	LEAST BATUN RUUGE LA SEW COMMIN REV LOUISIANA ST GAS & FUELS TAX REV			RAMIREZ & CO.					1.D FE
576004-HD-0	MASSACHUSETTS (COMMONWEALTH OF)		08/17/2022	Jefferies					1.B FE
0909999999.	Subtotal - Bonds - U.S. Special Revenues					1,696,853	1,750,000	5,042	
06406R-BJ-5	BANK OF NEW YORK MELLON CORP		07/19/2022	MORGAN STANLEY CO				0	1.E FE
1109999999.	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					500,000	500,000	0	XXX
2509999997.	Total - Bonds - Part 3					3,375,525	3,450,000	5,699	XXX
2509999998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999.	Total - Bonds					3,375,525	3,450,000	5,699	XXX
4509999997.	Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998.	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999.	Total - Preferred Stocks					0	XXX	0	XXX
5989999997.	Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998.	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
	Total - Common Stocks					0	XXX	0	XXX
5999999999.	Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 -	Totals					3,375,525	XXX	5,699	XXX

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Cł	nange In Boo	ok/Adjusted	Carrying Value	16	17	18	19	20	21	22
										11	12	13	14 15							NAIC
																				Desig-
																				0
																				nation,
																				NAIC
													Total Total							Desig-
												Current						Bond		nation
												Current	Change in Foreigr							
												Year's	Book/ Exchange	e Book/				Interest/		Modifier
									Prior Year		Current	Other Thar	h Adjusted Change	n Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrying Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted						Gain	Gain	Total Gain	Received	tractual	Admini-
			D'	Num		0		A . 1 . 1		Valuation	(Amor-	Impairment	t Value /Adjuste							
Ident-		For-		Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 - Carrying		(Loss) on		(Loss) on	During	Maturity	strative
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13) Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
36179R-M4-8	G2 MA3079 - RMBS			Pavdown					11.252	0	(539)	0	(539)	0	0	0	0	253	.09/20/2030	1.4
	G2 MA6409 - RMBS			Paydown					7,139	0	(287)	0		0	0	0	0		01/20/2050	1.A
	G2 MA6530 - RMBS			Paydown						0	(2)	0	(2)	0 444	0	0	0	7	.03/20/2050	1 4
	G2 MA6930 - RMBS		09/01/2022	Pavdown						0	(774)	0		0	0	0	0		.10/20/2050	1 4
	G2 MA7051 - RMBS		09/01/2022	Pavdown						0	(231)	0	(231)	0	0	0	0		.12/20/2050	1 4
	G2 MA7255 - RMBS			Paydown						0	(232)	0	(232)	0	0	0	0			1 A
	G2 MA7589 - RMBS		09/01/2022	Paydown		6.771		7.003	6,999	0	(232)	0	(232)	0 6.771	0	0	0		.09/20/2051	1.4
				.,						0		0			0	0	0			1.0
	GNR 2016-173 CT - CMO/RMBS			Paydown						0		0		0	0	0	0		10/20/2045	1 4
	GNR 2021-117 PC - CMO/RMBS		09/01/2022	Paydown		6,776	6,776	6,899	6,893	0	(117)	0	(117)	06,776	0	0	0		.917 207 2001	. 1.73
010999999	Subtotal - Bonds - U.S. Governme	ents				83,028	83,028	85,677	85,523	0	(2,495)	0	(2,495)	0 83,028	0	0	0	1,445	XXX	XXX
68608K-NE-4	OREGON ST		08/01/2022	Call @ 100.00						0	(52)	0	(52)	0	0	(191)	(191)	4,881	.08/01/2024	. 1.B FE
68608U-KU-9	OREGON ST		.07/01/2022	Maturity @ 100.00		250,000				0	0	0	0	0	0	0	0	7,625	.07/01/2022	. 1.B FE
050999999	9. Subtotal - Bonds - U.S. States, Te	rritorie	es and Poss	essions		335.000	335,000	336.029	335,243	0	(52)	0	(52)	0 335, 191	0	(191)	(191)	12.506	XXX	XXX
	NEW ORLEANS LA			Call @ 100.00						0	(02)	0	(2,298)	0	0	(101)	,			1.E FE
		L					,				() . ,	0								
	9. Subtotal - Bonds - U.S. Political S	upaivi			ossessions	300,000	300,000	311,514	302,298	0	(2,298)	0	(2,298)	0 300,000	0	-	-		XXX	XXX
	COBB-MARIETTA GA COLISEUM & EXHIBIT HALL		07/01/2022	. Maturity @ 100.00				1,000,000	1,000,000	0	0	0	0	01,000,000	0	0	0		.07/01/2022	. 1.A FE
	ENERGY NORTHWEST WASH ELEC REV		07/01/2022	. Maturity @ 100.00						0	0	0	0	0	0	0	0		.07/01/2022	. 1.C FE
	FH T65444 - RMBS		09/01/2022	Paydown		2,861	2,861	2,837	2,838	0	23	0		0	0	0	0		.11/01/2047	. 1.A
3136AH-H9-4	FNR 2013-130 A - CMO/RMBS		09/01/2022	Paydown		3,782		3,748		0		0		03,782	0	0	0		.01/25/2044	. 1.A
3137AH-2W-7	FHR 3936 AB - CMO/RMBS		09/01/2022	Paydown						0	(69)	0		0	0	0	0		10/15/2026	. 1.A
3138WA-RA-7	FN AS1380 - RMBS		09/01/2022	Paydown			90		101	0	(11)	0	(11)	090	0	0	0		12/01/2043	. 1.A
54627D-BV-2	LOUISIANA HSG CORP SINGLE FAMILY MTG REV			Call @ 100.00						0	0	0	0	0	0	0	0		.12/01/2038	1.A FE
54627D-BW-0	LOUISIANA HSG CORP SINGLE FAMILY MTG REV		09/01/2022	Call @ 100.00					15, 163	0	0	0	0	0	0	0	0			. 1.A FE
	LOUISIANA HSG CORP SINGLE FAMILY MTG REV		09/01/2022	Paydown						0	0	0	0	0		0	0	284	.11/01/2038	1.A FE
	VIRGINIA ST HSG DEV AUTH HOMEOWNERSHIP M		09/01/2022	Pavdown		4,963	4,963	4,963	4,963	0	0	0	0	0 4.963	0	0	0	110		1.B FE
	9. Subtotal - Bonds - U.S. Special Re	avenu	65			1,376,195	1,376,195	1,376,588	1,376,219	0	(25)	٥	(25)	0 1.376.195	0	0	0	38,286	XXX	XXX
	CITIGROUP INC	svenu		0-11 @ 100.00	1	300,000			299,829	0	(23)	0		0 1,378,195	0	17	17		.10/27/2022	1.G FE
				. Call @ 100.00						0		0			0					
	FORDR 2017-REV2 A - ABS	• • • • • • • • •	09/15/2022	Paydown						0	5	0		0	0	0	0		.03/15/2029	. 1.A FE
	MERCK & CO INC			. Maturity @ 100.00						0		0		0	0	0	0	6,000	.09/15/2022	. 1.E FE
	STONEHENGE CAPITAL FUND CONNECTICUT IV L		09/15/2022	Paydown						0	0	0	0	0	0	0	0	2,231 .		1.F
	STONEHENGE CAPITAL FUND CONNECTICUT VI,		09/15/2022	Paydown						0	0	0	0	0	0	0	0	5,874 .	.12/15/2031	. 1.C FE
110999999	Subtotal - Bonds - Industrial and M	/liscell	aneous (Un	affiliated)		988,071	988,071	986,948	987,889	0	165	0	165	0 988,054	0	17	17	26,840	XXX	XXX
250999999	7. Total - Bonds - Part 4					3,082,294	3.082.294	3.096.756	3.087.172	0	(4,704)	0	(4,704)	0 3.082.468	0	(174)	(174)	90.753	XXX	XXX
	8. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999	9. Total - Bonds					3,082,294	3,082,294	3,096,756	3,087,172	0	(4,704)	0	(4,704)	0 3,082,468	0	(174)	(174)	90,753	XXX	XXX
450999999	7. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0 0	0	0	0	0	XXX	XXX
	8. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
																		////		
	9. Total - Preferred Stocks					0	XXX	0	0	0	0	0	•	0 0	0	-	0	0	XXX	XXX
598999999	7. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0 0	0	0	0	0	XXX	XXX
598999999	8. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0		1					-		////		
	9. Total - Common Stocks					0	XXX	0	v	0	0		ÿ	0 0	0	-	-	Ŭ	XXX	XXX
599999999	Total - Preferred and Common Sto	ocks				0	XXX	0	0	0	0	0	0	0 0	0	0	0	0	XXX	XXX
600999999	9 - Totals					3.082.294	XXX	3.096.756	3.087.172	0	(4,704)	٥	(4,704)	0 3.082.468	0	(174)	(174)	90.753	XXX	XXX
2000000000						0,002,204	,,,,,	0,000,700	0,007,172	0	(+,10+)	0	(דייי, די	0,001,400	, v	(114)	(1/7)	00,100	////	/////

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	IEC			RT 1 - C	ASH			
1	2	Month 3	End Depository 4	Balances 5		lance at End of Eac uring Current Quart		9
		Rate of		at Current	6	7	8	
Depository	Code			Statement Date	First Month	Second Month	Third Month	*
Bank of New York Mellon New York NY		0.000	0	0	1,326,146	708,771	1,212,912	XXX
0199998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	xxx	xxx	0	0	0	0	0	xx
0199999. Totals - Open Depositories	XXX		0	0	1,326,146	708.771	1.212.912	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	xx
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,326,146	708,771	1,212,912	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XX
0599999. Total - Cash	XXX	XXX	0	0	1,326,146	708,771	1,212,912	XX

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

NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE MASSACHUSETTS BAY INSURANCE

COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2022

NAIC Group Code	0088

NAIC Company Code 22306

Company Name MASSACHUSETTS BAY INSURANCE COMPANY

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

1	2	3
Direct Written	Direct Earned	Direct Losses
Premium	Premium	Incurred
\$0	\$0	\$0

- 2. Commercial Multiple Peril (CMP) Packaged Policies
 - 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [X] No [] Yes [X] No [] 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies 2.31 Amount quantified:... 2.32 Amount estimated using reasonable assumptions:
 2.32 Amount estimated using reasonable assumptions:
 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. ...\$0
 - 0 s.