

75-1827351

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

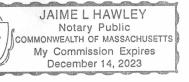
QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

The Hanover Casualty Company
NAIC Group Code 0088 NAIC Company Code 41602 Employer's ID Number

Organized under the Laws of		(Prior) xas	, State of Domicile or Port of	Entry	TX
Country of Domicile		United	States of America		
Incorporated/Organized	02/03/1982		Commenced Business _		02/22/1982
Statutory Home Office	5910 North Central Expr	esswav. Suite 300		Dallas, TX, US 75206	-1108
·	(Street and N		(City o	r Town, State, Country	
Main Administrative Office		440	Lincoln Street		
Wor	cester, MA, US 01653-0002	,	et and Number)	508-853-7200	
	wn, State, Country and Zip (Area Code) (Telephone	Number)
Mail Address	440 Lincoln Stree	t		Norcester, MA, US 016	53-0002
	(Street and Number or P	.O. Box)		r Town, State, Country	
Primary Location of Books and R	ecords		Lincoln Street		
Word	cester, MA, US 01653-0002	(Stre	et and Number)	508-853-7200-8557	928
	wn, State, Country and Zip (Code)	,(<i>F</i>	Area Code) (Telephone	
Internet Website Address		www	.HANOVER.COM		
Statutory Statement Contact	Dennis	M. Hazelwood		508-853-7200-	8557928
_		(Name)	,,	(Area Code) (Teleph	
DHAZ	ELWOOD@HANOVER.CO (E-mail Address)	VI		508-853-6332 (FAX Number)	
		_		,	
President	John Conne		Vice President & Treasurer	Nathan	iel William Clarkin
Senior Vice President & Secretary				rection	or which out the
Jeffrey Mark Farber, Executiv Willard Ty-Lunn Lee, Exec Mark Joseph Welzenbach, E	cutive Vice President		OTHER an Jr., Executive Vice President & GC wsley, Executive Vice President		avey, Executive Vice President atore, Executive Vice President
		DIRECTO	RS OR TRUSTEES		
Warren Ellisor Dennis Francis k			rey Mark Farber ard William Lavey		y France Greenfield ard Ty-Lunn Lee
Denise Mauree	n Lowsley		n Conner Roche		James Salvatore
State of County of	Massachusetts Worcester	ss:			
all of the herein described assets statement, together with related e condition and affairs of the said re in accordance with the NAIC Anr rules or regulations require diffe respectively. Furthermore, the sc	s were the absolute propert exhibits, schedules and expla- eporting entity as of the repo- nual Statement Instructions a erences in reporting not re- exope of this attestation by the	y of the said reporting inations therein contain rting period stated abov and Accounting Practic lated to accounting pr e described officers als	are the described officers of said repentity, free and clear from any liens led, annexed or referred to, is a full ave, and of its income and deductions es and Procedures manual except tractices and procedures, according so includes the related corresponding statement. The electronic filing may	s or claims thereon, exi and true statement of all therefrom for the perio to the extent that: (1) st to the best of their i a electronic filing with t	cept as herein stated, and that this the assets and liabilities and of the dended, and have been completed ate law may differ; or, (2) that state information, knowledge and belief he NAIC, when required that is an
John Conner Rock President	he'		Frederick Cronin President & Secretary		thaniel William Clarkin President & Treasurer
Subscribed and sworn to before n day of		ber 2022	a. Is this an original filing b. If no, 1. State the amendm 2. Date filed	ent number	Yes [X] No []





ASSETS

			Current Statement Dat		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	8,628,732			8,283,648
2.	Stocks:				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens	0	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 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)	0	0	0	0
5.	Cash (\$293,869), cash equivalents				
0.	(\$				
	investments (\$0)	203 860	0	293,869	520 533
6	Contract loans (including \$		0		020,300
7.	Derivatives		0		0
	Other invested assets				0
8.					
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets	U	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	8,922,601	0	8,922,601	8,804,181
13.	Title plants less \$				
	only)				
14.	Investment income due and accrued	63,729	0	63,729	49,394
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 (\$				
	contracts subject to redetermination (\$	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans				0
	Current federal and foreign income tax recoverable and interest thereon				709
	Net deferred tax asset				0
19.	Guaranty funds receivable or on deposit				0
20.	Electronic data processing equipment and software				0
21.	Furniture and equipment, including health care delivery assets	••••••			
	(\$0)	0	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates				0
23. 24.	Health care (\$				0
25.	Aggregate write-ins for other than invested assets	0	0		0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	8,986,330	0	8,986,330	8,854,284
27.	From Separate Accounts, Segregated Accounts and Protected Cell				_
28.	Accounts Total (Lines 26 and 27)	8,986,330	0		8,854,284
	DETAILS OF WRITE-INS	0,000,000		2,000,000	0,001,201
1101.	DETAILS OF WATE-ING				
1101.					
1103.	Summary of remaining write-ins for Line 11 from overflow page				^
1198.		0	0		0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				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	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	·	1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$0)	0	0
2.	Reinsurance payable on paid losses and loss adjustment expenses	0	0
3.	Loss adjustment expenses	0	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)	0	0
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	424	0
7.2	Net deferred tax liability		17,530
8.	Borrowed money \$0 and interest thereon \$	0	0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$25,948,358 and		
	including warranty reserves of \$0 and accrued accident and health experience rating refunds		1
	including \$0 for medical loss ratio rebate per the Public Health Service Act)	0	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		886
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	0
25.	Aggregate write-ins for liabilities	0	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	18,853	18,416
27.	Protected cell liabilities	0	0
28.	Total liabilities (Lines 26 and 27)		18,416
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock	2,500,000	2,500,000
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)	3,967,477	3,835,868
36.	Less treasury stock, at cost:		
	36.10 shares common (value included in Line 30 \$		0
	36.20 shares preferred (value included in Line 31 \$		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	8,967,477	8,835,868
38.	Totals (Page 2, Line 28, Col. 3)	8,986,330	8,854,284
	DETAILS OF WRITE-INS		
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		0	0
3202.		_	
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

		4	•	
	UNDERWRITING INCOME	Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	Premiums earned:			
	1.1 Direct (written \$40,873,800)	39 678 912	39 581 435	52 887 320
	1.2 Assumed (written \$0)			
1	1.3 Ceded (written \$			
I	1.4 Net (written \$			0
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$			
	2.1 Direct	17.332.440	67.820.956	80,655,640
	2.2 Assumed			
	2.3 Ceded			
	2.4 Net		_	0
	Loss adjustment expenses incurred		_	0
	Other underwriting expenses incurred		0	0
5.	Aggregate write-ins for underwriting deductions	0	0	0
6.	Total underwriting deductions (Lines 2 through 5)	0	0	0
	Net income of protected cells		0	0
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
0.	INVESTMENT INCOME			
9.	Net investment income earned	167 200	199 549	264 975
	Net realized capital gains (losses) less capital gains tax of \$		(888)	
	Net investment gain (loss) (Lines 9 + 10)		, ,	283,058
''.	OTHER INCOME	100,000	100,001	
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered			
12.	\$0 amount charged off \$		0	0
10	Finance and service charges not included in premiums	o	0	_
	Aggregate write-ins for miscellaneous income		0	0
I			0	0
	Total other income (Lines 12 through 14)	U	U	U
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	166 050	198 661	283 058
17.	Dividends to policyholders	0	0	0
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and		v	•
10.	foreign income taxes (Line 16 minus Line 17)	166.050	198,661	283,058
19.	Federal and foreign income taxes incurred	34,441	39,381	45,452
20.	Net income (Line 18 minus Line 19)(to Line 22)		159.280	237,606
20.	CAPITAL AND SURPLUS ACCOUNT	101,000	100,200	20.,000
21.	Surplus as regards policyholders, December 31 prior year	8,835,868	9,505,534	9,505,534
	Net income (from Line 20)	, ,	, ,	237,606
23.	Net transfers (to) from Protected Cell accounts	n	0	0
	Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
	Change in net unrealized capital gains (losses) less capital gains tax of \$\tilde{\text{u}}\$. Change in net unrealized foreign exchange capital gain (loss)	n		0
26.	Change in net deferred income tax	0	0	(7,273)
	Change in nonadmitted assets		0	0
	Change in provision for reinsurance		0	0
	Change in surplus notes		0	0
I	Surplus (contributed to) withdrawn from protected cells		0	0
	Cumulative effect of changes in accounting principles		0	0
I	Capital changes:			
02.	32.1 Paid in	0	0	0
	32.2 Transferred from surplus (Stock Dividend)		0	0
	32.3 Transferred to surplus		0	0
	Surplus adjustments:			
55.	33.1 Paid in	n	0	n
	33.2 Transferred to capital (Stock Dividend)		0	0
1	33.3 Transferred from capital	0	n	0
1	Net remittances from or (to) Home Office	0	0	0
34	Dividends to stockholders	0	0	(900,000)
		r	······································	0
35.		0	0	
35. 36.	Change in treasury stock	0	0 0	n
35. 36. 37.	Change in treasury stock	0		(669 667)
35. 36. 37. 38.	Change in treasury stock	00 131,609	159,280	0 (669,667) 8,835,868
35. 36. 37. 38.	Change in treasury stock	0		0 (669,667) 8,835,868
35. 36. 37. 38. 39.	Change in treasury stock	00 131,609	159,280	
35. 36. 37. 38. 39.	Change in treasury stock	00 131,609	159,280	
35. 36. 37. 38. 39. 0501. 0502.	Change in treasury stock	00 131,609	159,280	
35. 36. 37. 38. 39. 0501. 0502. 0503.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702. 3703.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868
35. 36. 37. 38. 39. 0501. 0502. 0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702. 3703. 3798.	Change in treasury stock	0 0 131,609 8,967,477	159,280 9,664,814	8,835,868

CASH FLOW

	Ocal faces Ocassilians	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	0	0	0
	Premiums collected net of reinsurance			0
	Net investment income	149,529		266,896
	Miscellaneous income		0	000 000
	Total (Lines 1 to 3)	149,529	180,491	266,896
	Benefit and loss related payments		0	0
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
	Commissions, expenses paid and aggregate write-ins for deductions		0	0
	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$(308) tax on capital			
	gains (losses)	33,000	43,000	56,000
10.	Total (Lines 5 through 9)	33,000	43,000	56,000
11.	Net cash from operations (Line 4 minus Line 10)	116,529	137,491	210,896
12	Cash from Investments			
	Proceeds from investments sold, matured or repaid:	000,000	1 010 140	1 000 770
	12.1 Bonds			1,362,778
	12.2 Stocks		0	0
	12.3 Mortgage loans		0	0
	12.4 Real estate			0
	12.5 Other invested assets		0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			0
	12.7 Miscellaneous proceeds	0	100,000	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	830,333	1, 112, 146	1,362,778
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	1, 173, 538	1,242,727	1,242,727
	13.2 Stocks	0	0	0
	13.3 Mortgage loans			0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,173,538	1,242,727	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)	(343,206)	(130,581)	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	0
	16.3 Borrowed funds			0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	0	0	284,794
	16.6 Other cash provided (applied)	13	77	74
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	13	77	(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)	(226,664)	6,987	46,227
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	520,533	474,306	474,306
	19.2 End of period (Line 18 plus Line 19.1)	293,869	481,293	520,533
1-4- 0				
	oplemental disclosures of cash flow information for non-cash transactions: 1. Bonds sold in settlement of intercompany dividend	0	0	(613,273
	2. Accrued interest on bonds sold in settlement of intercompany dividend		0	(1,933

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				 	
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 131,609	\$ 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	\$ 131,609	\$ 237,606
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,967,477	\$ 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) fi	rom NAIC SA	P:		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	XXX	XXX	\$ 8,967,477	\$ 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 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

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
 \$

 2. 12 Months or Longer
 \$ 31,497

b)The aggregate related fair value of securities with unrealized losses

 1. Less than 12 Months
 \$

 2. 12 Months or Longer
 \$ 129,553

(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., 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

A. Nature of Relationships

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn, is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus"), which, in turn, is a wholly-owned non-insurance subsidiary of 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 \$899 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

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

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

F. Guarantees or Contingencies for Related Parties

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 and structural characteristics of the security, such as maturity date, coupon, mandatory principal payment dates, frequency of interest and principal payments and optional principal redemption features. Inputs into the fair value applications that are unique by asset class include, but are not limited to:

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

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

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

- (5) Not applicable
- B. Not applicable
- C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Adı	mitted Assets	(Level 1)	(Level 2)	(Level 3)	Net /	Asset Value (NAV)	racticable ing Value)
Bonds	\$ 7,963,261	\$	8,628,732	\$ 3,168,376	\$ 4,794,885	\$ -	\$	-	\$ -
Cash and Short-Term									
Investments	\$ 293,869	\$	293,869	\$ 293,869	\$ -	\$ -	\$	-	\$ -

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

09/30/2022

\$

2. Date of the most recent evaluation of this liability

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 Domicile, as required by the Model Act?	the filing of Disclosure of Material Transactions with the State of	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 charge reporting entity?	harter, by-laws, articles of incorporation, or deed of settlement of the	. Yes [] No [X]
2.2	If yes, date of change:		
3.1		ystem consisting of two or more affiliated persons, one or more of which	Yes [X] No []
3.2	Have there been any substantial changes in the organizational chart s	since the prior quarter end?	Yes [] No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those change	ges.	
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	e issued by the SEC for the entity/group.	0000944695
4.1	Has the reporting entity been a party to a merger or consolidation duri	ing the period covered by this statement?	. Yes [] No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation.	e of domicile (use two letter state abbreviation) for any entity that has	
	1 Name of Entity	2 3 NAIC Company Code State of Domicile	
5.	If the reporting entity is subject to a management agreement, including in-fact, or similar agreement, have there been any significant changes If yes, attach an explanation.	g third-party administrator(s), managing general agent(s), attorneys 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		ne available from either the state of domicile or the reporting entity. This ate the report was completed or released.	12/31/2019
6.3	the reporting entity. This is the release date or completion date of the	available to other states or the public from either the state of domicile or examination report and not the date of the examination (balance sheet	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 exastatement filed with Departments?	amination report been accounted for in a subsequent financial Yes	[] No [] N/A [X
6.6	Have all of the recommendations within the latest financial examination	on report been complied with?Yes	[] No [] N/A [X
7.1		registrations (including corporate registration, if applicable) suspended o	
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 f	irms?	. Yes [X] No []
8.4	regulatory services agency [i.e. the Federal Reserve Board (FRB), the	n (city and state of the main office) of any affiliates regulated by a federa e Office of the Comptroller of the Currency (OCC), the Federal Deposit ion (SEC)] and identify the affiliate's primary federal regulator.	I
	insurance corporation (i Dic) and the Securities Exchange commissi	ion (626), and donary the annual of primary todard regulator.	
	1 Affiliate Name	2 3 4	5 6 DIC SEC

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Opus Investment Management, Inc	Worcester, MA				YES
	, , , , , , , , , , , , , , , , , , ,				

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;		Yes [X] No []
	(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.		
9.11	If the response to 9.1 is No, please explain:		
9.2	Has the code of ethics for senior managers been amended?		Yes [] No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).		
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?		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:	\$	0
	INVESTMENT		
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available		
11.2	use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:		Yes [] No [X]
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 14.2	If yes, please complete the following:		
	1 Prior Year-End		2 Current Quarter
	Book/Adjusted		Book/Adjusted
1404	Carrying Value	_	Carrying Value
	Bonds \$ Preferred Stock \$		\$0 \$0
	Common Stock \$		\$0
	Short-Term Investments \$		\$0
	Mortgage Loans on Real Estate \$		\$0
	All Other \$		\$0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	0	\$0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above\$	0	\$0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		Yes [] No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?		
16.	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	q	
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		
	16.3 Total payable for securities lending reported on the liability page.		

GENERAL INTERROGATORIES

	offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?									
		1				2				
	Bank of New York Mel	Name of Custor	dian(s)	. 225 Liberty St	reet, New Yo	<u>Custodian Addre</u> ork, NY 10286	ess			
17.2	For all agreements tha location and a complet		h the requirements of the NAIC	Financial Condit	ion Examine	rs Handbook, pr	ovide the name,			
	1		2			3				
	Name(s	_	Location(s)			Complete Explar	nation(s)			
17.3 17.4	Have there been any c If yes, give full informat		name changes, in the custodian	n(s) identified in 1	7.1 during th	e current quarte	r?	Yes	[] No [X]	
	1 Old Custo	dian	2 New Custodian	Date o	3 Change		4 Reason			
17.5	make investment decis	sions on behalf of th	estment advisors, investment m	nanagers, broker, hat are managed	dealers, incl					
		1 Name of Firm o	nent accounts"; "handle secur	2 Affiliation						
	17.5097 For those firm	s/individuals listed	in the table for Question 17.5, one than 10% of the reporting of	do any firms/indiv	 iduals unaffi	liated with the re	porting entity (i.e.	Yes	[] No [
			with the reporting entity (i.e. des aggregate to more than 50% of					Yes	[] No [
17.6	For those firms or individual table below.	iduals listed in the	table for 17.5 with an affiliation	code of "A" (affil	ated) or "U"	(unaffiliated), pro	ovide the information for t	he		
	1		2			3	4		5 Investment Management	
	Central Registration Depository Number 107569		Name of Firm or Individual anagement , Inc	5	Legal Entity 49300UFGZJWL	Identifier (LEI) .1LM0S85	Registered With		Agreement (IMA) Filed DS	
18.1 18.2	Have all the filing requi If no, list exceptions:	rements of the Pur	poses and Procedures Manual	of the NAIC Inve	stment Analy	sis Office been	followed?	Yes	[X] No [
19.	a. Documentation security is not a b. Issuer or obligor c. The insurer has	necessary to perm vailable. is current on all co an actual expectat	oorting entity is certifying the following and the second and principal prin	curity does not ex payments. ontracted interest	ist or an NA and principa	IC CRP credit ra	ting for an FE or PL	Yes	[] No [X	
20.	a. The security was b. The reporting en c. The NAIC Design on a current privid. The reporting en	purchased prior to tity is holding capita nation was derived ate letter rating hele tity is not permitted	eporting entity is certifying the for January 1, 2018. al commensurate with the NAIC from the credit rating assigned d by the insurer and available for to share this credit rating of the LGI securities?	C Designation rep by an NAIC CRF or examination by e PL security with	orted for the in its legal of state insurations the SVO.	security. capacity as a NR nce regulators.	SRO which is shown	Yes	[] No [X	
21.	FE fund: a. The shares were b. The reporting en c. The security had January 1, 2019. d. The fund only or e. The current repo in its legal capac	purchased prior to tity is holding capita a public credit ratio predominantly hold rted NAIC Designa ity as an NRSRO.	al commensurate with the NAIC ng(s) with annual surveillance a ds bonds in its portfolio. tion was derived from the public	C Designation repassigned by an Nation Control of the Control of t	orted for the AIC CRP in i	security. ts legal capacity	as an NRSRO prior to			
	•	• ,	al surveillance assigned by an N chedule BA non-registered priva		•	he above criteria	?	Yes	[] No [X	

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting If yes, attach a	entity is a mem n explanation.	ber of a pooling	arrangement, o	did the agreeme	nt or the reporti	ng entity's partio	cipation change	? Ye:	s [] No [] N/A [X]
2.		ing entity reinsur loss that may on n explanation.								Yes []	No [X]
3.1	Have any of the	e reporting entit	y's primary reins	surance contrac	ts been cancele	ed?				Yes []	No [X]
3.2	If yes, give full	and complete ir	nformation there	to.							
4.1 4.2	(see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero?										
					TOTAL D	ISCOUNT		nis	COLINT TAKEN	N DURING PER	NOD
	1	2	3	4	5	6	7	8	9	10	11
	•	Maximum	Discount	Unpaid	Unpaid			Unpaid	Unpaid		1
Line	of Business	Interest	Rate	Losses	LAE	IBNR	TOTAL	Losses	LAE	IBNR	TOTAL

		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									0.00	%
	5.2 A&H cost containmen	t percent								0.00	%
	5.3 A&H expense percent	excluding cost cont	ainment expens	ses						0.00	%
6.1	Do you act as a custodian	for health savings a	ccounts?						Yes []	No [X]	
6.2	If yes, please provide the	amount of custodial	funds held as o	f the reporting d	ate			\$			0
6.3	Do vou act as an administ	trator for health savir	ngs 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, eliqible or writing business in at least two states?	Yes [] No [X]	

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers	- Current Vear to Date

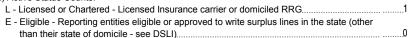
		Showing All New Reinsurers - Current Year to Da	ate	
1 NAIC Company Code	2 ID Number	3 4 Domiciliary Name of Reinsurer Jurisdiction	5 6 Certified Reinsure Rating Type of Reinsurer (1 through 6)	7 Effective Date of Certified Reinsurer Rating
			71	
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1	Direct Premiu		Direct Losses Paid	(Deducting Salvage)	Direct Los	ses Unpaid
		Active	2	3	4	5	6	7
	04-44-	Status	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
	States, etc.	(a)	To Date	To Date	To Date	To Date	To Date	To Date
	AlabamaAL	N	0	0	0	0	0	0
2.	AlaskaAK	N	0	0	0	0	0	0
3.	ArizonaAZ	N	0	0	0	0	0	0
4.	ArkansasAR	N	0	0	0	0	0	0
5.	CaliforniaCA	N	0	0	0	0	0	0
6.	ColoradoCO	N	0	0	0	0	0	0
7.	ConnecticutCT	N	0	0	0	0	0	0
8.	DelawareDE	N	0	0	0	0	0	0
9.	District of ColumbiaDC	N	0	0	0	0	0	0
10.	FloridaFL	N	0	0	0	0	0	0
11.	GeorgiaGA	NN	0	0	0	0	0	0
	HawaiiHI	N	0	0	0	0	0	0
13.	IdahoID	NN.	0	0	0	0	0	0
14.	Illinois IL	N	0	0	0	0	0	0
	Indiana IN	N	0	0	0	0	0	0
16.	lowaIA	N	0	0	0	0	0	0
	Kansas KS	N	0	0	٥	0	Λ	0
		NN		0	٥	n	Λ	
	•	NI NI	0	0		0	0	0
			0		٥	0		0
	MaineME	N	U	0	0	0	0	0
	MarylandMD	N		0	0	0	0	ļ0
	MassachusettsMA	N	0	0	0	0	0	}0 -
	MichiganMI	N	0	0	0	ļ0	ļ0	ļ0
	MinnesotaMN	N	0	0	0	0	0	J0
	MississippiMS	N	0	0	0	0	0	0
26.	MissouriMO	N	0	0	0	0	0	0
27.	MontanaMT	N	0	0	0	0	0	0
28.	NebraskaNE	N	0	0	0	0	0	0
29.	NevadaNV	NN	0	0	0	0	0	0
	New HampshireNH	N	0	0	0	0	0	0
	New JerseyNJ	N	0	0	0	0	0	0
	New MexicoNM	N	0	0	0	0	0	0
	New YorkNY	N	0	0	0	0	0	0
	North CarolinaNC	N	0	0		0	0	0
		N N	0			0		
		NN.	0	0		0	0	0
				0		0	0	0
	OklahomaOK	N		0	0	0	0	0
	OregonOR	N	0	0	0	0	0	0
	PennsylvaniaPA	N	0	0	0	0	0	0
40.	Rhode IslandRI	N	0	0	0	0	0	0
41.	South CarolinaSC	N	0	0	0	0	0	0
42.	South DakotaSD	N	0	0	0	0	0	0
43.	TennesseeTN	N	0	0	0	0	0	0
44.	TexasTX	L	40,873,800	41,975,808	23,490,550	38,168,999	59,825,315	63,190,638
45.	UtahUT	N	0	0	0	0	0	0
	VermontVT	N	0	0	0	0	0	0
	VirginiaVA	N	0	0	0	0	0	0
	Washington WA	N	0	0	0	0	0	0
	West VirginiaWV	N	0	0	0	0	0	0
	WisconsinWI	N	0	0	0	0	0	0
	WyomingWY	N	0	0	0	0	0	n
	American SamoaAS	NN		0	0	0	0	n
	GuamGU	NN.	0	0	0	0	0	n
	Puerto RicoPR	NI NI		0	0	0	0	0
		NI NI						0
	U.S. Virgin IslandsVI	N	0	0	0	0	0	ļ0
56.	Northern Mariana	N	0	^	0	0	^	0
	IslandsMP		0	0	0	0	0	0
	CanadaCAN	N		0	0		0	0
	Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59.	Totals	XXX	40,873,800	41,975,808	23,490,550	38,168,999	59,825,315	63,190,638
	DETAILS OF WRITE-INS							
58001.		XXX						ļ
58002.		XXX						
58003.		XXX						
	Summary of remaining							
	write-ins for Line 58 from							
	overflow page	XXX	0	0	0	0	0	0
58999.	Totals (Lines 58001 through							
	58003 plus 58998)(Line 58							
	above) e Status Counts:	XXX	0	0	0	0	0	0

(a) Active Status Counts:



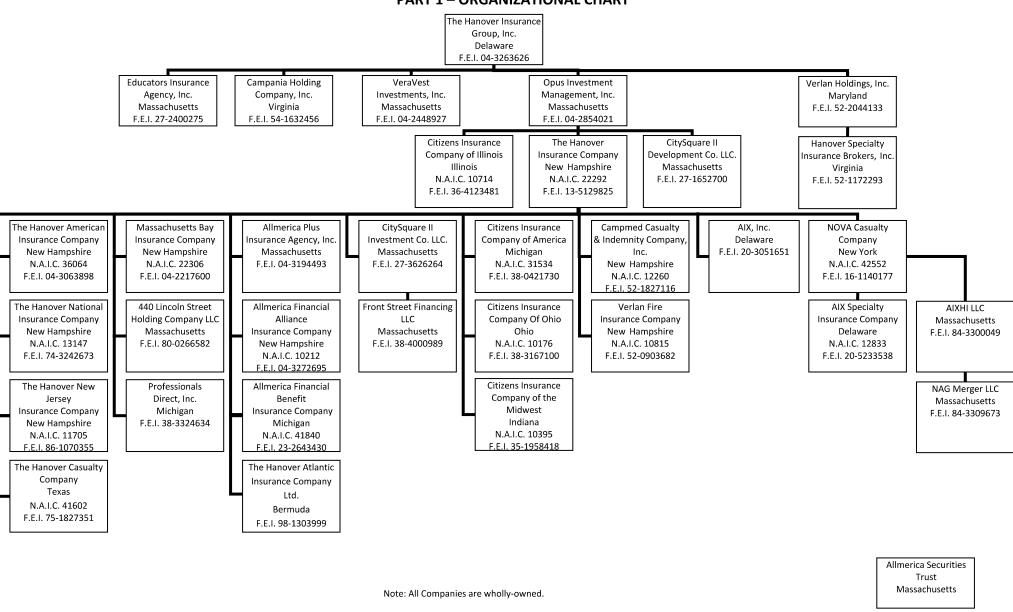
than their state of domicile - see DSLI).

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

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

R - Registered - Non-domiciled RRGs......0
Q - Qualified - Qualified or accredited reinsurer.......0

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



Affiliated Investment Management Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

'	2	3	4	5	6	7	8	9	10	11		_12	13		14		15	16
				1								Type	lf					
												of Control	Contro	ol				
												(Ownership,	is				Is an	
						Name of Securities			Relation-			Board.	Owne	-			SCA	
						Exchange		Domi-	ship		1 1	Management,	ship				Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to			ttorney-in-Fact,	Provid	۵			Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-		Directly Controlled by	/ /	Influence.	Percer		nate Controllin	a	uired?	,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)		Other)	tage		v(ies)/Person(res/No)	
	The Hanover Insurance Group	Code	80-0266582	KOOD	CIK	international)				(0h:		10.90		///	- /	,	4
			84-3300049				440 Lincoln Street Holding Company LLC	MA	NIA NIA	The Hanover Insurance Company Nova Casualty Company		, Board, Management	100.000		nsurance Group, nsurance Group.		NO	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	MA DE	IA			, Board, Management	100.000				N0 N0	
8800	The Hanover Insurance Group	12833	20-3233338							Nova Casualty Company		, Board, Management			nsurance Group,			
0088	The Hanover Insurance Group	10212	04-3272695				AIX, Inc	DE	NIA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		N0 N0	
	The Hanover Insurance Group									The Hanover Insurance Company		, Board, Management			nsurance Group,			
8800	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co	MI	IA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		NO	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		NO	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	. Management		100.000		nsurance Group,		NO	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.		, Board, Management	100.000		nsurance Group,		N0	
8800	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc	NH	IA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		N0	
8800	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		N0	
8800.	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc		, Board, Management	100.000		nsurance Group,		NO	
8800	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	OH		The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		NO	
8800	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		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		nsurance Group,		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		nsurance Group,		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 I	nsurance Group,	Inc	NO	
	The Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NIA	CitySquare II Investment Co. LLC	. Ownership	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc	VA	NIA	Verlan Holdings, Inc.	0wnership	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	
8800	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Owner ship	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Owner ship	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	.]
8800	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	I A	The Hanover Insurance Company	Owner ship	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	. Owner ship	, Board, Management	100.000	The Hanover I	nsurance Group,	Inc	NO	.]
	The Hanover Insurance Group		38-3324634				Professionals Direct. Inc.	MI	NIA	The Hanover Insurance Company		, Board, Management	100,000		nsurance Group.		NO	.]
8800	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company		. Board.Management	100.000		nsurance Group,		NO	.]
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA.	The Hanover Insurance Company		. Board.Management	100.000		nsurance Group.		YES	1
8800	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	RE	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group.		NO	T
8800	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.		, Board, Management			nsurance Group.		NO	1
8800	The Hanover Insurance Group		04-3263626			New York Stock Exchange	The Hanover Insurance Group, Inc.	DE	UIP	-1		,,	0.000				NO	1
0088	The Hanover Insurance Group	13147	74-3242673			otoon Excitatigo	The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Owner shin	, Board, Management	100.000	The Hanover I	nsurance Group.	Inc.	NO	1
.0088	The Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	IA	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group.		NO	1
. 2000	The Hanover Insurance Group		04-2448927				VeraVest Investments. Inc.	MA	NIA	The Hanover Insurance Group, Inc.		. Board.Management	100.000		nsurance Group,		NO	1
0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA.	The Hanover Insurance Company		, Board, Management	100.000		nsurance Group,		NO	1
0000	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.		, Board, Management	100.000		nsurance Group,		NO	
	The handver mourance droup		02-2044 100				Torrain noruniya, mo.			mic manover misurance droup, mic	- Owner simp	, board, manayement		IIIC HAHOVEI I	nour ance unoup,		[W]	

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Asterisk				Eχ	a n	
		 	<i></i>			
	•	T				

PART 1 - LOSS EXPERIENCE

2.1 Allied Lines	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
2.1 Allied Lines	Ente of Business		(149,552)	•	
2.2 Multiple peril crop 2.3 Federal flood	98	, , , , , , , , , , , , , , , , , , ,	(1.056.222)	, ,	
2.3 Federal flood	eril crop	0	0	0.0	0.
2.4 Private crop	ood			0.0	0.
2.5 Private flood	op			0.0	0.
3. Farmowners multip 4. Homeowners multip 5. Commercial multipl 6. Mortgage guaranty 8. Ocean marine	od		(82,441)		(312.
5. Commercial multiple 6. Mortgage guaranty 8. Ocean marine	ers multiple peril		0	0.0	0.
5. Commercial multiple 6. Mortgage guaranty 8. Ocean marine	ers multiple peril			0.0	0.
8. Ocean marine 9. Inland marine 11.1 Medical professiona 11.2 Medical professiona 12. Earthquake 13.1 Comprehensive (ho 13.2 Comprehensive (ho 13.2 Comprehensive (ho 14. Credit accident and 15.1 Vision only 15.2 Dental only 15.3 Disablity income 15.4 Medicare suppleme 15.5 Medicare Title XVIII 15.7 Long-term care 15.8 Federal employees 15.9 Other health 16. Workers' compensa 17.1 Other liability - occu 17.2 Other liability - occu 17.2 Other liability - occu 17.3 Excess workers' co 18.1 Products liability - o 18.2 Products liability - o 19.1 Private passenger a 19.2 Other private passe 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto p 22. Aircraft (all perils) 13. Fidelity 14. Surety 15. Boiler and machine 16. Credit 17. Boiler and machine 17. Boiler and machine 18. Credit 19. Reinsurance - Nong 19. Reinsurance - Nong 19. Aggregate write-ins 19. Totals 10. DETAILS OF WRIT	ial multiple peril			48.6	177.
9. Inland marine	guaranty	0		0.0	0.
10. Financial guaranty 11.1 Medical professiona 11.2 Medical professiona 12. Earthquake	arine	0	0	0.0	0.
11.1 Medical professional 11.2 Medical professional 12. Earthquake	rine			4.4	46.
11.2 Medical professional 12. Earthquake	guaranty			0.0	0.
12. Earthquake	rofessional liability - occurrence			0.0	0.
13.1 Comprehensive (hot) 13.2 Comprehensive (hot) 14. Credit accident and 15.1 Vision only	rofessional liability - claims-made			0.0	0.
13.2 Comprehensive (hotel) 14. Credit accident and 15.1 Vision only	re	206,181	7,416	3.6	5.
14. Credit accident and 15.1 Vision only	ensive (hospital and medical) individual			0.0	0.
14. Credit accident and 15.1 Vision only	ensive (hospital and medical) group			0.0	0.
15.2 Dental only	ident and health			0.0	0.
15.3 Disablity income	y	0	0	0.0	0.
15.4 Medicare supplements 15.5 Medicaid Title XIX. 15.6 Medicare Title XVIII 15.7 Long-term care 15.8 Federal employees 15.9 Other health 16. Workers' compensation 17.1 Other liability - occulor 17.2 Other liability - claim 17.3 Excess workers' co 18.1 Products liability - occulor 18.2 Products liability - occulor 19.1 Private passenger at 19.2 Other private passenger at 19.2 Other private passenger at 19.3 Commercial auto number of the private passenger at 19.4 Other commercial auto number of the private passenger at 21.1 Private passenger at 21.2 Commercial auto private passenger at 21.3 Fidelity	y	0	0	0.0	0.
15.5 Medicaid Title XIX. 15.6 Medicare Title XVIII 15.7 Long-term care 15.8 Federal employees 15.9 Other health 16. Workers' compensation of the liability - occur 17.2 Other liability - occur 17.3 Excess workers' co 18.1 Products liability - occur 18.2 Products liability - occur 19.1 Private passenger at 19.2 Other private passer 19.3 Commercial auto nother commercial at 19.4 Other commercial at 21.1 Private passenger at 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity 24. Surety 25. Burglary and theft 27. Boiler and machine 28. Credit 29. International 30. Warranty 31. Reinsurance - Nong 32. Reinsurance - Nong 33. Reinsurance - Nong 34. Aggregate write-ins 35. Totals DETAILS OF WRIT	ncome	0	0	0.0	0.
15.6 Medicare Title XVIII 15.7 Long-term care 15.8 Federal employees 15.9 Other health 16. Workers' compensation 17.1 Other liability - occu 17.2 Other liability - claim 17.3 Excess workers' co 18.1 Products liability - of 18.2 Products liability - of 18.2 Products liability - of 19.1 Private passenger and 19.2 Other private passenger and 19.4 Other commercial auto no 19.4 Other commercial auto poi 21.1 Private passenger and 21.2 Commercial auto poi 22. Aircraft (all perils) 23. Fidelity 24. Surety	supplement	0	0	0.0	0.
15.7 Long-term care	Title XIX	0	0	0.0	0.
15.8 Federal employees 15.9 Other health	Title XVIII	0	0	0.0	0.
15.9 Other health	care			0.0	0.
16. Workers' compensation of the result of t	mployees health benefits plan	0	0	0.0	0.
17.1 Other liability - occu. 17.2 Other liability - clain 17.3 Excess workers' co 18.1 Products liability - of 18.2 Products liability - of 19.1 Private passenger a 19.2 Other private passe 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto p 22. Aircraft (all perils) 23. Fidelity	lth	0	0	0.0	0.
17.2 Other liability - claim 17.3 Excess workers' co 18.1 Products liability - ci 18.2 Products liability - ci 19.1 Private passenger a 19.2 Other private passen 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	compensation	1,022,068	1,430,846	140.0	12.
17.3 Excess workers' co 18.1 Products liability - o 18.2 Products liability - o 19.1 Private passenger a 19.2 Other private passes 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity 24. Surety 26. Burglary and theft 27. Boiler and machine 28. Credit 29. International 30. Warranty 31. Reinsurance - Nong 32. Reinsurance - Nong 33. Reinsurance - Nong 34. Aggregate write-ins 35. Totals	ility - occurrence		10,356		(46.
Products liability - or 18.2 Products liability - or 19.1 Private passenger at 19.2 Other private passenger at 19.3 Commercial automorphisms of the private passenger at 21.1 Private passenger at 21.2 Commercial autopit 22. Aircraft (all perils) Fidelity	ility - claims-made	103,831	(59,087)	(56.9)	196.
18.2 Products liability - c 19.1 Private passenger a 19.2 Other private passe 19.3 Commercial auto n 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto p 22. Aircraft (all perils) 23. Fidelity	orkers' compensation			0.0	0.
19.1 Private passenger a 19.2 Other private passe 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	iability - occurrence		6,674		33.
19.2 Other private passes 19.3 Commercial auto no 19.4 Other commercial a 21.1 Private passenger a 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	iability - claims-made	0	0	0.0	0.
19.3 Commercial auto no 19.4 Other commercial at 21.1 Private passenger at 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	ssenger auto no-fault (personal injury protection)	0	0	0.0	.0
19.4 Other commercial at 21.1 Private passenger at 21.2 Commercial auto pl 22. Aircraft (all perils) Fidelity	ate passenger auto liability		0	0.0	0.
21.1 Private passenger at 21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	ial auto no-fault (personal injury protection)	1,701	(29)	(1.7)	(3.
21.2 Commercial auto pl 22. Aircraft (all perils) 23. Fidelity	nmercial auto liability	408,140	19,501	4.8	15.
22. Aircraft (all perils) 23. Fidelity	ssenger auto physical damage	0	0	0.0	0.
23. Fidelity	ial auto physical damage	92,412	99,882	108.1	82.
24. Surety	ll perils)	0	0	0.0	0.
26. Burglary and theft 27. Boiler and machine 28. Credit			0	0.0	0.
27. Boiler and machine 28. Credit			0	0.0	0.
28. Credit	nd theft		(295)	(6.6)	(1.
29. International	machinery	115,839		0.0	0.
30. Warranty		0	0	0.0	0.
 Reinsurance - Nong Reinsurance - Nong Reinsurance - Nong Aggregate write-ins Totals DETAILS OF WRIT	nal			0.0	0.
 32. Reinsurance - Nong 33. Reinsurance - Nong 34. Aggregate write-ins 35. Totals DETAILS OF WRIT 				0.0	0.
 33. Reinsurance - Nonp 34. Aggregate write-ins 35. Totals DETAILS OF WRIT 	ice - Nonproportional Assumed Property		XXX		XXX
34. Aggregate write-ins35. TotalsDETAILS OF WRIT	ce - Nonproportional Assumed Liability				XXX
35. Totals DETAILS OF WRIT	ce - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
DETAILS OF WRIT	write-ins for other lines of business	0	0	0.0	0.
		39,678,912	17,332,440	43.7	171.
3401	OF WRITE-INS				
3402.					
3403.					
3498. Summary of remain	of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire		284,297	321,177
2.1	Allied Lines	303,928	1,457,368	1,739,72
2.2	Multiple peril crop	0	0	(
2.3	Federal flood	0	0	(
2.4	Private crop	0	0	(
2.5	Private flood	(5,312)	151,544	131 , 150
3.	Farmowners multiple peril	0	0	(
4.	Homeowners multiple peril	0	0	(
5.	Commercial multiple peril	13,399,003	35,930,408	37 , 140 , 14
6.	Mortgage guaranty	0	0	(
8.	Ocean marine	0	0	(
9.	Inland marine	4 , 134	8,222	21,796
10.	Financial guaranty	0	0	(
11.1	Medical professional liability - occurrence	0	0	(
11.2	Medical professional liability - claims-made	0	0	(
12.	Earthquake	76,145	211,027	218,134
13.1	Comprehensive (hospital and medical) individual	0	0	(
13.2	Comprehensive (hospital and medical) group			(
14.	Credit accident and health			(
15.1	Vision only	0	0	(
15.2	Dental only		0	(
15.3	Disablity income			(
15.4	Medicare supplement			(
15.5	Medicaid Title XIX		0	(
15.6	Medicare Title XVIII		0	(
15.7	Long-term care			(
15.8	Federal employees health benefits plan			(
15.9	Other health			(
16.	Workers' compensation			
17.1	Other liability - occurrence			431,256
17.2	Other liability - claims-made			42,399
17.3	Excess workers' compensation			
18.1	Products liability - occurrence			220,454
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)		_	(
19.1	Other private passenger auto liability			(
19.2	Commercial auto no-fault (personal injury protection)			2,99
	Other commercial auto liability			652,342
19.4			*	,
21.1	Private passenger auto physical damage			
21.2	Commercial auto physical damage			141,324
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			4,537
27.	Boiler and machinery			148,344
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property			XXX
32.	Reinsurance - Nonproportional Assumed Liability			XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines			XXX
34.	Aggregate write-ins for other lines of business		0	
35.	Totals	14,884,251	40,873,800	41,975,80
0404	DETAILS OF WRITE-INS			
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page	L	0 L	

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
											Prior Year-End	Prior Year-End	
					00001		0.0 0.1.1/	Q.S. Date Known			Known Case Loss	IBNR Loss and	Prior Year-End
			Total Prior	2022 Loss and	2022 Loss and LAE Payments on		Q.S. Date Known Case Loss and	Case Loss and LAE Reserves on			and LAE Reserves Developed	LAE Reserves Developed	Total Loss and LAE Reserve
		Prior Year-	Year-End Loss	LAE Payments on		Total 2022 Loss	LAE Reserves on			Total Q.S. Loss	(Savings)/	(Savings)/	Developed
Years in Which	Prior Year-End	End IBNR	and LAE	Claims Reported	Unreported	and LAE	Claims Reported	or Reopened	Q.S. Date IBNR	and LAE	Deficiency	Deficiency	(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													
2. 2020													
3. Subtotals 2020 + Prior													
4. 2021													
5. Subtotals 2021 + Prior													
6. 2022	xxx	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 Policyholders											As % of Col. 1 Line 7	As % of Col. 2 Line 7	As % of Col. 3 Line 7
. 55,5.3010	I										4	2.	2
											1.	۷.	J.

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]	

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE HANOVER CASUALTY COMPANY **OVERFLOW PAGE FOR WRITE-INS**

NONE

SCHEDULE A - VERIFICATION

Real Estate

		4	2
		l '	Drian Vana Fradad
			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 impailment 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

Mortgage Loans

	wortgage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			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 lest parameter and symitment ees		
9.	Total foreign exchange change in book value/recorded investment excurse accrued a terest		
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

	Other Edity-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, 173, 538	1,242,727
3.	Accrual of discount	7,711	10,889
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	830,333	1,989,961
7.	Deduct amortization of premium	4,374	7,046
8.	Total foreign exchange change in book/adjusted carrying value		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	13,910
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	8,628,732	8,283,648
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	8,628,732	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

Burng ti	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
NAIC Designation	Beginning of Current Quarter	During Current Quarter	During Current Quarter	During Current Quarter	End of First Quarter	End of Second Quarter	End of Third Quarter	December 31 Prior Year
NAIC Designation	or Current Quarter	Current Quarter	Current Quarter	Current Quarter	i iist Quarter	Second Quarter	Tilliu Quartei	Filor real
BONDS								
BONDS								
1. NAIC 1 (a)	7,706,028	484,598	320,693	1,145	7,431,170	7,706,028	7,871,077	7,277,347
2. NAIC 2 (a)	757,323	0	0	333	906,745	757,323	757,655	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	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	8,463,350	484,598	320,693	1,477	8,337,914	8,463,350	8,628,732	8,283,648
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2		0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	. 0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	8,463,350	484,598	320,693	1,477	8,337,914	8,463,350	8,628,732	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

NONE

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

NONE

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

NONE

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STATEMENT AS OF SEPTEMBER 30, 2022 OF THE HANOVER CASUALTY COMPANY

SCHEDULE D - PART 3

Show All Long-Term	Danda and Staal	Acquired During the	Current Quarter

	•	_	01101171111	Long-Term Donds and Stock Acquired During the Current Quarter		- 1	•	•	10
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
912828-6S-4 UNITED STATES TREASURY			09/19/2022	BARCLAYS CAPITAL INC		95, 176	100,000	929	
912828-6X-3 UNITED STATES TREASURY			08/31/2022	BARCLAYS CAPITAL INC		190,930	200,000	1,092	1.A
91282C-FE-6 UNITED STATES TREASURY			08/24/2022	BARCLAYS CAPITAL INC		198,492	200,000		1.A
0109999999. Subtotal - Bonds - U.S.	Governments					484,598	500,000	2,208	
2509999997. Total - Bonds - Part 3						484,598	500,000	2,208	
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						484,598	500,000	2,208	
4509999997. Total - Preferred Stocks						0	XXX	0	XXX
4509999998. Total - Preferred Stocks						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						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						0	XXX	0	XXX
5999999999. Total - Preferred and Co	ommon Stocks					0	XXX	0	XXX
									1
6009999999 - Totals			r	1		484,598	XXX	2,208	XXX
ooooooo iotalo						707,000	7001	2,200	,,,,,

SCHEDULE D - PART 4

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

					Snow All Loi	ng-Term Bo	onds and Stoc	ck Sola, Red	leemed or C	Jinerwise i	Jisposea (of During t	ne Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	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	During	Maturity	strative
ification	Description	eian		of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal		Disposal	Year	Date	Symbol
36179V-ZQ-6	G2 MA7051 - RMBS		09/01/2022	Pavdown		5.381	5.381	5.613	5,611	0	(231)		(231)		5,381	0		0	71	1	1.A
	9. Subtotal - Bonds - U.S. Governme	ents		,		5.381	5,381	5,613	5,611	0	(231)	0	(231)		5,381	0	0	0	71	XXX	XXX
917542-QR-6				Call @ 100.00		15,000	15,000	15,773	15,369	0	(71)	0	(71)	0	15,298	0	(298)	(298)	683	07/01/2024	. 1.A FE
050999999	9. Subtotal - Bonds - U.S. States, Te	rritori	es and Poss	sessions		15,000	15,000	15,773	15,369	0	(71)	0	(71)	0	15,298	0	(298)	(298)	683	XXX	XXX
13034P-ZP-5	CALIFORNIA HSG FIN AGY REV		08/01/2022	. Call @ 100.00		100,000	100,000	100,055	100,023	0	(5)	0	(5)	0	100,018	0	(18)	(18)	3, 128	08/01/2024	. 1.D FE
090999999	9. Subtotal - Bonds - U.S. Special Re	evenu	ies			100,000	100,000	100,055	100,023	0	(5)	0	(5)	0	100,018	0	(18)	(18)	3, 128	XXX	XXX
	AMERICAN EXPRESS CO		07/01/2022	. Call @ 100.00		50,000	50,000	49,961	49,995	0	4	0	4	0	49,999	0	1	1	1,146	08/01/2022	. 1.F FE
	CITIGROUP INC			. Call @ 100.00		50,000	50,000		49,971	0	26	0	26	0	49,997	0	3	3	1,238	10/27/2022	. 1.G FE
	MERCK & CO INC NEW YORK UNIVERSITY		09/15/2022	. Maturity @ 100.00 Maturity @ 100.00		50,000 50.000	50,000 50,000		49,999 50,000	0	1	0	1	0	50,000 50,000	0	0	0	1,200 1,273		1.E FE 1.D FE
	9. Subtotal - Bonds - Industrial and M	/ioooll				200.000		199,776		0		0		0	199,996	0	0			XXX	XXX
		iisceii	ianeous (Un	allillateu)		320.381	200,000		199,965	0	(276)	0	(276)	0		0	4 (040)	(040)	4,856 8.738	XXX	XXX
	7. Total - Bonds - Part 4 8. Total - Bonds - Part 5					XXX	320,381 XXX	321,217 XXX	320,969 XXX	XXX	XXX	XXX	XXX	XXX	320,693 XXX	XXX	(312) XXX	(312) XXX	XXX	XXX	XXX
	9. Total - Bonds				1	320,381	320,381	321,217	320,969	^^^	(276)		(276)	^^^	320,693	^^^	(312)		8,738	XXX	XXX
	7. Total - Preferred Stocks - Part 4					320,381	XXX	321,217	320,969	0	(2/6)	0	(2/6)	0	320,093	0	(312)	(312)	8,738	XXX	XXX
	8. Total - Preferred Stocks - Part 5				1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9. Total - Preferred Stocks				1		XXX	^^^		^^^		^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	XXX	XXX
	7. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	8. Total - Common Stocks - Part 5				1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9. Total - Common Stocks - Part 5				+	^^^	XXX	^^^		^^^	^^^	^^^	0		^^^	^^^	^^^		^^^	XXX	XXX
	9. Total - Common Stocks 9. Total - Preferred and Common Sto	ocks				0	XXX	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX
600999999		JUKS				200 201	XXX	001.017	200 000	0	(070)	0		0	200, 000	0	(040)		0.700	XXX	XXX
000999999	9 - TOTAIS					320,381	XXX	321,217	320,969	0	(276)	0	(276)	0	320,693	0	(312)	(312)	8,738	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 **N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5		lance at End of Eacuring Current Quart		9
			Amount of	Amount of	6	7	8	
			Interest Received		· ·	,	O	
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Bank of New York Mellon New York, NY		0.000	0	0	552,264	471,785	293,869	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	552,264	471,785	293,869	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	552,264	471,785	293,869	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
					• • • • • • • • • • • • • • • • • • • •			
0599999. Total - Cash	XXX	XXX	0	0	552,264	471,785	293,869	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE HANOVER CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2022

NAIC Group Code 0088		_		NAIC Company Code	41602	2		
Compan	y Name HANO	VER CASUALTY COM	PANY					
If the repo	orting entity writes	any director and officer (D8	&O) business, please provi	de the following:				
1. N	Monoline Policies							
		1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred				
		\$0	\$0	<u> \$</u> 0	I			
2. (Commercial Multi	ple Peril (CMP) Packaged I	Policies					
2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?							No [No [
2	in CMP packa		·	·	I amount for D&O liability coverage			
			2.32	Amount estimated using re	asonable assumptions:	.\$	0	J
2					case reserves) for the D&O liability coverage	.\$	0)