

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2022

NAIC Group Code 0088 (Current) 008 (Price) Organized under the Laws of Texas Country of Domicile 02/03/1982 Incorporated/Organized 02/03/1982 Statutory Home Office 5910 North Central Expressive (Street and Numb) Main Administrative Office 02/03/1982 Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code) Mail Address 440 Lincoln Street (Street and Number or P.O.) Primary Location of Books and Records	r), State of Domic United States of America Commenced vay, Suite 300 ver) 440 Lincoln Street (Street and Number) e)' Box)' Box)' Box)' Box)' Box)' Box)' Box)' CStreet and Number)' Box)' Box)' CStreet and Number)' Box)' Box)' CStreet and Number)' Box)' Box)' CStreet and Number)' Box)' CStreet and Number)' Box)' CStreet and Number)' Box)' CStreet and Number)' Box)' CStreet and Number)' Box)' CStreet and Number)' Box)' Box)' CStreet and Number)' Box)' CStreet and Number)' CStreet and Number And Number)' CSTREET AND NUMBER	Employer's ID Number 75-1827351 cille or Port of Entry TX d Business 02/22/1982 Dallas, TX, US 75206-1108 02/22/1982 City or Town, State, Country and Zip Code) 508-853-7200 (Area Code) (Telephone Number) Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-6332 (Area Code) (Telephone Number) 508-853-6332 (FAX Number) Treasurer
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Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code Mail Address 440 Lincoln Street (Street and Number or P.O. Primary Location of Books and Records	(Street and Number) (Number) (Street and Number) (Street and Numbe	(Area Code) (Telephone Number) Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-6332 (FAX Number)
(City or Town, State, Country and Zip Code Mail Address 440 Lincoln Street (Street and Number or P.O. Primary Location of Books and Records	e) Box) 440 Lincoln Street (Street and Number) e) WWW.HANOVER.COM Hazelwood me) OFFICERS pche Vice President & Cronin OTHER ennis Francis Kerrigan Jr., Executive Vice F	(Area Code) (Telephone Number) Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-6332 (FAX Number)
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Primary Location of Books and Records Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code Internet Website Address Statutory Statement Contact Dennis M. (Na DHAZELWOOD@HANOVER.COM (E-mail Address) President John Conner Resident & Senior Vice President & Secretary Charles Frederick Jeffrey Mark Farber, Executive Vice President & CFO Willard Ty-Lunn Lee, Executive Vice President Mark Joseph Welzenbach, Executive Vice President Warren Ellison Barnes Dennis Francis Kerrigan Jr. Denise Maureen Lowsley State of	440 Lincoln Street (Street and Number) (Street and Number) // // // // // // OFFICERS OFFICERS OFFICERS OFFICERS OFHER ennis Francis Kerrigan Jr., Executive Vice F	508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-7200-8557928 (Area Code) (Telephone Number) 508-853-6332 (FAX Number)
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President John Conner Re Senior Vice President & Secretary Charles Frederick De Jeffrey Mark Farber, Executive Vice President & CFO Willard Ty-Lunn Lee, Executive Vice President Mark Joseph Welzenbach, Executive Vice President Mark Joseph Welzenbach, Executive Vice President Mark Joseph Welzenbach, Executive Vice President Dennis Francis Kerrigan Jr Denise Maureen Lowsley State of Massachusetts	Cronin OTHER onnis Francis Kerrigan Jr., Executive Vice F	
Senior Vice President & Secretary Charles Frederick Jeffrey Mark Farber, Executive Vice President & CFO De Willard Ty-Lunn Lee, Executive Vice President Image: Charles President Mark Joseph Welzenbach, Executive Vice President Image: Charles President Warren Ellison Barnes Image: Charles President Dennis Francis Kerrigan Jr. Image: Charles President Denise Maureen Lowsley Image: Charles President State of Massachusetts	Cronin OTHER onnis Francis Kerrigan Jr., Executive Vice F	Treasurer Nathaniel William Clarkin
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Dennis Francis Kerrigan Jr. Denise Maureen Lowsley State of Massachusetts	Denise Maureen Lowsley, Executive Vice F	Richard William Lavey, Executive Vice President President Bryan James Salvatore, Executive Vice President
Denise Maureen Lowsley State of Massachusetts	Jeffrey Mark Farber Richard William Lavey	Lindsay France Greenfield Willard Ty-Lunn Lee
	John Conner Roche	Bryan James Salvatore
	– SS: –	
all of the herein described assets were the absolute property of statement, together with related exhibits, schedules and explanat condition and affairs of the said reporting entity as of the reporting in accordance with the NAIC Annual Statement Instructions and rules or regulations require differences in reporting not relate respectively. Furthermore, the scope of this attestation by the d	the said reporting entity, free and clear fr ions therein contained, annexed or referred g period stated above, and of its income ar Accounting Practices and Procedures ma d to accounting practices and procedure escribed officers also includes the related	ers of said reporting entity, and that on the reporting period stated above, rom any liens or claims thereon, except as herein stated, and that this d to, is a full and true statement of all the assets and liabilities and of the nd deductions therefrom for the period ended, and have been completed inual except to the extent that: (1) state law may differ; or, (2) that state es, according to the best of their information, knowledge and belief, corresponding electronic filing with the NAIC, when required, that is an onic filing may be requested by various regulators in lieu of or in addition Mathaniel William Clarkin Vice President & Treasurer
Subscribed and sworn to before me this <u>3rd</u> day of <u>May, 20</u> Jamie L. Hawley Notary December 14, 2023	22 b. If no, 1. State 2. Date 3. Numb JAIME L HAW Notary Publi	n original filing? Yes [X] No [] the amendment number filed ber of pages attached ber of pages attached

		2513			
	_		Current Statement Date		4 December 21
		1	2	3 Net Admitted Assets	December 31 Prior Year Net
1.	Bonds	Assets 	Nonadmitted Assets	(Cols. 1 - 2) 	Admitted Assets
			0	0,007,014	0,200,040
2.		0	0	0	0
	2.1 Preferred stocks		0	0	0
		0	0	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens		0	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 (\$				
	(\$0) and short-term				
	investments (\$0)	608.360	0		520 533
6.	Contract loans (including \$0 premium notes)				
	Derivatives		0	0	0
7.					-
8.	Other invested assets		0	0	0
9.	Receivables for securities		0	0	0
10.	Securities lending reinvested collateral assets		0	0	0
11.	Aggregate write-ins for invested assets		0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	8,946,274	0	8,946,274	
13.	Title plants less \$0 charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued		0		
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$0) and				
	contracts subject to redetermination (\$0)	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies		0	0	0
	16.3 Other amounts receivable under reinsurance contracts		0	0	
17.	Amounts receivable relating to uninsured plans			0	.0
		0	0	0	
	Net deferred tax asset		0		.0
	Guaranty funds receivable or on deposit				.0
19.			0	0	0
20.	Electronic data processing equipment and software	0	0	0	0
21.	Furniture and equipment, including health care delivery assets	0			•
	(\$		0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates		0	0	0
23.	Receivables from parent, subsidiaries and affiliates		0	0	0
24.	Health care (\$		0	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)	0 000 174	0		
07			0		0,034,204
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	9,009,174	0	9,009,174	8,854,284
-	DETAILS OF WRITE-INS				
1101.					
1102.					
1102.					
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	٥	۸
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
1199.		0	0	0	0
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)	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		
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	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
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)		18,416
27.	Protected cell liabilities		.0
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock		
31.	Preferred capital stock		0
32.	Aggregate write-ins for other than special surplus funds		0
33.	Surplus notes		0
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)		
	Less treasury stock, at cost:		
00.	36.1	0	0
	36.20 shares preferred (value included in Line 31 \$		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)		8,835,868
	Totals (Page 2, Line 28, Col. 3)	9,009,174	8,854,284
50.	DETAILS OF WRITE-INS	3,003,174	0,004,204
2501			
2501. 2502.			
2502. 2503.			
			۰
2598.	Summary of remaining write-ins for Line 25 from overflow page		0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	-	-
2901.			
2902.			
2903.	Summary of remaining write ing for Ling 20 from supplies page		
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.			0
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

		1 Current	2 Prior Year	3 Prior Year Ended
	UNDERWRITING INCOME	Year to Date	to Date	December 31
1.	Premiums earned:			
	1.1 Direct (written \$			
	1.2 Assumed (written \$0)			
	1.3 Cedea (Written \$			
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$			
	2.1 Direct		, ,	
	2.2 Assumed			
	2.3 Cedeo			
3.	Loss adjustment expenses incurred		.0	
4.	Other underwriting expenses incurred	0	0	0
5.	Aggregate write-ins for underwriting deductions	0		0
6.	Total underwriting deductions (Lines 2 through 5)			0
7.	Net income of protected cells	0	0	0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) INVESTMENT INCOME	0	0	0
9.	Net investment income earned	55, 256	63 975	264 975
10.	Net realized capital gains (losses) less capital gains tax of \$		1,522	18,083
11.	Net investment gain (loss) (Lines 9 + 10)			
	OTHER INCOME		<i>.</i>	<i>,</i>
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
	\$0 amount charged off \$0)			0
13.	Finance and service charges not included in premiums	0	0	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)		.65,497	
17.	Dividends to policyholders	0	0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
10	foreign income taxes (Line 16 minus Line 17)			
19. 20.	Federal and foreign income taxes incurred Net income (Line 18 minus Line 19)(to Line 22)	11,382 43,863	13,074 52,423	45,452 237,606
20.		43,003	J2,423	237,000
21.	Surplus as regards policyholders, December 31 prior year	8,835,868	9,505,534	9,505,534
22.	Net income (from Line 20)			
23.	Net transfers (to) from Protected Cell accounts	0		
24.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax		0	(7,273)
27. 28.	Change in nonadmitted assets		0	0 0
20. 29.		0	0	0
30.	Surplus (contributed to) withdrawn from protected cells			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	0
22	32.3 Transferred to surplus		0	0
33.	Surplus adjustments: 33.1 Paid in	0	0	0
	33.2 Transferred to capital (Stock Dividend)	0	0	0
	33.3 Transferred from capital	0	0	0
34.	Net remittances from or (to) Home Office	0	0	0
35.	Dividends to stockholders	0	0	(900,000)
36.	Change in treasury stock	0	0	0
37.	Aggregate write-ins for gains and losses in surplus	42.062	0	U (500.667)
38. 39.	Change in surplus as regards policyholders (Lines 22 through 37) Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	43,863 8,879,731	52,423 9,557,957	(669,667) 8,835,868
39.	DETAILS OF WRITE-INS	0,010,101	5,001,001	0,000,000
0501.				
0502.				
0503.				
0598.		0	0	0
0599.	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.				
1402. 1403.				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.		0	0	0
3702.				
3703.				
3798.	, , , , , , , , , , , , , , , , , , , ,	0	0	0
3799.	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

CASH FLOW

	CASITILOW			
		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			
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	40,822	49,130	266,896
5.	Benefit and loss related payments		,	
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions		0	0
8.	Dividends paid to policyholders		0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital	0	0	
	gains (losses)	0	0	56,000
10.	Total (Lines 5 through 9)	0	0	56,000
11.	Net cash from operations (Line 4 minus Line 10)	40,822	49,130	210,896
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			1,362,778
	12.2 Stocks	0	0	
	12.3 Mortgage loans	0	0	0
	12.4 Real estate		0	C
	12.5 Other invested assets	0	0	C
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	
	12.7 Miscellaneous proceeds	100,269	0	C
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	294, 177		1.362.778
13.	Cost of investments acquired (long-term only):	,	· · · · · · · · · · · · · · · · · · ·	, , ,
	13.1 Bonds	247 250	744 058	1 242 727
	13.2 Stocks			
	13.3 Mortgage loans		0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets		0	
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	247,259	744,058	1,242,727
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)	46,918	(368,185)	120,051
	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	
	16.6 Other cash provided (applied)	88	136	74
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5			
17.	plus Line 16.6)	88	136	(284,720
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(318,919)	
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1)	608,360	155,387	520,533
	· · · · · · · · · · · · · · · · · · ·			
	upplemental disclosures of cash flow information for non-cash transactions:		-	
	01. Bonds sold in settlement of intercompany dividend 02. Accrued interest on bonds sold in settlement of intercompany dividend		0 .0	
∠0.00	שב. השטרמטים ווונטרטסו טון שטוועס סטרע זון ספונורפוופוונ טו ווונפונטווועמוזע טועועפווע	v	U	

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2022	2021
NET INCOME				 	 202.
(1) State basis (Page 4, Line 20, Columns 1 & 3)	xxx	XXX	XXX	\$ 43,863	\$ 237,606
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 43,863	\$ 237,606
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	xxx	\$ 8,879,731	\$ 8,835,868
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	AP:		\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) for	rom NAIC SA	P:		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 8,879,731	\$ 8,835,868

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by loans are stated at either amortized cost or fair value, using the scientific interest method, in accordance with the NAIC Purposes and Procedures of the Securities Valuation Office.

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

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

D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not applicable

NOTE 4 Discontinued Operations

NOTE 5 Investments

A., B., C.

Not applicable

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

a) The aggregate amount of unrealized losses:	
1. Less than 12 Months	\$ -
2. 12 Months or Longer	\$ 14,766
b)The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	\$ -
2. 12 Months or Longer	\$ 159,895

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. (5)

E., F., G., H., I., J., K., L., M., N., O., P., Q., R.

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

Not applicable

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

No change

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

Nature of Relationships Α.

> 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.

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

Not applicable

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

Not applicable

D. Amounts Due to or from Related Parties

> At the end of the current reporting period, the Company reported \$974 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

Ε. 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

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

A. Outstanding Shares

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

B. Dividend Rate of Preferred Stock

Not appicable

(C-F) Dividend Restictions

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

(G-M)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

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

NOTE 15 Leases

The Company has no material lease obligations at this time.

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

NOTE 20 Fair Value Measurements

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

The Company utilizes a third party pricing service for the valuation of the majority of its fixed maturity securities and receives one quote per security. When quoted market prices in an active market are available, they are provided by the pricing service as the fair value and such values are classified as Level 1. Since fixed maturities other than U.S. Treasury securities generally do not trade on a daily basis, the pricing service prepares estimates of fair value for those securities using pricing applications based on a market approach. Inputs into the fair value pricing applications which are common to all asset classes include benchmark U.S. Treasury security yield curves, reported trades of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities, broker/dealer quotes of identical or similar fixed maturity securities, broker/dealer quotes, 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	t Asset Value (NAV)	Practicable ying Value)
Bonds	\$ 8,226,697	\$	8,337,914	\$ 2,380,049	\$ 5,846,648	\$ -	\$	-	\$ -
Cash and Short-Term Investments	\$ 608,360	\$	608,360	\$ 608,360	\$ -	\$ -	\$	-	\$ _

D., E.

Not applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

C. Other Disclosures

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

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

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

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

G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

NOTE 22 Events Subsequent

Not applicable

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

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

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	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

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	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?	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).	03/17/2021
6.4	By what department or departments?	
6.5	Texas 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?Yes [] 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 9.11	 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	onal and professional	Yes [X] No []
9.2	Has the code of ethics for senior managers been amended?		Yes [] No [V I
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			v 1
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?		Vec [Y] No [1
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:			
11.1	INVESTMENT Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or other	erwise made available for		
11.2	use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:		Yes [] No [XJ
11.2	in yes, give fuil 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:	4	0	
		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Qua Book/Adjus Carrying Va	ted
14.21	Bonds\$	<u> </u>	\$	
	Preferred Stock		\$	
	Common Stock		\$	
	Short-Term Investments		\$	0
14 25	Martagaa Loopa on Bool Estato		¢	0

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.....Yes [] No [X] Yes [] No [] N/A [

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14.25 Mortgage Loans on Real Estate .14.26 All Other

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

14.27

15.1

15.2

16.

GENERAL INTERROGATORIES

17. 17.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	y deposit boxes, w /ith a qualified ban Functions, Custoo	Special Deposits, real estate, mo ere all stocks, bonds and other s k or trust company in accordanc dial or Safekeeping Agreements requirements of the NAIC Finance	securities, owned ce with Section 1 of the NAIC Fina	I throughout the , III - General E: ancial Condition	current year l xamination Co Examiners H	held pursuant to a onsiderations, F. andbook?	Yes	[X]	No []
		1				2					
	Bank of New York Mel	Name of Custo	odian(s)	225 Liberty S	Cu treet New York	Istodian Addre	255				
	Dank of New Tork Mer			. 220 LIDCITY O	treet, New TOTA	α, ΝΤ ΤΟ200					
17.2	For all agreements that location and a complete		ith the requirements of the NAIC	Financial Condi	tion Examiners	Handbook, pr	ovide the name,				
	1 Name(2		Ca	3 mplete Explar	nation(o)				
	Name(s)	Location(s)								
17.3 17.4	Have there been any c If yes, give full informa		name changes, in the custodian	n(s) identified in	7.1 during the c	current quarte	r?	Yes	[]	No [X]
	1		2		3		_ 4				
	Old Custo	dian	New Custodian	Date o	of Change		Reason				
17.5	make investment decis	sions on behalf of	vestment advisors, investment m the reporting entity. For assets th ment accounts"; "handle secu	hat are managed rities"]	/dealers, includi l internally by er	ing individuals nployees of th	that have the authority to reporting entity, note as	D S			
		1 Name of Firm	or Individual	2 Affiliat	on						
	Opus Investment Mana	gement, Inc									
			d in the table for Question 17.5, of more than 10% of the reporting e					Yes	[]	No []
	17.5098 For firms/indiv total assets u	viduals unaffiliated nder managemen	l with the reporting entity (i.e. des t aggregate to more than 50% of	signated with a " the reporting er	U") listed in the tity's invested a	table for Ques ssets?	stion 17.5, does the	Yes	[]	No []
17.6	For those firms or individual table below.	viduals listed in the	e table for 17.5 with an affiliation	code of "A" (affi	iated) or "U" (ur	naffiliated), pro	ovide the information for t	he			_
	1		2		3		4			5 stment	
	Central Registration									gement ement	
	Depository Number		Name of Firm or Individual		Legal Entity Ide	entifier (LEI)	Registered With		(IMA) Filed	
	107569	Opus Investment	Management, Inc				SEC		DS		
18.1 18.2		irements of the Pu	urposes and Procedures Manual				followed?	Yes	[X]	No []
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to perr available. r is current on all o an actual expecta	porting entity is certifying the follonit a full credit analysis of the sec contracted interest and principal pation of ultimate payment of all co 5GI securities?	curity does not e payments. ontracted interes	xist or an NAIC t and principal.	CRP credit ra	ting 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 f ntity is holding capi nation was deriver rate letter rating he ntity is not permitte	reporting entity is certifying the for to January 1, 2018. ital commensurate with the NAIC d from the credit rating assigned eld by the insurer and available for d to share this credit rating of the PLGI securities?	C Designation rep by an NAIC CR or examination b e PL security wit	ported for the se or in its legal cap y state insuranc n the SVO.	ecurity. bacity as a NR e regulators.	ISRO which is shown	Yes	[]	No []	X]
21.	FÉ fund:		registered private fund, the report	ting entity is cert	ifying the followi	ing elements o	of each self-designated				
	c. The security had January 1, 2019 d. The fund only or	ntity is holding cap I a public credit rat predominantly ho	to January 1, 2019. ital commensurate with the NAIC ting(s) with annual surveillance a Ids bonds in its portfolio. lation was derived from the public	assigned by an N	AIC CRP in its I	legal capacity					
	in its legal capad	city as an NRSRO				- Ciliario - assi					
	t une public credit	rating(s) with ann	ual surveillance assigned by an I	NAIC CRP has r	orlansed						
	-	- · ·	Schedule BA non-registered priva		-	above criteria	1?	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?	Yes []	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?		Yes	[]	No	0[X]	
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?		Yes	i 1	No	o [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	0 [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	LÄE	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				000 %
	5.2 A&H cost containment percent			0.(000 %
	5.3 A&H expense percent excluding cost containment expenses				000 %
6.1	Do you act as a custodian for health savings accounts?	Yes [] N	io [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 [] N	io [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 [] N	io [X]	
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 [] N	lo [X]	

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	Showing All New Reinsurer	4	5	6	7
	ID				Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer
NAIC Company Code	Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	(1 through 6)	Rating
company couc			ounoulou		(Tanodgiro)	. tating
		NO				
			·····			
						•••••
			[[
	+					
					[[
	L		1	l	1	L

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Current Year to Date - Allocated by States and Territories

		1	Direct Premiu	Date - Allocated by ms Written		Deducting Salvage)	Direct Losse	s Unpaid
		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.	AlabamaAL	N	0	0	0	0	0	
2.	AlaskaAK	N		0	0	0	0	
3.	ArizonaAZ	N	0	0	0	0	0	
4.	ArkansasAR	N	0	0	0	0	0	
5.	CaliforniaCA	N	0	0	0	0	0	
6.	Colorado	ΝΝ	0	0	0	0	0	
7.	ConnecticutCT	N	0	0	0	0	0	
8.	DelawareDE	N	0	0	0	0	0	
9.	District of ColumbiaDC	N	0	0	0	0	0	
	FloridaFL	N	0	0	0			
10.		NN	0	0	0	0	0	
11.	GeorgiaGA		0		0		0	
12.	HawaiiHI	N	0	0	0		0	
13.	IdahoID	N	0	0	0		0	
14.	Illinois IL	N	0	0	0	0	0	
15.	IndianaIN	N	0	0	0	0	0	
16.	Iowa IA	N	0	0	0	0	0	
17.	KansasKS	N		0	0	0	0	
18.	KentuckyKY	N		0	0	0	0	
19.	LouisianaLA	N		0	0	0	0	
20.	Maine	N.	0	0	0			
	MarylandMD	N	0	0	0	0	0	
22.	MassachusettsMA	N	0	0	n	n	0	
22. 23.	MichiganMI	N	0	0	0	0	0	
	0	NNNNN		0			0	
24.		NN						
25.	MississippiMS	NNNN.	0	0	0.	0	0	
	MissouriMO						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	
30.	New HampshireNH	N	0	0	0	0	0	
	New JerseyNJ	N	0	0	0	0	0	
	New MexicoNM	N	0		0	0	0	
	New YorkNY	N	0	0	0	0	0	
	North CarolinaNC	N	0	0	0	0	0	
	North DakotaND	N	0	0	0		0	
		NN	0	0	0	0	0	
36.	OhioOH				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	
40.	Rhode IslandRI	N	0	0	0	0	0	
41.	South CarolinaSC	N	0	0	0	0	0	
42.	South DakotaSD	N	0	0	0	0	0	
43.	Tennessee	N		0	0	0		
	TexasTX	L	13,166,221	12,760,682		11,558,339	63,839,609	78,455,3
45.	UtahUT	N.			0,700,002	.0		
	VermontVT	N.	0	0	0	0	0	
46.		NN.		0	0	0		
47.	VirginiaVA						0	
48.	WashingtonWA	N.	0	0	0	0	0	
	West VirginiaWV	N	0	0	0	0	0	
50.	WisconsinWI	N	0	0	0	0	0	
51.	WyomingWY	N	0	0	0	0	0	
52.	American SamoaAS	N		0	0	0	0	
53.	GuamGU	N		0	0	0	0	
54.	Puerto RicoPR	N	0	0	0	0	0	
	U.S. Virgin IslandsVI	N	0	0	0	0	0	
	Northern Mariana							
00.	IslandsMP	N	0	0	0	0	0	
57.	CanadaCAN		0	0	0	0	0	
	Aggregate Other Alien OT	XXX	0	0		0	0	
								70 /25 0
59.	Totals	XXX	13,166,221	12,760,682	8,700,882	11,558,339	63,839,609	78,455,3
	DETAILS OF WRITE-INS							
8001.								
8002.								
		XXX						
	Summary of remaining							
,0330.	write-ins for Line 58 from							
	overflow page	XXX	0	0	0	0	0	
589999	Totals (Lines 58001 through							
	58003 plus 58998)(Line 58							
	20002 plus 20380 inclue 20							

(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

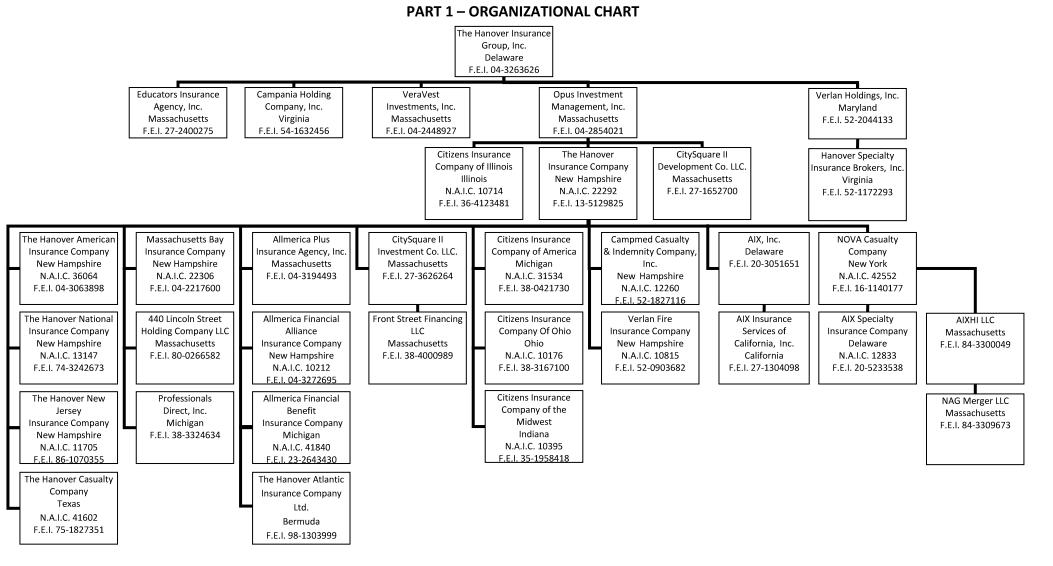
than their state of domicile - see DSLI)...... D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus0 lines in the state of domicile.

.....0

Q - Qualified - Qualified or accredited reinsurer.0

N - None of the above - Not allowed to write

...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

	2	3	4	5	6	1	0	9	10	11	12 Turna	13 If	14	15	16
											Туре				, 1
											of Control	Control			, 1
											(Ownership,	is		ls an	, 1
						Name of Converting			Deletion			-			, 1
						Name of Securities			Relation-		Board,	Owner-		SCA	, 1
						Exchange		Domi-	ship		Management,	ship		Filing	, 1
		NAIC				if Publicly Traded	Names of	ciliarv	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?	, [,]
Code		Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
Code		Code		K99D	UK	international)						10.90		(/	J
			80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	l
			84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	l
			27-1304098				AIX Insurance Services of California, Inc	CA	NIA	AIX, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	!
0088			20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	I
	The Hanover Insurance Group		20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	······
	The 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
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	1
	The 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	·
	The Hanover Insurance Group		04-0104400				Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	NO	,
	The Hanover Insurance Group		54-1632456					VA	NIA	The Hanover Insurance Group, Inc.			The Hanover Insurance Group, Inc.	NO	l
		40000					Campania Holding Company, Inc.		NIA IA		Ownership, Board, Management				· · · · · · · · · · · · · · · · · · ·
	The Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH		The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	N0	l
8800	The Hanover Insurance Group		38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	l
8800	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	l
8800		10176	38-3167100				Citizens Insurance Company of Ohio	0H	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	I
8800	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	·'
	The 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 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	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA		CitySquare II Investment Co. LLC	Ownership, Board, Management		The Hanover Insurance Group, Inc.	NO	·
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA		Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	·
0088		22306	04-2217600						IA						·/
	The Hanover Insurance Group						Massachusetts Bay Insurance Company	NH		The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	, /
			84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	······
8800	The Hanover Insurance Group		16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	l
			04-2854021				Opus Investment Management, Inc	MA	UIP	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	l
			38-3324634				Professionals Direct, Inc	MI	NIA	The Hanover Insurance Company	Ownership, Board,Management		The Hanover Insurance Group, Inc	NO	l
	The Hanover Insurance Group		04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	I
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	ΙΑ	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	YES	
0088	The Hanover Insurance Group		75-1827351				The Hanover Casualty Company	TX	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	, ,
	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management. Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP	opus mitostmont management, mo.	owner entrp, bour a, wanagement	0.000	nie nanovor mouranos aroup, mo	NO	
0088	The Hanover Insurance Group		74-3242673			New TOTK STOCK Excitatige	The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board,Management		The Hanover Insurance Group, Inc	NO	·
0088		13147	86-1070355						IA						
	The Hanover Insurance Group						The Hanover New Jersey Insurance Company	NH		The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc.	N0	·····/
			04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	······
		10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	······
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc	MD	NIA	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	······
Aste	risk		I	I	I	1	NO	X			1			I	

STATEMENT AS OF MARCH 31, 2022 OF THE HANOVER CASUALTY COMPANY PART 1 - LOSS EXPERIENCE

			Current Year to Date		4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire		(24,976)	•	· · ·
2.1	Allied Lines			(174.8)	
2.2	Multiple peril crop		0	0.0	0.0
2.3	Federal flood				0.0
2.4	Private crop			0.0	0.0
2.5	Private flood			(263.9)	(22.0)
3.	Farmowners multiple peril		0	0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril				
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine		0	0.0	0.0
9.	Inland marine				
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability - occurrence			0.0	0.0
11.2	Medical professional liability - claims-made				0.0
12.	Earthquake		(1,199)		
13.1	Comprehensive (hospital and medical) individual		0	0.0	0.0
13.2	Comprehensive (hospital and medical) group			0.0	
14.	Credit accident and health			0.0	
15.1	Vision only			0.0	
15.2	Dental only				
15.3	Disablity income				
15.4	Medicare supplement			0.0	.0.0
15.5	Medicaid Title XIX			0.0	
15.6	Medicare Title XVIII			0.0	0.0
15.7	Long-term care			0.0	
15.8	Federal employees health benefits plan			0.0	.0.0
15.9	Other health			0.0	
16.	Workers' compensation				2.2
17.1	Other liability - occurrence				(204.8
17.2	Other liability - claims-made			(182.7)	
17.3	Excess workers' compensation		0		.0.0
18.1	Products liability - occurrence		(18,685)		51.9
18.2	Products liability - claims-made				
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)				
19.4	Other commercial auto liability				
21.1	Private passenger auto physical damage				
21.2	Commercial auto physical damage				
22.	Aircraft (all perils)			0.0	
23.	Fidelity			0.0	
24.	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				0.0
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property				
32.	Reinsurance - Nonproportional Assumed Liability				
33.	Reinsurance - Nonproportional Assumed Financial Lines				
34.	Aggregate write-ins for other lines of business	_	0	0.0	0.0
35.	Totals	13,549,650	6,557,066	48.4	436.8
- • ·	DETAILS OF WRITE-INS	,010,000		10.1	100.0
3401.					
3402.					
3402. 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

STATEMENT AS OF MARCH 31, 2022 OF THE HANOVER CASUALTY 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			
2.1	Allied Lines	.,		
2.2	Multiple peril crop		0	0
2.3	Federal flood			0
2.4	Private crop			0
2.5	Private flood			
3.	Farmowners multiple peril			0
4.	Homeowners multiple peril			0
5.	Commercial multiple peril			
6.	Mortgage guaranty			0
8.	Ocean marine			
9.	Inland marine		<i>,</i>	
10.	Financial guaranty			0
11.1	Medical professional liability - occurrence			0
11.2	Medical professional liability - claims-made		0 	
12.	Earthquake Comprehensive (hospital and medical) individual		<i>,</i>	
13.1	Comprehensive (hospital and medical) individual		0	0
13.2	Credit accident and health			0
14.			0	0
15.1	Vision only Dental only		0 0	0
15.2	Dental only Disablity income			0
15.3	Medicare supplement			0
15.4 15.5	Medicald Title XIX			0
15.5 15.6				
	Medicare Title XVIII			
15.7	Long-term care Federal employees health benefits plan			0
15.8 15.9				0
	Other health			
16. 17.1	Other liability - occurrence			
17.1	Other liability - claims-made			
17.2	Excess workers' compensation		,	
18.1	Products liability - occurrence			
18.2	Products liability - claims-made	,		
19.1	Private passenger auto no-fault (personal injury protection)			0
19.2	Other private passenger auto liability			
19.3	Commercial auto no-fault (personal injury protection)			
19.4	Other commercial auto liability			
21.1	Private passenger auto physical damage		,	.0
21.2	Commercial auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			.0
23. 24.	Surety			0
2 4 . 26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit		,	
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property			
32.	Reinsurance - Nonproportional Assumed Liability			
33.	Reinsurance - Nonproportional Assumed Financial Lines			
34.	Aggregate write-ins for other lines of business	_	0	0
35.	Totals	13,166,221	13,166,221	12,760,682
	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

				LOODAN	2 LOOG AD1001								
	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
													Total Loss and
													LAE Reserve
Verse in Mikish				LAE Payments on	Claims								Developed
													(Savings)/ 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)
2019 + Prior						, , , , , , , , , , , , , , , , , , , ,				`,			
2020													
Subtotals 2020 + Prior													
2021							·····						
Subtotals 2021 + Prior													
2022													
Totals													
											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
													As % of Col. 3 Line 7
1 olicyholders												-	2
											1.	2.	3.
													Col. 13, Line 7
													As a % of Col. 1
													Line 8
	2019 + Prior 2020	Losses Occurred Known Case Loss and LAE Reserves 2019 + Prior	Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE Reserves Prior Year- End IBNR Loss and LAE Reserves 2019 + Prior 2020 Subtotals 2020 + Prior 2021 Subtotals 2021 + Prior 2022 2022 XXX YXX XXX Totals Prior Year-End Surplus As Regards	Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE Reserves Prior Year- End IBNR Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2019 + Prior 2019 2019 2019 2019 Subtotals 2020 + Prior 2021 2021 2021 Subtotals 2021 + Prior 2022 XXX XXX Total Prior 2022 XXX XXX Prior Year-End Surplus As Regards 202 202	Years in Which Losses OccurredPrior Year-End Known Case Loss and LAE ReservesPrior Year-End End IBNR Loss and LAE ReservesTotal Prior Year-End Loss and LAE Reserves2022 Loss and LAE Payments on Claims Reported as of Prior Year-End2019 + Prior 2020 Subtotals 2020 + Prior 2021 2022 Subtotals 2021 + Prior 2022 CozeXXXXXXXXXXXXXXXXXXXXXXXXPrior Year-End Surplus As RegardsXXXXXXXXX	Years in Which Losses OccurredPrior Year-End Known Case Loss and LAE ReservesPrior Year- End IBNR Loss and LAE 	Years in Which Losses OccurredPrior Year-End Known Case Loss and LAE ReservesPrior Year- End IBNR Loss and LAE ReservesTotal Prior Year-End Loss and LAE Reserves (Cols. 1+2)2022 Loss and LAE Payments on Claims Reported as of Prior Year-EndTotal 2022 Loss and LAE Payments on Claims (Cols. 1+2)2019 + Prior 2020 Subtotals 2020 + Prior 2021 Subtotals 2021 + Prior 2022 CourredXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXPrior Year-End Surplus As RegardsPrior Year-End Surplus As RegardsTotal 2022Subtotals 2020 + Prior Claims	Years in Which Losses OccurredPrior Year-End Known Case Loss and LAE ReservesPrior Year- End IBNR Loss and LAE ReservesTotal Prior Year-End Loss and LAE Reserves2022 Loss and LAE Payments on Claims Year-End as of Prior Year-EndTotal 2022 Loss and LAE Payments oclaims (Cols. 1+2)Total 2022 Loss and LAE ReservesTotal 2022 Loss and LAE Payments (Cols. 1+2)Total 2022 Loss and LAE Payments (Cols. 4+5)OOO<	Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE Prior Year-End Subscription Total Prior Year-End Loss and LAE 2022 Loss and LAE Payments on Claims Unreported as of Prior Year-End Total 2022 Loss and LAE O.S. Date Known Case Loss and LAE Reserves on Claims Unreported as of Prior Year-End 2019 + Prior 2020 State Reserves Colors 1+2) Total 2022 Loss and Claims Reported as of Prior Year-End Total 2022 Loss and LAE Total 2022 Loss and LAE Total 2022 Loss and LAE Case Loss and LAE Reserves on Claims Unreported as of Prior Year-End Total 2022 Loss and LAE Total 2022 Loss and LAE Total 2022 Loss and LAE Case Loss and LAE Reserves on Claims Unreported as of Prior Year-End Total 2022 Loss and LAE Total 2022 Loss and LAE Case Loss and LAE Reserves on Claims (Cols. 4+5) Case Loss and LAE Reserves on Claims (Cols. 4+5) Case Loss and LAE Reserves on Claims (Cols. 4+5) Case Loss and LAE 2019 + Prior 2020 Subtotals 2020 + Prior Subtotals 2021 + Prior </td <td>Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE Prior Year-End Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2020 Loss and LAE Reserves Total 2020 Loss and LAE Total 2020 Loss and L</td> <td>Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE End IBNR and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims (Cols. 1+2) Total 2022 Loss and LAE Reserves Total 2022 Loss and LAE Reserves Option Case Loss and LAE Reserves Q.S. Date Known Case Loss and LAE Reserves on Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2022 Loss and LAE Total 202 Loss and LAE <th< td=""><td>1 2 3 4 5 6 7 8 9 10 11 Prior Year-End Losses Prior Year-End Cocurred Total Prior Prior Year-End Loss and LAE End IBNR Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End Total Prior Year-End Loss and LAE Reserves 0.S. Date Known Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2</td><td>1 2 3 4 5 6 7 8 9 10 11 12 Years in Which Losses Prior Year-End Known Case Loss and Lasse serves Total Prior Year-End Uss Total Prior Year-End Uss 2022 Loss and LAE Payments on Claims Reported and LAE Total 2022 Loss and LAE 0.5. Date Known Case Loss and LAE Reserves on Claims Reported as of Prior Year-End Total 20.5. Loss and LAE Total 20.5. Los</td></th<></td>	Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE Prior Year-End Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2020 Loss and LAE Reserves Total 2020 Loss and LAE Total 2020 Loss and L	Years in Which Losses Occurred Prior Year-End Known Case Loss and LAE End IBNR and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims (Cols. 1+2) Total 2022 Loss and LAE Reserves Total 2022 Loss and LAE Reserves Option Case Loss and LAE Reserves Q.S. Date Known Case Loss and LAE Reserves on Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2022 Loss and LAE Total 202 Loss and LAE <th< td=""><td>1 2 3 4 5 6 7 8 9 10 11 Prior Year-End Losses Prior Year-End Cocurred Total Prior Prior Year-End Loss and LAE End IBNR Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End Total Prior Year-End Loss and LAE Reserves 0.S. Date Known Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2</td><td>1 2 3 4 5 6 7 8 9 10 11 12 Years in Which Losses Prior Year-End Known Case Loss and Lasse serves Total Prior Year-End Uss Total Prior Year-End Uss 2022 Loss and LAE Payments on Claims Reported and LAE Total 2022 Loss and LAE 0.5. Date Known Case Loss and LAE Reserves on Claims Reported as of Prior Year-End Total 20.5. Loss and LAE Total 20.5. Los</td></th<>	1 2 3 4 5 6 7 8 9 10 11 Prior Year-End Losses Prior Year-End Cocurred Total Prior Prior Year-End Loss and LAE End IBNR Loss and LAE Reserves Total Prior Year-End Loss and LAE Reserves 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End Total Prior Year-End Loss and LAE Reserves 0.S. Date Known Claims Reported as of Prior Year-End Total 2022 Loss and LAE Reserves Total 2	1 2 3 4 5 6 7 8 9 10 11 12 Years in Which Losses Prior Year-End Known Case Loss and Lasse serves Total Prior Year-End Uss Total Prior Year-End Uss 2022 Loss and LAE Payments on Claims Reported and LAE Total 2022 Loss and LAE 0.5. Date Known Case Loss and LAE Reserves on Claims Reported as of Prior Year-End Total 20.5. Loss and LAE Total 20.5. Los

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]



NONE

SCHEDULE A - VERIFICATION Real Estate

		1	2
		I	Z Drian Vann Endad
			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 a rying and a sum and		
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	8,283,648	8,986,541
2.	Cost of bonds and stocks acquired		1,242,727
3.	Accrual of discount	2,361	
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(13)	
6.	Deduct consideration for bonds and stocks disposed of		1,989,961
7.	Deduct amortization of premium	1,433	
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)	8,337,914	8,283,648
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	8,337,914	8,283,648

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 the Current Quarter to	2	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
BONDS								
1. NAIC 1 (a)					7,431,170	0	0	7,277,347
2. NAIC 2 (a)		0		443		0	0	1,006,301
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)		0	0	0	0	0	0	0
5. NAIC 5 (a)		0	0	0	0	0	0	0
6. NAIC 6 (a)		0		0	0	0	0	0
7. Total Bonds	8,283,648	247,259	193,921	928	8,337,914	0	0	8,283,648
PREFERRED STOCK								
	0				0		0	
8. NAIC 1		0	0	0	0	0	0	0
9. NAIC 2		0	0	0		0	0	0
10. NAIC 3		0	0	0	0	0	0	0
11. NAIC 4		0	0	0	0	0	U	U
12. NAIC 5		0						0
13. NAIC 6		0		0	0	0	0	
14. Total Preferred Stock		0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	8,283,648	247,259	193,921	928	8,337,914	0	0	8,283,648

(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

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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

ΝΟΝΕ

Schedule E - Part 2 - Verification - Cash Equivalents

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

NONE

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

			Show All Long-Ten	IT BONUS and Stock Acquired During the Current Qua					
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
	UNITED STATES TREASURY		03/10/2022 JP Morgan Se	curities LLC					1.A
91282C-EF-4	UNITED STATES TREASURY		03/30/2022 MORGAN STANL	EY CO					1.A
0109999999. S	ubtotal - Bonds - U.S. Governments					199,277	200,000	131	XXX
91324P-DX-7	UNITEDHEALTH GROUP INC		01/27/2022 JP Morgan Se	curities LLC					1.F FE
1109999999. S	ubtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)	47,982	50,000	211	XXX				
2509999997. T	otal - Bonds - Part 3					247,259	250,000	342	XXX
2509999998. T	otal - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. T						247,259	250,000	342	
	otal - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. T	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. T	otal - Preferred Stocks					0	XXX	0	XXX
5989999997. T	otal - Common Stocks - Part 3					0	XXX	0	XXX
	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. T	otal - Common Stocks					0	XXX	0	XXX
5999999999. T	otal - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 -						0/7 050	XXX		XXX
00099999999 -	I Uldi5					247,259	~~~	342	~~~

SCHEDULE D - PART 4

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

	_	1 - 1				ng-renn bo	nus anu Sto					Ŭ.									
1	2	3	4	5	6	7	8	9	10	-		ok/Adjusted			16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreian					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
										Unrealized	Year's	Temporary		Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	. , , ,	/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	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	G2 MA7051 - BMBS		.03/01/2022		OLOCK		8,908	9,292			(382)		(382)	Value		Disposal	Disposal	Disposal			1.4
	9. Subtotal - Bonds - U.S. Governme			r uyuomi		8.908	8.908	9,292	9.289	0	(382)		(382)	0	8.908	0	0	0	29	XXX	XXX
	CORPUS CHRISTI TEX		03/01/2022	Maturity @ 100.00			75.000	74.644	74.981	0	(332)		(302)	0	75.000	0	0	0	938		1.0 FE
	9. Subtotal - Bonds - U.S. Political S				ossessions	75.000	75.000	74.644	74.981	0	19	0	19	0	75.000	0	0	0	938	XXX	XXX
	COLORADO HSG & FIN AUTH			Call @ 100.00		10,000				0	(1)	0	(1)	0		0	(14)	(14)			1.A FE
090999999	9. Subtotal - Bonds - U.S. Special R	evenue	s			10,000	10,000	10,037	10,015	0	(1)	0	(1)	0	10,014	0	(14)	(14)	11	XXX	XXX
	RYDER SYSTEM INC			Call @ 100.00						0	2	0	2	0		0	1	1 .			2.B FE
	WELLS FARGO & CO			Call @ 100.00						0	0	0	0	0		0	0	0			2.A FE
	99. Subtotal - Bonds - Industrial and N	/liscella	neous (Una	affiliated)		100,000	100,000	99,919	99,997	0	2	0	2	0	99,999	0	1	1	1,389	XXX	XXX
	97. Total - Bonds - Part 4					193,908	193,908	193,891	194,283	0	(362)		(362)		193,921	0	(13)	(13)	2,368	XXX	XXX
	98. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Bonds					193,908	193,908	193,891	194,283	0	(362)	0	(362)	0	193,921	0	(13)	(13)	2,368	XXX	XXX
450999999	97. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
450999999	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
598999999	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
598999999	99. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
599999999	9. Total - Preferred and Common St	ocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
600999999	99 - Totals					193,908	XXX	193,891	194,283	0	(362)	0	(362)	0	193,921	0	(13)	(13)	2,368	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	ASH				
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter				
		Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current	6	7	8		
Depository	Code	Interest		Statement Date	First Month	Second Month	Third Month	*	
Bank of New York Mellon New York, NY		0.000	0	0	.539, 173	.604.751	.608,360	.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	xxx	
0199999. Totals - Open Depositories	XXX	XXX	0	0	539,173	604.751	608,360	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	539,173	604,751	608,360	XXX	
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX	

0

XXX XXX

0599999. Total - Cash

539,173

0

604,751

608,360 XXX

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

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DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2022

NAIC Group Code	0088	_		NAIC Company Code	41602
Company Name HANO	VER CASUALTY COM	PANY			
If the reporting entity writes	any director and officer (D8	&O) business, please provi	de the following:		
1. Monoline Policies					
	1	2	3		
	Direct Written Premium	Direct Earned Premium	Direct Losses 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?							
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:\$		13	7				
2.32 Amount estimated using reasonable assumptions:\$.0				
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				