

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

#### **ANNUAL STATEMENT**

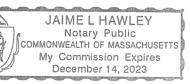
FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

The Hanover Casualty Company

ONES ONES NAIC Company Code 41602 Employer's ID Number

10.110		Prior)	de <u>41002</u> Employers it		73-1027331
Organized under the Laws of Country of Domicile	Tex	das United States	State of Domicile or Port of Er of America	ntry	TX
Incorporated/Organized	02/03/1982		Commenced Business		02/22/1982
Statutory Home Office	5910 North Central Expre	essway. Suite 300		Dallas, TX, US 7	75206-1108
	(Street and No		(City or		untry and Zip Code)
Main Administrative Office		440 Linco	In Street		
		(Street and	Number)		
	rcester, MA, US 01653-0002 own, State, Country and Zip (	:ode)		508-853-7 rea Code) (Telepl	
		,	,	, ( )	,
Mail Address	440 Lincoln Stree (Street and Number or P.			Vorcester, MA, US	S 01653-0002 untry and Zip Code)
	,	O. BOX)	(Oity Oi	Town, State, Cot	and zip Gode)
Primary Location of Books and F	Records	440 Linco (Street and			
Wo	rcester, MA, US 01653-0002	(Street and	Number)	508-853-7200-	8557928
(City or T	own, State, Country and Zip C	code)	(A	rea Code) (Telepl	
Internet Website Address		WWW.HANG	OVER.COM		
Statutory Statement Contact _		M. Hazelwood		508-853-7	7200-8557928
DHA	ZELWOOD@HANOVER.COM	(Name)		(Area Code) (T 508-853-6	elephone Number)
	(E-mail Address)	,		(FAX Num	
		05510			
President	John Conne	OFFIC r Roche	Vice President & Treasurer	N	othonial William Clarkin
Senior Vice President & Secretary			vice riesident & rieasurer	- INC	
Jeffrey Mark Farber, Executi Willard Ty-Lunn Lee, Exe Mark Joseph Welzenbach,	ecutive Vice President	G	Executive Vice President & C Executive Vice President		am Lavey, Executive Vice President Salvatore, Executive Vice President
		DIRECTORS O			
Warren Elliso Dennis Francis			ark Farber Iliam Lavey	Li	indsay France Greenfield Willard Ty-Lunn Lee
Denise Maure			ner Roche		Bryan James Salvatore
State of County of	Massachusetts Worcester	ss			
all of the herein described assestatement, together with related condition and affairs of the said in accordance with the NAIC Arrules or regulations require differespectively. Furthermore, the	ts were the absolute property exhibits, schedules and expla reporting entity as of the repo inual Statement Instructions a ferences in reporting not rescope of this attestation by the differences due to electronic	of the said reporting entity, nations therein contained, artiting period stated above, and Accounting Practices and the accounting practice described officers also incled.	free and clear from any liens inexed or referred to, is a full a d of its income and deductions d Procedures manual except to s and procedures, according tudes the related correspondingment. The electronic filing may be erick Cronin dent & Secretary	or claims thereond true statement therefrom for the othe extent that: to the best of tig electronic filing be requested by	hat on the reporting period stated above, n, except as herein stated, and that this of all the assets and liabilities and of the period ended, and have been completed (1) state law may differ; or, (2) that state heir information, knowledge and belief, with the NAIC, when required, that is an various regulators in lieu of or in addition  Nathaniel William Clarkin Vice President & Treasurer
Subscribed and sworn to before 2nd day of		nry, 2023	a. Is this an original filing b. If no, 1. State the amendme 2. Date filed	ent number	Yes[X]No[]







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

Gross Premiums Including   Policy and Membership Fees, Less Return Premiums and P	Commissions and Brokerage Expenses  6,853	Taxes, Licenses and Fees  8
Direct Premiums   Direct Premiums   Direct Premiums   Direct Premiums   Direct Dusiness   Direct Unearned   Direct Losses Paid   Direct Losses   Direct Loss	and Brokerage Expenses 6,853	and Fees 8 5,4 1
2.1 Allied Lines       1,515,499       1,674,467       0       .425,278       236,706       (1,898,683)       .469,389       5,012       1,351         2.2 Multiple Peril Crop       0	13,076	1
2.2 Multiple Peril Crop       0        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0        0<	000	0
2.3 Federal Flood       0	00 0 0	0 2575,9
2.4. Private Crop       0	00 0 0	0 2575,9
2.5         Private Flood         151,544         146,821         0         34,181         0         (76,664)         23,167         0         (128)           3.         Farmowners Multiple Peril         0	00 0 0	0 2575,9
3. Farmowners Multiple Peril 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00 0 0	0 2575,9
4. Homeowners Multiple Peril       0 <td< td=""><td>92,377 2,891,534  0 0  0 0</td><td></td></td<>	92,377 2,891,534 0 0 0 0	
5.2 Commercial Multiple Peril (Liability Portion)     15, 182,695     15, 282,136     0     6, 495,212     6, 386,606     8, 298,637     23,930,012     2,055,584     (374,157)     7,9       6. Mortgage Guaranty     0 <t< td=""><td>92,377 2,891,534  0 0  0 0</td><td></td></t<>	92,377 2,891,534 0 0 0 0	
6. Mortgage Guaranty 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	4279,1
8. Ocean Marine	0000000	١ [
9. Inland Marine	00	
10. Financial Guaranty	0	1
	······ •  ······· • ·	) I
11.1 Medical Professional Liability - Occurrence 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0   n	J
11.2 Medical Professional Liability - Claims-Made 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	J
12. Earthquake	. 1,795	54,9
13.1 Comprehensive (hospital and medical) ind (b)	00	<i>j</i>
13.2 Comprehensive (hospital and medical) group (b)	0	<i>j</i>
14. Credit A&H (Group and Individual)	0	,
15.1 VISION UNITY (b)	0	h
15.2 Desiration (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	)
15.4 Medicare Supplement (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	J
15.5 Medicaid Title XIX (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	J
15.6 Medicare Title XVIII (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	J
15.7 Long-Term Care (b)	00	1
15.8 Federal Employees Health Benefits Plan (b)	0	<i>j</i>
15.9 Other Health (b)	0	527.8
	78.351	
	23.08221.606	
17.3 Excess Workers' Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	
18.1 Products Liability - Occurrence	61,52471,490	06,4
18.2 Products Liability - Claims-Made	0	!
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0
19.2 Other Private Passenger Auto Liability 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	644	
	18, 199	
21.1 Private Passenger Auto Physical Damage 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	J
21.2 Commercial Auto Physical Damage	518	41,8
22. Aircraft (all perils)	00	!
23. Fidelity 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	<i>j</i>
24. Surety       0	262	7
20. Bulgier and Machinery	0	
27. Boilet and Waldmery 28. Credit 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	J
29. International 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00	J
30. Warranty	00	J
31. Reins nonproportional assumed property	XXX	XXX
32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXXXXX	XXX
33. Reins nonproportional assumed financial lines		
	76.260 9.223.644	4 962.5
DETAILS OF WRITE-INS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	302,0
3401.		
3402		
3403		L
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) 0 0 0 0 0 0 0 0 0 0 0		,



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

NAIC Group Code 0088 BUSINESS	S IN THE STATE C		3	4	5	6	7	RING THE YEAR		10	pany Code 41	12
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken 2	Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	297,222		0	81,432		(182,897)	1,081,187		(2,230)		37,688	5,40
2.1 Allied Lines	1,515,499	1,074,407	0	0		(1,898,083)	409,389	0,012		13,0/6	294, ID I	2/,80
2.3 Federal Flood		0	0	0		0	0	0	0	0	0	
2.4. Private Crop		0	0	0		0	0	0	0	0	0	
2.5 Private Flood	151,544	146,821	0	34, 181	0	(76,664)	23, 167	0	(128)	1,160	24,518	2,7
3. Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
4. Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	31,325,330	31,646,793	0	15,494,330		16,824,194	26,507,515	582,668	1,134,986	1,300,203	5,300,992	575,9
5.2 Commercial Multiple Peril (Liability Portion)	15, 182,695	15,282,136	0	6,495,212	6,386,606	8,298,637	23,930,012	2,055,584	(374, 157)	7,992,377	2,891,534	279,
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine     Inland Marine		0	0	4.059		(451)	1.225		(133)	176	0	
9. Illiand Marine	9,794 n		0 n	4,059	0 n	(401) n	1,225	n	(133) N	1/6 N	1,001	·····
1.1 Medical Professional Liability - Occurrence	n	0				n	n	n		n	n	
1.2 Medical Professional Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
Earthquake		274,094	0	122, 170	0	4,827	7,674	0	(370)	1,795	49,265	4,
3.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
3.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	
5.1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
5.2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
5.3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5.5 Medicaid Title XIX (b)		0	0	0	0	0	0	0	0	0	0	
5.6 Medicare Title XVIII (b)		0	0	0	0		0			٥	Λ	
5.7 Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	
5.8 Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	
5.9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
6. Workers' Compensation	1,514,586	1,415,787	0	547,384	692,827	1,784,400	7,818,736	39,403	46,217	78,040	244,665	27,
7.1 Other Liability - Occurrence	743,011	795,388	0			433,387	1, 189, 409	402,468	494,993	478,351	151,839	13,
7.2 Other Liability - Claims-Made	135,272		0	64, 106		(32,664)	16,461	30,238	3,076	23,082	21,606	2,
7.3 Excess Workers' Compensation		0	0	0		0	0	0	0	0	0	
8.1 Products Liability - Occurrence	350,453	396,345	0	182,898	198,789	(64, 298)	554,728	70,391	(102,428)	361,524	71,490	6
8.2 Products Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
9.2 Other Private Passenger Auto No-Pault (Personal Injury Protection)		0	0	0		0	0		0			1
9.3 Commercial Auto No-Fault (Personal Injury Protection)	1.421	2.041		637		(128)	1.247		(45)	644	324	
9.4 Other Commercial Auto Liability	516.053	536 . 168	0	284,313		(63,702)	338.842	13.413	12.166		90,758	9
1.1 Private Passenger Auto Physical Damage	0		0	0		0	0		0	0	0	
1.2 Commercial Auto Physical Damage	102,991	117,048	0	56,631	108,207	103,997	8, 182	0	126	518	19,834	1,
2. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
3. Fidelity	0	0	0	0	0	0	0	0	0	0	0	
4. Surety	0	0	0	0		0	0	0	0	0	0	
6. Burglary and Theft	6,501	6,018	0	3,558		(261)	729	J 0	(53)	262	827	
7. Boiler and Machinery	151,018	152,026	0	40,403	0	I	0	0	0	0	22,262	2,
8. Gredit			0				0			۰۰	U	
9. International	n	0 n	0 n	n	0 n	n	n	n	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	n	n	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0		0	0		0	0		0	0	0	
5. Total (a)	52,273,950	52,902,517	0	24, 124, 905	29, 164, 617	25, 129, 694	61,948,503	3, 199, 177	1,213,371	10,376,260	9,223,644	962,
DETAILS OF WRITE-INS												
1				·		·····						·····
2				·		l						·····
Summary of remaining write-ins for Line 34 from overflow page									۰		^	
<ol> <li>Summary of remaining write-ins for Line 34 from overflow page</li> <li>Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)</li> </ol>		0	0		0		0			۰۰۰۰		l
o. Totalo (Ellico 040 i tiliu 0400 pius 0400)(Ellic 04 above)	1 0	1 0					U	1 0	U	U	U	1

# Schedule F - Part 1 - Assumed Reinsurance **NONE**

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)  ${f N}$   ${f O}$   ${f N}$   ${f E}$ 

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#### ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HANOVER CASUALTY COMPANY

### **SCHEDULE F - PART 3**

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

Ceded Neinsulance as of December 31, Guirent Tear (\$4000 Offitted)																		
1	2 3	4	5	6					ance Recover					16	Reinsuran		19	20
					7	8	9	10	11	12	13	14	15		17	18	Net Amount	
																	Recoverable	. ,
	NAIC													Amount in		Other	From	Company
	Com-			Reinsurance			Known	Known	IBNR	IBNR		Contingent	Columns	Dispute	Ceded	Amounts	Reinsurers	Under
ID	pany	Domiciliary	Special	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Commis-	7 through	included in	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
13-5129825	. 22292 . THE HANOVER INSURANCE COMPANY			52,274	0	0	36,477	3,443	25,472	7,732	24 , 125	0	97,249	0	0	0	97,249	0
	otal Authorized - Affiliates - U.S. Non-Po			52,274	0	0	36,477	3,443	25,472	7,732	24, 125	0	97,249	0	0	0	97,249	0
	otal Authorized - Affiliates - U.S. Non-Po			52,274	0	0	36,477	3,443	25,472	7,732	24, 125	0	97,249	0	0	0	97,249	0
	otal Authorized - Affiliates - Other (Non-U	J.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. T	otal Authorized - Affiliates			52,274	0	0	36,477	3,443	25,472	7,732	24, 125	0	97,249	0	0	0	97,249	0
	otal Authorized Excluding Protected Cell	s (Sum of 0899999, 09	99999,															
	1099999, 1199999 and 1299999)			52,274	0	0	36,477	3,443	25,472	7,732	24, 125	0	97,249	0	0	0	97,249	0
1899999. T	otal Unauthorized - Affiliates - U.S. Non-	Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. T	otal Unauthorized - Affiliates - Other (No	n-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. T	otal Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. T	otal Unauthorized Excluding Protected C	Cells (Sum of 2299999,	2399999,															
	2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. T	otal Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. T	otal Certified - Affiliates - Other (Non-U.S	3.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. T	otal Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. T	otal Certified Excluding Protected Cells	Sum of 3699999, 3799	1999,															
	3899999, 3999999 and 4099999)	,		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999. T	otal Reciprocal Jurisdiction - Affiliates - L	J.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. T	otal Reciprocal Jurisdiction - Affiliates - 0	Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. T	otal Reciprocal Jurisdiction - Affiliates	` '		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. T	otal Reciprocal Jurisdiction Excluding Pr	otected Cells (Sum of 5	5099999,															
	5199999, 5299999, 5399999 and 549999		,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. T	otal Authorized, Unauthorized, Reciproc	al Jurisdiction and Cert	ified Excluding	a l														
	Protected Cells (Sum of 1499999, 28999			52,274	0	0	36,477	3,443	25,472	7,732	24,125	0	97,249	0	0	0	97,249	0
5899999. T	otal Protected Cells (Sum of 1399999, 2	799999, 4199999 and	5599999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 T			,	52.274	0	0	36.477	3.443	25.472	7.732	24 . 125	0	97.249	0	0	0	97.249	0

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

	(Credit Risk)																
			Colla	iteral		25	26	27				Ceded F	Reinsurance Ci	redit Risk			
		21	22	23	24				28	29	30	31	32	33	34	35	36
																	Credit Risk
																Credit Risk on	on Un-
																Collateralized	collateralized
											Reinsurance					Recoverables	Recoverables
											Payable &					(Col. 32 *	(Col. 33 *
					Single				Total Amount		Funds Held		Total	Stressed Net		Factor	Factor
				Issuing or	Beneficiary		Net		Recoverable		(Cols.		Collateral	Recoverable		Applicable to	Applicable to
ID				Confirming	Trusts &	Total Funds	Recoverable	Applicable	from	Stressed	17+18+20;		(Cols. 21+22	Net of		Reinsurer	Reinsurer
Number		Multiple		Bank	Other	Held,	Net of Funds	Sch. F	Reinsurers	Recoverable	but not in	Stressed Net	+ 24, not in	Collateral	Reinsurer	Designation	Designation
From	Name of Reinsurer	Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	excess of	Recoverable		Offsets	Designation		Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)		Col. 29)	(Cols. 29-30)	Col. 31)	(Cols. 31-32)	Equivalent	Col. 34)	Col. 34)
	THE HANOVER INSURANCE COMPANY	0	0		0	0	97,249	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. To	otal Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	0	* , ,	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	97,249	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. To	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999. To	otal Authorized - Affiliates	0	0	XXX	0	0	97,249	0	0	0	0	0	0	0	XXX	0	0
1499999. To	otal Authorized Excluding Protected Cells (Sum of																
0	899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	0	97,249	0	0	0	0	0	0	0	XXX	0	0
1899999. To	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. To	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. To	otal Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. To	otal Unauthorized Excluding Protected Cells (Sum of																
2	299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. To	otal Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. To	otal Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. To	otal Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Certified Excluding Protected Cells (Sum of																
3	699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999. To	otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates - Other (Non-																
	J.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. To	otal Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Reciprocal Jurisdiction Excluding Protected Cells																
	Sum of 5099999, 5199999, 5299999, 5399999 and																
	49999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized, Unauthorized, Reciprocal Jurisdiction																
	nd Certified Excluding Protected Cells (Sum of																
	499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	0	97,249	0	0	0	0	0	0	0	XXX	0	0
	otal Protected Cells (Sum of 1399999, 2799999,																
	199999 and 5599999)	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 To	tals	0	0	XXX	0	0	97,249	0	0	0	0	0	0	0	XXX	0	0

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

(Aging of Ceded Reinsurance)											1							
								48	49	50	51	52	53					
		37			Overdue			43										
			38	39	40	41	42					Recoverable						
									Total	Recoverable		on Paid			Percentage			
									Recoverable	on Paid	Total	Losses &			of Amounts			
									on Paid	Losses &	Recoverable	LAE Over 90			More Than			Amounts in
									Losses &	LAE Over 90		Days Past			90 Days	Percentage		Col. 47 for
								Total Due	LAE	Days Past	Losses &	Due Amounts			Overdue Not	More Than	Is the	Reinsurers
ID							Total	Cols. 37+42				Not in	Amounts		in Dispute	120 Days	Amount in	with Values
Number							Overdue	(In total	Dispute	in Dispute	Amounts Not		Received	Percentage	(Col.	Overdue	Col. 50 Less	Less Than
From	Name of Reinsurer		1 - 29	20 00	04 400	0					in Dispute	(Cols. 40 +			47/[Cols.	(Col. 41/	Than 20%?	20% in
		0		30 - 90	91 - 120	Over 120	Cols. 38+39			Included in			Prior	Overdue Col.				
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+40+41	Cols. 7+8)	Col. 43		(Cols 43-44)		90 Days	42/Col. 43	46+48])	Col. 43)	(Yes or No)	Col. 50
	THE HANOVER INSURANCE COMPANY	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
	otal Authorized - Affiliates - U.S. Non-Pool -																	
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0499999. T	otal Authorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0799999. T	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
0899999. T	otal Authorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1499999. T	otal Authorized Excluding Protected Cells (Sum																	
	of 0899999, 0999999, 1099999, 1199999 and																	
	1299999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	•	0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	_		0	0	0	0			0	0.0	0.0	0.0		0
	otal Unauthorized - Affiliates	0	0	0			0	0	0	0			0	0.0	0.0	0.0	XXX	0
		U	U	U	U	U	U	U	U	U	U	U	U	0.0	0.0	0.0	^^^	U
2899999. 1	otal Unauthorized Excluding Protected Cells																	
	(Sum of 2299999, 2399999, 2499999, 2599999																	
	and 2699999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0		0
	otal Certified - Affiliates - U.S. Non-Pool	0	0	0		, ,	0	0	0	U			•	0.0	0.0	0.0		0
	otal Certified - Affiliates - Other (Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3699999. T	otal Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4299999. T	otal Certified Excluding Protected Cells (Sum of																	
	3699999, 3799999, 3899999, 3999999 and																	
	409999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates - U.S.																	
	Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates - Other	Ţ,	- 1		-	1	<u> </u>	<u> </u>	<u> </u>			1		1	5.5	0.0	,,,,,	
	(Non-U.S.)	n	n	0	n	n	n	n	n	0	n	0	n	0.0	0.0	0.0	XXX	n
	otal Reciprocal Jurisdiction - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0		0.0	0.0		0
	otal Reciprocal Jurisdiction - Alillates otal Reciprocal Jurisdiction Excluding Protected	0	0	- 0	U	0	<del>                                     </del>	<del>                                     </del>	1	-	-	- 0	U	0.0	0.0	0.0	^^^	0
	Cells (Sum of 5099999, 5199999, 5299999).					1	1	1						1				
	5399999 and 5499999)	0	0	0						0		0	0		0.0	0.0	xxx	0
		U	U	U	U	0	0	0	- 0	0	U	U	U	0.0	0.0	0.0	^^^	U
	otal Authorized, Unauthorized, Reciprocal						1	1										
	Jurisdiction and Certified Excluding Protected					1	1	1						1				
	Cells (Sum of 1499999, 2899999, 4299999 and														_		\0.00 t	
	5699999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Protected Cells (Sum of 1399999,						1	1										
	2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 To	otals	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

						(FIOVISIOII IOI	Remouranc	e for Certified	Provision for C	ertified Reinsur	rance						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete i	f Col. 52 = "No"	: Otherwise	69
								Percent of							Enter 0	,	
								Collateral						66	67	68	Provision for
								Provided for	Percent Credit				20% of				Overdue
								Net	Allowed on	20% of		Provision for	Recoverable				Reinsurance
						Net		Recoverables	Net	Recoverable		Reinsurance	on Paid	Total			Ceded to
						Recoverables		Subject to	Recoverables	on Paid	Amount of	with Certified	Losses & LAE		Net		Certified
				Percent		Subject to		Collateral	Subject to		Credit Allowed			Provided (Col.	Unsecured		Reinsurers
		Certified	Effective	Collateral	Catastrophe			t Requirements	Collateral	Over 90 Days	for Net	Due to	Past Due	20 + Col. 21 +	Recoverable		(Greater of
, ID		Reinsurer	Date of		Recoverables		of Collateral	([Col. 20 +	Requirements		Recoverables	Collateral	Amounts Not		for Which		[Col. 62 + Col.
Number		Rating	Certified	Full Credit	Qualifying for		Required	Col. 21 + Col.	(Col. 60 / Col.	Amounts in	(Col. 57 +	Deficiency	in Dispute	Col. 24, not	Credit is	20% of	65] or Col.68;
From	Name of Reinsurer	(1 through	Reinsurer	(0% through	Collateral	(Col. 19 -	(Col. 56 *	22 + Col. 24] /	56, not to	Dispute (Col.	[Col. 58 *	(Col. 19 -	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	not to Exceed
Col. 1	From Col. 3	6)	Rating	100%)	Deferral	Col. 57)	Col. 58)		exceed 100%)	45 * 20%)	Col. 61])	Col. 63)	20%)	Col. 63)	63 - Col. 66)	Col. 67	Col. 63)
	THE HANOVER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized Excluding Protected Cells (Sum of 089	99999, 09999	999,	VVVV	XXX	V///	XXX	xxx	XXX	XXX	XXX	XXX	V///	XXX	XXX	XXX	VVV
	099999, 1199999 and 1299999)			XXX		XXX							XXX				XXX
	otal Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates	2000000 00	00000	***	***	***	XXX	***	XXX	***	***	XXX	***	***	XXX	XXX	XXX
	otal Unauthorized Excluding Protected Cells (Sum of 2	2299999, 23	99999,	VVVV	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	VVV	XXX	XXX	xxx
	2499999, 2599999 and 2699999) otal Certified - Affiliates - U.S. Non-Pool			XXX	XXX 0	XXX	XXX 0		XXX	XXX	XXX	XXX 0	XXX	XXX	XXX	XXX 0	
	otal Certified - Affiliates - 0.5. Non-Pool otal Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0		XXX	0	0	0	0	0	0		ŭ
	otal Certified - Affiliates - Other (Non-0.5.)			XXX	0		0		XXX	0	0	0		0	0	0	
		200 270000	0. 2000000	***	U	U	U	***	***	U	U	U	U	U	U	U	U
	otal Certified Excluding Protected Cells (Sum of 36999 999999 and 4099999)	999, 379999	9, 3699999,	xxx	٥	0	0	XXX	xxx	0	٥	0	0		0	0	0
	otal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates - Other (Non-U.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates	<b>○</b> .,		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction Excluding Protected Cells	(Sum of 509	99999	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001	7001
	(199999, 5299999, 5399999 and 5499999)	, 0. 000	,	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized, Unauthorized, Reciprocal Jurisdiction	and Certifie	d Excludina											1			
	Protected Cells (Sum of 1499999, 2899999, 4299999 a			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
5899999. To	otal Protected Cells (Sum of 1399999, 2799999, 4199	999 and 559	99999)	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 To	tals		,	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

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

				(Total Provision for I						
		70			Provision for Over	due Authorized and				
			Provision for Unauth	norized Reinsurance	Reciprocal Jurisdi	ction Reinsurance		Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
					Complete if	Complete if				
					Col. 52 = "Yes";	Col. 52 = "No";				
					Otherwise Enter 0	Otherwise Enter 0				
						Greater of 20% of Net				
					20% of Recoverable	Recoverable Net of				
					on Paid Losses &	Funds Held &				
		20% of		Provision for Overdue	LAE Over 90 Days	Collateral, or 20% of				
		Recoverable on Paid	Provision for	Reinsurance from	Past Due Amounts	Recoverable on Paid	Provision for Amounts			
		Losses & LAE Over	Reinsurance with	Unauthorized	Not in Dispute + 20%	Losses & LAE Over 90	Ceded to Authorized	Provision for Amounts		
ID		90 Days past Due	Unauthorized	Reinsurers and	of Amounts in	Days Past Due		Ceded to Unauthorized		
Number		Amounts Not in	Reinsurers Due to	Amounts in Dispute	Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	Cols. [40 + 41] * 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 + 77)
	THE HANOVER INSURANCE COMPANY	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Authorized Excluding Protected Cells (Sum of 0899999,									
	999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. To	tal Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. To	tal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. To	tal Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. To	tal Unauthorized Excluding Protected Cells (Sum of 2299999,									
2	399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. To	tal Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. To	tal Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. To	tal Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. To	tal Certified Excluding Protected Cells (Sum of 3699999, 3799999,									
3	899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999. To	tal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
	tal Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999. To	tal Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999. To	tal Reciprocal Jurisdiction Excluding Protected Cells (Sum of									
	099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999. To	tal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified									
E	xcluding Protected Cells (Sum of 1499999, 2899999, 4299999 and									
	699999)	0	0	0	0	0	0	0	0	0
5899999. To	tal Protected Cells (Sum of 1399999, 2799999, 4199999 and									
	599999)	0	0	0	0	0	0	0	0	0
9999999 Tot	als	0	0	0	0	0	0	0	0	0

### **SCHEDULE F - PART 4**

Issuing or Confirmin	g Banks for Letters of Credit from	Schedule F. Part 3	(\$000 Omitted)

1	2	3	4	5
Issuing or Confirming Bank Reference				
Number Used				
in Col. 23 of	Letters of	American Bankers Association		
Sch F Part 3	Credit Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
		, , , , , , , , , , , , , , , , , , ,		
Total				

#### N

#### ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HANOVER CASUALTY COMPANY

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

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

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

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	<u>Affiliated</u>
6.	THE HANOVER INSURANCE COMPANY	97,249	52,274	Yes [ X ] No [ ]
7.		0	0	Yes [ ] No [ ]
8.		0	0	Yes [ ] No [ ]
9.		0	0	Yes [ ] No [ ]
10.		0	0	Yes [ ] No [ ]

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

#### **SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to Identify Net Cre	1 101 Remsurance	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
			_	
1.	Cash and invested assets (Line 12)	8,165,108	0	8, 165, 108
2.	Premiums and considerations (Line 15)	0	0	0
			•	
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)		0	0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
_	24	40 570	0	40 570
5.	Other assets	48,5/6	0	48,5/6
6.	Net amount recoverable from reinsurers	0	97,249,000	97,249,000
			0	
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	8,213,684	97,249,000	105,462,684
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	73,124,000	73,124,000
			_	
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	15 , 439	0	15,439
11.	Unearned premiums (Line 9)	0	24, 125,000	24,125,000
12.	Advance premiums (Line 10)	0	0	0
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15.	Funds held by company under reinsurance treaties (Line 13)	0	0	0
16.	Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17.	Provision for reinsurance (Line 16)	0	0	0
	(			
18.	Other liabilities		0	806
19.	Total liabilities excluding protected cell business (Line 26)	16,245	97,249,000	97,265,245
	- In the second		3.,2.0,300	0.,200,210
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	8,197,439	XXX	8,197,439
۷۱.	odipido do regaldo policyrioldero (Elife or )	0, 197, 409	^^^	0, 197,409
22.	Totals (Line 38)	8,213,684	97,249,000	105,462,684

Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?	Yes [ X ]	No [	]
If yes, give full explanation: The Company ceded 100% of its insurance business to The Hanover Insurance Company, an affiliated insurer.			

# Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities **NONE** 

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

NONE

# Schedule P - Part 1A - Homeowners/Farmowners **NONE**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical **N O N E** 

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

		Pr	emiums Earn	ed		(+	Loss	and Loss Ex	cpense Paymo	ents			12
Ye	ears in	1	2	3			Defense		Adjusting	and Other	10	11	
	/hich				Loss Pa	yments	Containmer	t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Ind	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	1,144	1,144	0	186	186	0	0	37	37	0	0	59
3.	2014	1 , 167	1,167	0	737	737	196	196	53	53	0	0	84
4.	2015	1,051	1,051	0	235	235	27	27	32	32	0	0	47
5.	2016	838	838	0	1,349	1,349	35	35	36	36	0	0	55
6.	2017	791	791	0	331	331	36	36	31	31	0	0	42
7.	2018	775	775	0	158	158	42	42	32	32	0	0	42
8.	2019	688	688	0	177	177	30	30	30	30	0	0	39
9.	2020	729	729	0	110	110	15	15	25	25	0	0	23
10.	2021	711	711	0	47	47	0	0	11	11	0	0	10
11.	2022	538	538	0	7	7	0	0	6	6	0	0	7
12.	Totals	XXX	XXX	XXX	3,336	3,336	380	380	294	294	0	0	XXX

			Lagger	Linnaid		Defens	a and Coat (	Containment	Llangid	A diverti	ng and	23	24	25
		Case		Unpaid Bulk +	IRNR	Case		Containment Bulk +		Other	ng and Innaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses Unpaid	Direct and Assumed
		7100011100	Ocaca	7133411104	Ocucu	7100011100	Ocaca	7133411104	Ocaca	7100011100	Ocucu		Oripaid	7133411104
1.	Prior	0	0	3	3	0	0	1	1	0	0	0	0	0
2.	2013	0	0	2	2	0	0	0	0	0	0	0	0	0
3.	2014	0	0	2	2	0	0	1	1	0	0	0	0	0
4.	2015	0	0	2	2	0	0	1	1	0	0	0	0	0
5.	2016	0	0	3	3	0	0	2	2	0	0	0	0	0
6.	2017	0	0	4	4	0	0	2	2	0	0	0	0	0
7.	2018	0	0	6	6	0	0	3	3	0	0	0	0	0
8.	2019	100	100	13	13	25	25	10	10	1	1	0	0	1
9.	2020	15	15	30	30	3	3	12	12	1	1	0	0	1
10.	2021	0	0	56	56	0	0	27	27	0	0	0	0	0
11.	2022	14	14	90	90	0	0	32	32	3	3	0	0	2
12.	Totals	129	129	211	211	28	28	90	90	5	5	0	0	4

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
			d Loss Expense			ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	225	225	0	19.7	19.7	0.0	0	0	0.0	0	0
3.	2014	989	989	0	84.7	84.7	0.0	0	0	0.0	0	0
4.	2015	297	297	0	28.3	28.3	0.0	0	0	0.0	0	0
5.	2016	1,425	1,425	0	170.1	170.1	0.0	0	0	0.0	0	0
6.	2017	404	404	0	51.1	51.1	0.0	0	0	0.0	0	0
7.	2018	240	240	0	31.0	31.0	0.0	0	0	0.0	0	
8.	2019	386	386	0	56.1	56.1	0.0	0	0	0.0	0	0
9.	2020	210	210	0	28.9	28.9	0.0	0	0	0.0	0	C
10.	2021	141	141	0	19.8	19.8	0.0	0	0	0.0	0	(
11.	2022	152	152	0	28.2	28.2	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

		Pr	emiums Earn	ed		•	Los	s and Loss Ex	cpense Payme	ents			12
	ears in	1	2	3			Defense			and Other	10	11	
_	/hich				Loss Pa			t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	79	79	7	7	0	0	0	0	XXX
2.	2013	1,271	1,271	0	201	201	36	36	61	61	0	0	70
3.	2014	1,100	1,100	0	120	120	18	18	66	66	0	0	59
4.	2015	918	918	0	17	17	1	1	42	42	0	0	40
5.	2016	1,121	1, 121	0	414	414	33	33	85	85	0	0	76
6.	2017	792	792	0	466	466	18	18	59	59	0	0	58
7.	2018	730	730	0	92	92	3	3	65	65	0	0	65
8.	2019	936	936	0	243	243	13	13	99	99	0	0	100
9.	2020	705	705	0	126	126	14	14	82	82	0	0	71
10.	2021	880	880	0	335	335	25	25	172	172	0	0	167
11.	2022	1,416	1,416	0	320	320	13	13	148	148	0	0	156
12.	Totals	XXX	XXX	XXX	2,413	2,413	180	180	880	880	0	0	XXX

												23	24	25
		Case		Unpaid Bulk +	IDNID	Defens Case	e and Cost (	Containment Bulk +		Adjusti				
		13	14	15	16	17	18	19	20	Other 21	22			Number
		Direct	14	Direct	10	Direct	10	Direct	20	Direct	22	Salvage and Subrog-	Total Net Losses and	of Claims Outstand- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	5,096	5,096	380	380	0	0	22	22	11	11	0	0	11
2.	2013	116	116	44	44	0	0	4	4	1	1	0	0	1
3.	2014	0	0	51	51	0	0	4	4	0	0	0	0	0
4.	2015	0	0	44	44	0	0	3	3	0	0	0	0	0
5.	2016	24	24	37	37	0	0	3	3	1	1	0	0	1
6.	2017	112	112	56	56	0	0	4	4	3	3	0	0	3
7.	2018	0	0	36	36	0	0	3	3	0	0	0	0	0
8.	2019	0	0	37	37	0	0	4	4	0	0	0	0	0
9.	2020	0	0	71	71	0	0	7	7	0	0	0	0	0
10.	2021	47	47	55	55	0	0	8	8	5	5	0	0	5
11.	2022	1,480	1,480	132	132	0	0	16	16	52	52	0	0	52
12.	Totals	6,876	6,876	943	943	0	0	78	78	73	73	0	0	73

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums I		Nontabula	r Discount			fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	464	464	0	36.5	36.5	0.0	0	0	0.0	0	0
3.	2014	259	259	0	23.6	23.6	0.0	0	0	0.0	0	0
4.	2015	106	106	0	11.6	11.6	0.0	0	0	0.0	0	0
5.	2016	598	598	0	53.3	53.3	0.0	0	0	0.0	0	0
6.	2017	718	718	0	90.7	90.7	0.0	0	0	0.0	0	0
7.	2018	199	199	0	27.2	27.2	0.0	0	0	0.0	0	0
8.	2019	396	396	0	42.4	42.4	0.0	0	0		0	0
9.	2020	299	299	0	42.5	42.5	0.0	0	0	0.0	0	0
10.	2021	646	646	0	73.4	73.4	0.0	0	0	0.0	0	0
11.	2022	2,162	2,162	0	152.7	152.7	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

		Pr	emiums Earn	ed		``	Los	s and Loss Ex	cpense Payme	ents			12
Ye	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa	ayments	Containmer	t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
_	ned and	l <u>_</u>							l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	50	50	17	17	3	3	0	0	XXX
2.	2013	21,010	21,010	0	8 , 495	8 ,495	1,354	1,354	933	933	0	0	773
3.	2014	21,504	21,504	0	10,469	10,469	1,356	1,356	848	848	0	0	684
4.	2015	23,337	23,337	0	7,965	7,965	928	928	843	843	0	0	642
5.	2016	26,337	26,337	0	27,014	27,014	1,912	1,912	1,306	1,306	0	0	984
6.	2017	30 , 414	30 , 414	0	30,320	30,320	4 , 165	4 , 165	1,824	1,824	0	0	1,312
7.	2018	35,246	35,246	0	13, 143	13,143	955	955	1,439	1,439	0	0	995
8.	2019	40,897	40,897	0	21,840	21,840	1,751	1,751	1,742	1,742	0	0	1,091
9.	2020	43,537	43,537	0	14,369	14,369	999	999	1,940	1,940	0	0	1,238
10.	2021	46,705	46,705	0	48,005	48,005	1,950	1,950	3,957	3,957	0	0	2,027
11.	2022	46,929	46,929	0	7,809	7,809	142	142	1,567	1,567	0	0	710
12.	Totals	XXX	XXX	XXX	189,480	189,480	15,530	15,530	16,402	16,402	0	0	XXX

												23	24	25
			Losses				e and Cost (				ing and			
		Case		Bulk +		Case			- IBNR		Unpaid			
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses and	Number of Claims Outstand- ing
		and	0.1.1	and	0.1.1	and	0.4.4	and	0.1.1	and	0.4.4	ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	10	10	110	110	20	20	122	122	4	4	0	0	2
2.	2013	0	0	48	48	0	0	58	58	0	0	0	0	0
3.	2014	545	545	96	96	251	251	90	90	8	8	0	0	4
4.	2015	10	10	133	133	65	65	130	130	2	2	0	0	1
5.	2016	45	45	190	190	72	72	85	85	6	6	0	0	3
6.	2017	65	65	267	267	47	47	220	220	8	8	0	0	4
7.	2018	73	73	551	551	73	73	233	233	6	6	0	0	3
8.	2019	1,589	1,589	1,016	1,016	477	477	529	529	42	42	0	0	22
9.	2020	1,987	1,987	2,020	2,020	683	683	961	961	76	76	0	0	40
10.	2021	16 , 174	16, 174	3,547	3,547	703	703	1,535	1,535	212	212	0	0	112
11.	2022	7,047	7,047	14,913	14,913	726	726	2,212	2,212	301	301	0	0	159
12.	Totals	27,545	27,545	22,893	22,893	3,118	3, 118	6, 175	6,175	662	662	0	0	350

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves At	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	10,889	10,889	0	51.8	51.8	0.0	0	0	0.0	0	0
3.	2014	13,662	13,662	0	63.5	63.5	0.0	0	0	0.0	0	0
4.	2015	10,077	10,077	0	43.2	43.2	0.0	0	0	0.0	0	0
5.	2016	30,629	30,629	0	116.3	116.3	0.0	0	0	0.0	0	0
6.	2017	36,917	36,917	0	121.4	121.4	0.0	0	0	0.0	0	0
7.	2018	16,473	16,473	0	46.7	46.7	0.0	0	0	0.0	0	0
8.	2019	28,985	28,985	0	70.9	70.9	0.0	0	0	0.0	0	0
9.	2020	23,035	23,035	0	52.9	52.9	0.0	0	0	0.0	0	0
10.	2021	76,083	76,083	0	162.9	162.9	0.0	0	0	0.0	0	0
11.	2022	34,718	34,718	0	74.0	74.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

# Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence ${f N}$ ${f O}$ ${f N}$ ${f E}$

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

## SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY) (\$000 OMITTED)

		Pr	emiums Earn	ed		(400	Los		pense Payme	ents			12
Υe	ears in	1	2	3				and Cost	Adjusting		10	11	1
٧	Vhich				Loss Pa	yments	Containmer	nt Payments		nents			Number of
-	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and	0-4-4	Not (4 O)	Direct and	0-4-4	Direct and	0-4-4	Direct and	0-4-4		(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	42	42	0	0	0	0	0	0	0	0	0	XXX
3.	2014	52	52	0	58	58	0	0	2	2	0	0	XXX
4.	2015	45	45	0	0	0	0	0	0	0	0	0	XXX
5.	2016	50	50	0	0	0	0	0	0	0	0	0	XXX
6.	2017	56	56	0	0	0	0	0	0	0	0	0	XXX
7.	2018	103	103	0	0	0	0	0	2	2	0	0	XXX
8.	2019	165	165	0	0	0	0	0	0	0	0	0	XXX
9.	2020	231	231	0	0	0	0	0	0	0	0	0	XXX
10.	2021	206	206	0	0	0	1	1	2	2	0	0	XXX
11.	2022	152	152	0	0	0	0	0	0	0	0	0	XXX
12.	Totals	XXX	XXX	XXX	58	58	1	1	7	7	0	0	XXX

						1				1		00	0.4	0.5
			Losses	Unpaid		Defens	e and Cost 0	Containment	Unpaid	Adjust	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR		Basis		- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
		7100011100	00000	7.00000					00000	7.00000	00000	•	opa.a	7 100011100
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	2022	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

1		I	Total		Loss and L	oss Expense F	Porcontago	I		34	Not Palar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	xxx	0	0	xxx	0	0
2.	2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2014	60	60	0	116.4	116.4	0.0	0	0	0.0	0	0
4.	2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	2018	2	2	0	2.4	2.4	0.0	0	0	0.0	0	0
8.	2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2021	3	3	0	1.4	1.4	0.0	0	0	0.0	0	0
11.	2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

		Pr	emiums Earn	ed			Los	and Loss Ex	cpense Payme	ents			12
_	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	/hich				Loss Pa	-		t Payments		nents			Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	823	823	0	236	236	43	43	32	32	0	0	33
3.	2014	896	896	0	1,045	1,045	1,289	1,289	63	63	0	0	44
4.	2015	912	912	0	313	313	182	182	344	344	0	0	302
5.	2016	893	893	0	108	108	37	37	136	136	0	0	34
6.	2017	895	895	0	280	280	62	62	44	44	0	0	20
7.	2018	873	873	0	664	664	220	220	72	72	0	0	38
8.	2019	831	831	0	50	50	23	23	98	98	0	0	44
9.	2020	664	664	0	24	24	0	0	37	37	0	0	10
10.	2021	599	599	0	0	0	5	5	22	22	0	0	4
11.	2022	795	795	0	0	0	0	0	18	18	0	0	7
12.	Totals	XXX	XXX	XXX	2,720	2,720	1,860	1,860	866	866	0	0	XXX

			Losses	Unpaid		Defens	e and Cost 0	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case		Bulk +	· IBNR		Basis		- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
1.	Prior	0	0	15	15	0	0	17	17	0	0	0	0	0
2.	2013	0	0	9	9	0	0	7	7	0	0	0	0	0
3.	2014	125	125	13	13	2	2	13	13	6	6	0	0	2
4.	2015	0	0	13	13	0	0	6	6	0	0	0	0	0
5.	2016	0	0	22	22	0	0	12	12	0	0	0	0	0
6.	2017	0	0	34	34	0	0	17	17	0	0	0	0	0
7.	2018	0	0	52	52	0	0	30	30	0	0	0	0	0
8.	2019	40	40	60	60	11	11	34	34	6	6	0	0	2
9.	2020	0	0	85	85	0	0	61	61	0	0	0	0	0
10.	2021	310	310	122	122	1	1	74	74	9	9	0	0	3
11.	2022	106	106	184	184	110	110	81	81	9	9	0	0	3
12.	Totals	581	581	609	609	125	125	354	354	30	30	0	0	10

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	ice Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	326	326	0	39.7	39.7	0.0	0	0	0.0	0	0
3.	2014	2,556	2,556	0	285.2	285.2	0.0	0	0	0.0	0	0
4.	2015	857	857	0	94.0	94.0	0.0	0	0	0.0	0	0
5.	2016	314	314	0	35.2	35.2	0.0	0	0	0.0	0	0
6.	2017	437	437	0	48.8	48.8	0.0	0	0	0.0	0	0
7.	2018	1,038	1,038	0	119.0	119.0	0.0	0	0		0	0
8.	2019	323	323	0	38.9	38.9	0.0	0	0	0.0	0	0
9.	2020	206	206	0	31.1	31.1	0.0	0	0	0.0	0	0
10.	2021	545	545	0	90.9	90.9	0.0	0	0	0.0	0	0
11.	2022	508	508	0	63.8	63.8	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

#### SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

		Pr	emiums Earn	ed		,	Los	and Loss Ex	cpense Payme	ents			12
_	ears in	1	2	3				and Cost		and Other	10	11	
	/hich				Loss Pa			t Payments		nents	1		Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2013	65	65	0	0	0	0	0	0	0	0	0	0
3.	2014	106	106	0	100	100	0	0	2	2	0	0	1
4.	2015	72	72	0	0	0	0	0	0	0	0	0	0
5.	2016	90	90	0	25	25	31	31	7	7	0	0	4
6.	2017	109	109	0	13	13	65	65	51	51	0	0	24
7.	2018	83	83	0	45	45	41	41	34	34	0	0	14
8.	2019	58	58	0	0	0	0	0	0	0	0	0	0
9.	2020	55	55	0	0	0	0	0	0	0	0	0	0
10.	2021	87	87	0	60	60	49	49	3	3	0	0	1
11.	2022	130	130	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	242	242	186	186	96	96	0	0	XXX

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

		ı						1				01 1
			Total			oss Expense F			5: .	34	Net Balar	
			Loss Expense			ed /Premiums E			r Discount		Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2014	102	102	0	96.2	96.2	0.0	0	0	0.0	0	0
4.	2015	0	0	0	0.1	0.1	0.0	0	0	0.0	0	0
5.	2016	63	63	0	70.3	70.3	0.0	0	0	0.0	0	0
6.	2017	129	129	0	118.4	118.4	0.0	0	0	0.0	0	0
7.	2018	123	123	0	148.7	148.7	0.0	0	0	0.0	0	0
8.	2019	3	3	0	5.3	5.3	0.0	0	0	0.0	0	0
9.	2020	4	4	0	6.6	6.6	0.0	0	0	0.0	0	0
10.	2021	120	120	0	137.7	137.7	0.0	0	0	0.0	0	0
11.	2022	22	22	0	17.0	17.0	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

## SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

						(+	OUMITIES	/					
		Pr	emiums Earne	ed			Los	s and Loss Ex	pense Payme	ents			12
Year	rs in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Whi	ich				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premium	ns Were				4	5	6	7	8	9		Total Net	Claims
Earned	d and										Salvage and	Paid Cols	Reported
Losses	Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incur	rred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
4 5	D-1	VVV	V/V/	XXX	•	0	0	0	0	0	0	0	V///
1. F	~rior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2	2021	3 . 186	3 , 186	0	3,730	3,730	87	87	40	40	0	0	XXX
		-,	,		-,								
3. 2	2022	2,429	2,429	0	0	0	0	0	2	2	0	0	XXX
		1001	2001	1001	0.700	0.700	07	07	40	40		0	2004
4. 1	Totals	XXX	XXX	XXX	3,730	3,730	87	87	42	42	U	U	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti				
		Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
<u> </u>		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	1,000	1,000	0	0	0	0	2	2	2	2	0	0	1
2.	2021	213	213	21	21	0	0	5	5	20	20	0	0	9
3.	2022	0	0	350	350	0	0	16	16	0	0	0	0	0
4.	Totals	1,213	1,213	371	371	0	0	23	23	22	22	0	0	10

		_	Total			oss Expense F				34	Net Balar	
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct and			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2021	4,115	4,115	0	129.2	129.2	0.0	0	0	0.0	0	0
3.	2022	368	368	0	15.1	15.1	0.0	0	0	0.0	0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

		Pr	emiums Earn	ed		•	Los	s and Loss Ex	cpense Payme	ents			12
Yea	ars in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
W	/hich				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premiu	ıms Were				4	5	6	7	8	9		Total Net	Claims
Earn	ed and										Salvage and	Paid Cols	Reported
Losse	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Inc	urred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	3	3	0	0	0	0	0	0	XXX
2.	2021	158	158	0	28	28	0	0	7	7	0	0	13
3.	2022	117	117	0	90	90	0	0	3	3	0	0	6
4.	Totals	XXX	XXX	XXX	121	121	0	0	10	10	0	0	XXX

Γ													23	24	25
				Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid		ng and			
			Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			
			13	14	15	16	17	18	19	20	21	22			Number
													Salvage	Total Net	of Claims
													and	Losses	Outstand-
			Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
			and		and		and		and		and		ation	Expenses	Direct and
			Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
	1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.	2022	4	4	5	5	0	0	0	0	0	0	0	0	1
	4.	Totals	4	4	5	5	0	0	1	1	0	0	0	0	1

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves Af	ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2021	35	35	0	22.3	22.3	0.0	0	0	0.0	0	0
3.	2022	101	101	0	86.6	86.6	0.0	0	0	0.0	0	0
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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

NONE

Schedule P - Part 1M - International NONE

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

NONE

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

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

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

	•	Loss	s and Loss Ex	cpense Payme	ents		·	12
		Defense	and Cost	Adjusting	and Other	10	11	
Pa	yments	Containmen	nt Payments	Payn	nents			Number of
	5	6	7	8	9		Total Net	Claims
						Salvage and	Paid Cols	Reported
		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
Ī	28	23	23				0	2004
5	28	23	23	4	4	0	0	XXX
.	_	_					•	•

						(400	O OMITTED	')					
		Pr	emiums Earn	ed			Los	s and Loss Ex	kpense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
Earı	ned and										Salvage and		Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	28	28	23	23	4	4	0	0	XXX
2.	2013	153	153	0	0	0	0	0	0	0	0	0	0
3.	2014	145	145	0	0	0	0	0	5	5	0	0	5
4.	2015	185	185	0	0	0	0	0	0	0	0	0	0
5.	2016	207	207	0	67	67	62	62	2	2	0	0	2
6.	2017	206	206	0	0	0	0	0	0	0	0	0	0
7.	2018	242	242	0	0	0	18	18	6	6	0	0	3
8.	2019	314	314	0	64	64	118	118	14	14	0	0	6
9.	2020	345	345	0	0	0	0	0	2	2	0	0	1
10.	2021	355	355	0	107	107	8	8	6	6	0	0	2
11.	2022	396	396	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	265	265	229	229	39	39	0	0	XXX

												23	24	25
				Unpaid			e and Cost C				ing and			
		Case			BNR		Basis		- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage	Total Net	Number of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and	0.4.4	and	0.4.4	and	0.1.1	and	0.4.4	and	0.4.4	ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	13	13	0	0	9	9	0	0	0	0	0
2.	2013	0	0	7	7	0	0	5	5	0	0	0	0	0
3.	2014	0	0	9	9	0	0	7	7	0	0	0	0	0
4.	2015	0	0	9	9	0	0	3	3	0	0	0	0	0
5.	2016	0	0	13	13	0	0	6	6	0	0	0	0	0
6.	2017	0	0	22	22	0	0	9	9	0	0	0	0	0
7.	2018	30	30	34	34	122	122	16	16	2	2	0	0	1
8.	2019	0	0	39	39	0	0	17	17	0	0	0	0	0
9.	2020	0	0	48	48	0	0	28	28	0	0	0	0	0
10.	2021	100	100	78	78	51	51	39	39	2	2	0	0	1
11.	2022	0	0	151	151	0	0	52	52	0	0	0	0	0
12.	Totals	130	130	425	425	173	173	189	189	4	4	0	0	2

		<u> </u>	Total		Loss and I	oss Expense F	Porcontago	1		34	Net Balar	nco Shoot
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		ter Discount
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and			Direct and				Loss	Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2013	12	12	0	7.9	7.9	0.0	0	0	0.0	0	0
3.	2014	21	21	0	14.2	14.2	0.0	0	0	0.0	0	0
4.	2015	12	12	0	6.3	6.3	0.0	0	0	0.0	0	0
5.	2016	150	150	0	72.5	72.5	0.0	0	0	0.0	0	0
6.	2017	30	30	0	14.8	14.8	0.0	0	0	0.0	0	0
7.	2018	227	227	0	93.8	93.8	0.0	0	0	0.0	0	0
8.	2019	252	252	0	80.4	80.4	0.0	0	0	0.0	0	0
9.	2020	79	79	0	22.8	22.8	0.0	0	0	0.0	0	0
10.	2021	392	392	0	110.4	110.4	0.0	0	0	0.0	0	0
11.	2022	204	204	0	51.4	51.4	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

#### NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2T - Warranty

NONE

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

	CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
					(\$000 OI	MITTED)					Number of	Number of
Years in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
Which											Closed	Closed
Losses											With	Without
Were Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Loss	Loss
		2014	2013	2010	2017	2010	2019	2020	2021	2022	Payment	Payment
1. Prior	000											
2. 2013.												
3. 2014.	xxx											
4. 2015.	xxx	XXX				<b></b>						
5. 2016.		XXX	XXX									
6. 2017.		XXX	XXX	, W						• • • • • • • • • • • • • • • • • • • •		
	XXX											
8. 2019.	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

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

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	5	0
2.	2013	0	0	0	0	0	0	0	0	0	0	45	14
3.	2014	XXX	0	0	0	0	0	0	0	0	0	50	34
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	37	10
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	41	14
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	27	15
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	30	12
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	25	13
9.	2020	XXX	0	0	0	15	7						
10.	2021	XXX	0	0	9	1							
11.	2022	XXX	0	4	1								

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

				<b>/</b>						,			
1.	Prior	000	0	0	0	0	0	0	0	0	0	18	0
2.	2013	0	0	0	0	0	0	0	0	0	0	46	23
3.	2014	XXX	0	0	0	0	0	0	0	0	0	29	30
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	17	23
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	52	23
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	45	10
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	54	11
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	77	23
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	51	20
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	98	64
11.	2022		XXX		XXX			XXX		XXX	0	68	36

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	92	0
2.	2013	0	0	0	0	0	0	0	0	0	0	345	428
3.	2014	XXX	0	0	0	0	0	0	0	0	0	358	322
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	355	286
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	574	407
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	582	726
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	487	505
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	596	473
9.	2020	XXX				542	656						
10.	2021	XXX	0	0	1,364	551							
11.	2022	XXX	0	308	243								

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	/hich											Closed	Closed
	osses											With	Without
٧	Vere											Loss	Loss
Inc	curred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1.	Prior	000											
2.	2013												
3.	2014	XXX											
4.	2015	XXX	XXX		<b></b>			<b></b>					
5.	2016	XXX	XXX	XXX	Α		\ \ \	<b>\</b>					
6.	2017	XXX	XXX	XXX	X								
7.	2018	xxx	XXX	XXX	XXX		<b>47</b>						
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

#### SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

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

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

1.	Prior	000									 XXX	XXX
2.	2013										 XXX	XXX
3.	2014	XXX									 XXX	XXX
4.	2015	XXX	XXX								 XXX	XXX
5.	2016	XXX	XXX	XXX							 XXX	XXX
6.	2017	XXX	XXX	XXX	XXX		<b></b>				 XXX	XXX
7.	2018	XXX	XXX	XXX	X X	XX		<b></b>			 XXX	XXX
8.		XXX				XX	🗴				 XXX	XXX
9.		XXX					.XXX	x			 XXX	XXX
10.			XXX		XXX	XXX	XXX	XXX				XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	7	0
2.	2013	0	0	0	0	0	0	0	0	0	0	10	23
3.	2014	XXX	0	0	0	0	0	0			0	12	30
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	42	260
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	9	25
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	9	11
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	13	25
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	7	35
9.	2020	XXX	0	0	0	2	8						
10.	2021	XXX	0	0	1	0							
11.	2022	XXX	0	1	3								

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	0	0	0	0	0	0	0	0	0	1	0
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	0	0	0	0	0	0	0	2	2
6.	2017	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	22
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1	12
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2020	XXX	0	0	0	0	0						
10.	2021	XXX	0	0	1	0							
11.	2022	xxx	0	0	0								

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

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
Ye	ars in	1	2	3	4 _	5	6	7	8	9	10	Claims	Claims
W	/hich											Closed	Closed
	sses											With	Without
V	Vere											Loss	Loss
Inc	curred	2013	2014	2015	2	17	018	9	2020	2021	2022	Payment	Payment
1	Prior	XXX	XXX	XXX	xxx		×××					XXX	XXX
١.	1 1101												
2.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

| 1. | Prior | XXX | 000 | 0   | 0 | 0 | 0 |
|----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|---|---|
| 2. | 2021  | XXX | 0   | 0 | 7 | 6 |
| 3. | 2022  | XXX | 0 | 5 | 0 |

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

1.	Prior	XXX	XXX	XXX	XXX	<b>(</b>	)			XXX		XXX	200		 XXX	XXX
2.	2021	XXX	XXX	xxx		<b>C.</b> .		ΚX		××	<b>.</b>	: <b>x</b>	XXX		 XXX	XXX
3.	2022	XXX	xxx	XXX				хх		$\infty$		x k	XXX	XXX	xxx	xxx
									J							

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

	_					 1		 		<del>, , , , , , , , , , , , , , , , , , , </del>		 ,	
1.	Prior	XXX	XXX	XXX	XX	 X	. XXX		X	000		XXX	XXX
2.	2021	XXX	XXX	xxx		 xx			X			xxx	XXX
3.	2022	XXX	xxx	xxx	XXX		XXX		K	VVV	xxx	xxx	xxx

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

				3011	LDULL	r - r An	CI SIVI -			<u> </u>		
1.	Prior	000									 xxx	xxx
2.	2013										 xxx	XXX
3.	2014	XXX									 xxx	XXX
4.	2015	XXX	XXX								 xxx	XXX
5.	2016	XXX	XXX	XXX							 XXX	XXX
6.	2017	XXX	XXX	XXX	XX			<b></b>			 XXX	XXX
7.	2018	XXX	XXX	XXX							 xxx	XXX
8.	2019	XXX	XXX	XXX	XX		.XXX				 xxx	XXX
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	xxx			 xxx	XXX
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		xxx	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

# Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule P - Part 30 - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

#### SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

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

#### SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

		COLIED	OLL I	1 41/1 4	OIX - OL	O I IOI 2	<u> </u>	00010	LIADIL	<u> </u>		
1.	Prior	000									 	
2.	2013										 	
3.	2014	XXX									 	
4.	2015	XXX	XXX								 	
5.	2016	XXX	xxx	xxx								
6.	2017	XXX	xxx	xxx	XX			<b></b>		•	 	
7.	2018	XXX	xxx	xxx		×x					 	
8.	2019	XXX	xxx	xxx	xxx		XXX				 	
9.	2020	XXX	xxx	XXX	xxx	xxx	xxx	xxx			 	
10.	2021	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX		 	
11.	2022	xxx	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX		

#### SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1.	Prior	XXX	XXX	XXX	XXX		. XXX	x			XXX	XXX
2.		VVV		XXX	Λ X	×x					XXX	xxx
2	2022	XXX	XXX	XXX		~~	×××			xxx	XXX	XXX
J 3.	2022	***	***	^^^					****	<b>^</b>	***	***

#### **SCHEDULE P - PART 3T - WARRANTY**

1. PriorXXXXXXXXX	XXX	XX	
2. 2021XXXXXXXXX	X xx	∞ k <u> </u>	
3. 2022 XXX XXX XXX	x x	XXX	xxx

Schedule P - Part 4A - Homeowners/Farmowners

#### NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

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

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

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

NONE

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 4G - Special Liability

NONE

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

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

NONE

### Schedule P - Part 4M - International

#### NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property **NONE** 

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability **N O N E** 

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

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made **NONE** 

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

NONE

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

Schedule P - Part 5A - Homeowners/Farmowners - Section 1 **NONE** 

Schedule P - Part 5A - Homeowners/Farmowners - Section 2 **NONE** 

Schedule P - Part 5A - Homeowners/Farmowners - Section 3 **NONE** 

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

NONE

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

		CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
Years	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned										
	Losses	0040	2211	22.45	22.12	00.4=	0040	0040		2024	2222
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	15	2	3	0	0	0	0	0	0	0
2.	2013	38	44	45	45	45	45	45	45	45	45
3.	2014	XXX	31	44	47	47	50	50	50	50	50
4.	2015	XXX	XXX	29	35	36	36	37	37	37	37
5.	2016	XXX	XXX	XXX	29	37	41	41	41	41	41
6.	2017	XXX	XXX	XXX	XXX	19	25	27	27	27	27
7.	2018	XXX	XXX	XXX	XXX	XXX	19	27	28	30	30
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	15	23	23	25
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	15	15
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	9
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

#### **SECTION 2**

						LC HON	_				
				NUMBER	R OF CLAIMS O	UTSTANDING [	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	4	2	0	0	0	0	0	0	0	0
2.	2013	5	0	0	0	0	0	0	0	0	0
3.	2014	XXX	22	6	3	3	0	0	0	0	0
4.	2015	XXX	XXX	9	3	1	1	0	0	0	0
5.	2016	XXX	XXX	XXX	8	4	0	0	0	0	0
6.	2017	XXX	XXX	XXX	XXX	11	3	1	1	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	8	2	1	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	12	3	3	1
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	1	1
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

#### **SECTION 3**

						LC HON					
		CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
Years in Which Premiums Were Earned and Losses		1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	2	0	1	0	0	0	0	0	0	
2.	2013	52	57	59	59	59	59	59	59	59	5
3.	2014	XXX	78	84	84	84	84	84	84	84	8
4.	2015	XXX	XXX	44	47	47	47	47	47	47	4
5.	2016	XXX	XXX	XXX	45	54	55	55	55	55	5
6.	2017	XXX	XXX	XXX	XXX	36	40	42	42	42	
7.	2018	XXX	XXX	XXX	XXX	XXX	34	39	40	42	
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	34	39	39	
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23	2
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1
11	2022	xxx	xxx	XXX	XXX	XXX	xxx	xxx	xxx	XXX	

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

		- CEGNON I										
			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END		
Years	in Which	1	2	3	4	5	6	7	8	9	10	
	emiums											
	e Earned											
	Losses											
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1.	Prior	34	9	4	0	2	1	1	0	0	1	
2.	2013	19	44	44	46	46	46	46	46	46	46	
3.	2014	XXX	14	21	28	29	29	29	29	29	29	
4.	2015	XXX	XXX	13	15	15	16	17	17	17	17	
5.	2016	XXX	XXX	XXX	34	44	47	51	52	52	52	
6.	2017	XXX	XXX	XXX	XXX	26	43	44	44	45	45	
7.	2018	XXX	XXX	XXX	XXX	XXX	41	53	54	54	54	
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	45	74	77	77	
9.	2020	XXX	XXX	XXX	XXX	xxx	XXX	xxx	32	49	51	
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	98	
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	

#### **SECTION 2**

	SECTION 2										
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	27	18	14	14	12	13	12	12	12	11
2.	2013	21	2	2	0	0	0	1	1	1	1
3.	2014	XXX	8	4	0	0	0	0	0	0	0
4.	2015	XXX	XXX	1	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	15	3	5	1	1	1	1
6.	2017	XXX	XXX	XXX	XXX	19	2	2	2	3	3
7.	2018	XXX	XXX	XXX	XXX	XXX	9	0	0	0	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	28	4	0	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	2	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	5
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52

#### SECTION 3

					3	ECHON.	3				
				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
	in Which miums	1	2	3	4	5	6	7	8	9	10
Were	Earned Losses										
Were	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	8	2	0	0	0	2	0	0	0	0
2.	2013	54	69	69	69	69	69	70	70	70	70
3.	2014	XXX	50	55	58	59	59	59	59	59	59
4.	2015	XXX	XXX	31	36	36	39	40	40	40	40
5.	2016	XXX	XXX	XXX	68	70	75	75	76	76	76
6.	2017	XXX	XXX	XXX	XXX	52	55	56	56	58	58
7.	2018	XXX	XXX	XXX	XXX	XXX	59	64	65	65	65
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	89	100	100	100
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	71	71
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	167
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156

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

			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned										
	Losses	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
*****	inouncu	2010	2011	2010	2010	2011	2010	2010	2020	2021	LULL
1.	Prior	167	54	21	5	7	3	1	0	0	1
2.	2013	200	311	329	336	344	344	344	345	345	345
3.	2014	XXX	232	319	329	341	345	352	354	357	358
4.	2015	XXX	XXX	210	312	336	345	347	351	353	355
5.	2016	XXX	XXX	XXX	344	503	543	561	569	571	574
6.	2017	XXX	XXX	XXX	XXX	329	511	553	575	578	582
7.	2018	XXX	XXX	XXX	XXX	XXX	309	441	473	483	487
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	379	529	569	596
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	380	496	542
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,136	1,364
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	308

#### **SECTION 2**

						LC HON					
		NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END           1         2         3         4         5         6         7         8         9									
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	86	42	18	17	15	4	4	8	6	2
2.	2013	138	34	18	7	3	1	1	0	0	0
3.	2014	XXX	115	26	17	24	19	8	7	5	4
4.	2015	XXX	XXX	123	37	16	5	4	2	2	1
5.	2016	XXX	XXX	XXX	185	73	34	12	7	5	3
6.	2017	XXX	XXX	XXX	XXX	241	78	35	16	7	4
7.	2018	XXX	XXX	XXX	XXX	XXX	187	55	17	9	3
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	183	68	53	22
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134	67	40
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	253	112
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	159

#### **SECTION 3**

					3	ECTION .	<u> </u>				
				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Prer Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	161	46	11	6	10	2	3	7	4	(
2.	2013	649	744	760	766	773	773	773	773	773	77
3.	2014	XXX	575	641	657	679	682	682	683	684	68
4.	2015	XXX	XXX	510	608	627	631	635	638	640	64
5.	2016	XXX	XXX	XXX	793	941	970	974	981	983	98
6.	2017	XXX	XXX	XXX	XXX	1,067	1,246	1,286	1,304	1,306	1,31
7.	2018	XXX	XXX	XXX	XXX	XXX	816	954	984	990	99
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	866	1,018	1,074	1,09
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,057	1, 198	1,23
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800	2,02
11.	2022	xxx	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	71

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

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

NONE

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

NONE

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

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

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

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

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	miums Earned										
	Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	4	2	4	1	0	0	0	0	0	0
2.	2013	2	6	10	10	10	10	10	10	10	10
3.	2014	XXX	5	11	11	12	12	12	12	12	12
4.	2015	XXX	XXX	4	39	42	42	42	42	42	42
5.	2016	XXX	XXX	XXX	2	4	9	9	9	9	9
6.	2017	XXX	XXX	XXX	XXX	3	4	8	9	9	9
7.	2018	XXX	XXX	XXX	XXX	XXX	3	5	7	13	13
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	2	2	7	7
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

#### **SECTION 2A**

	Years in NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END										
Ye	Years in         NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END           Years in Which Premiums         1         2         3         4         5         6         7         8         9										
Pre Were		1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	7	4	0	0	0	0	0	0	0	0
2.	2013	12	8	0	0	0	0	0	0	0	0
3.	2014	XXX	9	2	3	0	1	2	2	2	2
4.	2015	XXX	XXX	258	7	4	1	0	0	0	0
5.	2016	XXX	XXX	XXX	13	6	3	3	1	0	0
6.	2017	XXX	XXX	XXX	XXX	7	5	1	0	0	0
7.	2018	XXX	XXX	XXX	XXX	XXX	15	11	10	1	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	13	14	0	2
9.	2020	XXX	0	0	0						
10.	2021	XXX	4	3							
11.	2022	XXX	3								

#### **SECTION 3A**

					JL	CHOIN 3	A				
Υe	ears in			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	7	1	0	1	0	0	0	0	0	0
2.	2013	23	33	33	33	33	33	33	33	33	33
3.	2014	XXX	32	38	41	41	42	44	44	44	44
4.	2015	XXX	XXX	271	294	299	302	302	302	302	302
5.	2016	XXX	XXX	XXX	19	24	27	27	29	34	34
6.	2017	XXX	XXX	XXX	XXX	18	20	20	20	20	20
7.	2018	XXX	XXX	XXX	XXX	XXX	24	35	38	38	38
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	24	35	41	44
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10	10
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11.	2022	xxx	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	7

# SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE SECTION 1B

Ye	ears in CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END s in Which 1 2 3 4 5 6 7 8 9										
		1	2	3	4	5	6	7	8	9	10
	miums										
	Earned Losses										
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	1	1	1	1	1	1	1	1	1
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	0	2	2	2	2	2	2
6.	2017	XXX	XXX	XXX	XXX	1	1	2	2	2	2
7.	2018	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2020	XXX	0	0	0						
10.	2021	XXX	0	1							
11.	2022	XXX	0								

#### **SECTION 2B**

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

#### **SECTION 3B**

					JL	CHON 3	D				
Υe	Years in         CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END           Years in Which         1         2         3         4         5         6         7         8         9										
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1.	Prior	0	0	0	0	0	0	0	0	0	0
2.	2013	0	0	0	0	0	0	0	0	0	0
3.	2014	XXX	1	1	1	1	1	1	1	1	1
4.	2015	XXX	XXX	0	0	0	0	0	0	0	0
5.	2016	XXX	XXX	XXX	4	4	4	4	4	4	4
6.	2017	XXX	XXX	XXX	XXX	19	23	23	24	24	24
7.	2018	XXX	XXX	XXX	XXX	XXX	11	14	14	14	14
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11.	2022	xxx	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	0

# SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE SECTION 1A

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

#### **SECTION 2A**

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

#### **SECTION 3A**

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

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

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

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

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

Schedule P - Part 5T - Warranty - Section 2 **N O N E** 

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

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

Υe	ears in Which		CUMU	LATIVE PRE	MIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
6	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	(3)	1	0	0	0	0	0	0	0	0	0
2.	2013	1,147	1, 148	1,149	1,149	1, 149	1, 149	1,149	1,149	1,149	1,149	0
3.	2014	XXX	1, 165	1,167	1,167	1, 167	1, 167	1,167	1,167	1,167	1,167	0
4.	2015	XXX	XXX	1,049	1,049	1,049	1,049	1,049	1,049	1,049	1,049	0
5.	2016	XXX	XXX	XXX	838	838	838	838	838	838	838	0
6.	2017	XXX	XXX	XXX	XXX	791	793	793	793	793	793	0
7.	2018	XXX	XXX	XXX	XXX	XXX	773	773	776	776	776	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	688	691	691	691	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	724	728	728	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	702	(5)
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	543	543
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	538
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,144	1,167	1,051	838	791	775	688	729	711	538	XXX

#### **SECTION 2**

Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	(3)	1	0	0	0	0	0	0	0	0	0
2.	2013	1,147	1, 148	1,149	1, 149	1,149	1, 149	1, 149	1, 149	1,149	1,149	0
3.	2014	XXX	1, 165	1,167	1,167	1, 167	1, 167	1,167	1,167	1,167	1,167	0
4.	2015	XXX	XXX	1,049	1,049	1,049	1,049	1,049	1,049	1,049	1,049	0
5.	2016	XXX	XXX	XXX	838	838	838	838	838	838	838	0
6.	2017	XXX	XXX	XXX	XXX	791	793	793	793	793	793	0
7.	2018	XXX	XXX	XXX	XXX	XXX	773	773	776	776	776	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	688	691	691	691	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	724	728	728	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	702	(5)
11.	2022	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	543	543
12.	Totals	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	538
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,144	1,167	1,051	838	791	775	688	729	711	538	XXX

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

					· ·		N I					
Υ	ears in Which		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
١	Vere Earned											Year
	and Losses											Premiums
V	/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	61	(6)	(7)	0	0	0	0	0	0	0	0
2.	2013	1,210	1,245	1,244	1,243	1,243	1,243	1,243	1,243	1,243	1,243	0
3.	2014	XXX	1,072	1 , 165	1, 163	1,163	1, 163	1,163	1,163	1,163	1,163	0
4.	2015	XXX	XXX	833	905	909	909	909	909	909	909	0
5.	2016	XXX	XXX	XXX	1,052	1,133	1, 136	1, 136	1, 136	1, 136	1, 136	0
6.	2017	xxx	XXX	XXX	XXX	706	755	751		750	750	0
7	2018	XXX	XXX	XXX	XXX	xxx	679	742	741	741	741	0
8.	2019	XXX	XXX	XXX			XXX	877	937	934	934	0
9	2020	XXX	XXX	XXX				XXX	646	667	672	5
10.	2021	XXX	XXX		XXX						984	121
10.	2022	XXX	XXX	XXX	XXX			XXX	XXX	XXX	1.290	1 290
12.	Totals	XXX	XXX		XXX				XXX	XXX	XXX	1 /16
1		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,410
13.	Earned											
	Premiums (Sch P-Pt. 1)	1.271	1.100	918	1.121	792	730	936	705	880	1,416	xxx

#### SECTION 2

					3	SECTIO	N 2					
Ye	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	61	(6)	(7)	0	0	0	0	0	0	0	0
2.	2013	1,210	1,245	1,244	1,243	1,243	1,243	1,243	1,243	1,243	1,243	0
3.	2014	XXX	1,072	1 , 165	1, 163	1,163	1, 163	1,163	1 , 163	1, 163	1, 163	0
4.	2015	XXX	XXX	833	905	909	909	909	909	909	909	0
5.	2016	XXX	XXX	XXX	1,052	1, 133	1,136	1,136	1, 136	1 , 136	1,136	0
6.	2017	XXX	XXX	XXX	XXX	706	755	751	750	750	750	0
7.	2018	XXX	XXX	XXX	XXX	xxx	679	742	741	741	741	0
8.	2019	XXX	XXX	XXX	XXX	xxx	xxx	877	937	934	934	0
9.	2020	XXX	XXX	XXX	XXX	xxx	xxx	xxx	646	667	672	5
10.	2021	XXX	XXX	xxx	XXX	xxx	xxx	xxx	xxx	863	984	121
11.	2022	XXX	XXX	XXX	XXX	xxx	xxx	xxx	xxx	xxx	1,290	1,290
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,416
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	1,271	1,100	918	1,121	792	730	936	705	880	1,416	XXX

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

Υe	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUMED	AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	65	(7)	0	0	0	0	0	0	0	0	0
2.	2013	20,945	21,022	21,027	21,027	21,027	21,027	21,027	21,027	21,027	21,027	0
3.	2014	XXX	21,434	21,506	21,510	21,510	21,510	21,510	21,510	21,510	21,510	0
4.	2015	XXX	XXX	23,260	23,291	23,281	23,281	23,281	23,281	23,281	23,281	0
5.	2016	XXX	XXX	XXX	26,302	26,362	26,302	26,302	26,301	26,301	26,301	0
6.	2017	XXX	XXX	XXX	XXX	30,364	30,441	30,479	30,479	30,479	30,479	0
7.	2018	XXX	XXX	XXX	XXX	XXX	35,229	35,485	35,529	35,529	35,529	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	40,603	40,598	40,577	40,577	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	xxx	43,499	43,472	43,491	18
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	46,752	46,943	191
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	xxx	46,720	46,720
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	46,929
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	21,010	21,504	23,337	26,337	30,414	35,246	40,897	43,537	46,705	46,929	XXX

#### **SECTION 2**

							-					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
V	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	65	(7)	0	0	0	0	0	0	0	0	0
2.	2013	20,945	21,022	21,027	21,027	21,027	21,027	21,027	21,027	21,027	21,027	0
3.	2014	XXX	21,434	21,506	21,510	21,510	21,510	21,510	21,510	21,510	21,510	0
4.	2015	XXX	XXX	23,260	23,291	23,281	23,281	23,281	23,281	23,281	23,281	0
5.	2016	XXX	XXX	XXX	26,302	26,362	26,302	26,302	26,301	26,301	26,301	0
6.	2017	XXX	XXX	XXX	XXX	30,364	30,441	30,479	30,479	30,479	30,479	0
7.	2018	XXX	XXX	XXX	XXX	XXX	35,229	35,485	35,529	35,529	35,529	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	40,603	40,598	40,577	40,577	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,499	43,472	43,491	18
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,752	46,943	191
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,720	46,720
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,929
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	21,010	21,504	23,337	26,337	30,414	35,246	40,897	43,537	46,705	46,929	XXX

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

					_							
Ye	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
;	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	33	2	0	0	0	0	0	0	0	0	0
2.	2013	790	816	817	817	817	817	817	817	817	817	0
3.	2014	XXX	868	891	892	892	892	892	892	892	892	0
4.	2015	XXX	XXX	888	915	911	911	911	911	911	911	0
5.	2016	xxx	xxx	xxx	865	852	852	852	852	852	852	0
6.	2017	xxx	xxx	xxx	XXX	912	936	944	944	944	944	0
7.	2018	xxx	xxx	xxx	XXX	XXX	849	887	892	892	892	0
8.	2019	xxx	xxx	xxx	XXX	xxx	XXX	784	838	829	829	0
9.	2020	xxx	xxx	xxx	XXX	xxx	XXX	xxx	606	474	471	(3)
10.	2021	xxx	xxx	xxx	XXX	xxx	XXX	xxx	XXX	739	719	(21)
11.	2022	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx	819	819
12.	Totals	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	795
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	823	896	912	893	895	873	831	664	599	795	XXX

#### **SECTION 2A**

					3	EC HON	I ZA					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
V	/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	33	2	0	0	0	0	0	0	0	0	0
2.	2013	790	816	817	817	817	817	817	817	817	817	0
3.	2014	XXX	868	891	892	892	892	892	892	892	892	0
4.	2015	XXX	XXX	888	915	911	911	911	911	911	911	0
5.	2016	XXX	XXX	XXX	865	852	852	852	852	852	852	0
6.	2017	xxx	xxx	XXX	XXX	912	936	944	944	944	944	0
7.	2018	xxx	xxx	xxx	xxx	xxx	849	887	892	892	892	0
8.	2019	xxx	xxx	xxx	xxx	xxx	xxx	784	838	829	829	0
9.	2020	xxx	xxx	xxx	xxx	xxx	xxx	xxx	606	474	471	(3)
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	739	719	(21)
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	819	
12.	Totals	XXX	XXX	XXX	XXX			XXX	XXX	XXX	xxx	795
13.	Earned Premiums										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Sch P-Pt. 1)	823	896	912	893	895	873	831	664	599	795	XXX

# SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE SECTION 1B

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUMED	AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	65	65	65	65	65	65	65	65	65	65	0
3.	2014	XXX	106	106	106	106	106	106	106	106	106	0
4.	2015	XXX	XXX	72	72	72	72	72	72	72	72	0
5.	2016	XXX	xxx	XXX	90	90	90	90	90	90	90	0
6.	2017	XXX	xxx	XXX	XXX	109	109	109	109	109	109	0
7.	2018	XXX	xxx	XXX	XXX	xxx	83	83	83	83	83	0
8.	2019	xxx	xxx	XXX	XXX	xxx	xxx	58	58	58	58	0
9.	2020	xxx	xxx	XXX	XXX	xxx	xxx	xxx	55	55	55	0
10.	2021	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	87	87	0
11.	2022	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx	130	130
12.	Totals	xxx	xxx	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx	130
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	65	106	72	90	109	83	58	55	87	130	XXX

#### **SECTION 2B**

Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2013	65	65	65	65	65	65	65	65	65	65	0
3.	2014	XXX	106	106	106	106	106	106	106	106	106	0
4.	2015	XXX	XXX	72	72	72	72	72	72	72	72	0
5.	2016	XXX	XXX	XXX	90	90	90	90	90	90	90	0
6.	2017	XXX	XXX	XXX	XXX	109	109	109	109	109	109	0
7.	2018	XXX	XXX	XXX	XXX	XXX	83	83	83	83	83	0
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	58	58	58	58	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55	55	55	0
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87	87	0
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	130
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	65	106	72	90	109	83	58	55	87	130	XXX

# SCHEDULE P - PART 6M - INTERNATIONAL SECTION 1

					•		• •					
Υe	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015	XXX	XXX									
5.	2016	XXX	XXX									
6.	2017	XXX	XXX		XX							
7.	2018	XXX	XXX		XX	X						
8.	2019	XXX	XXX	)	XX	×						
9.	2020	XXX	XXX	)	XXX.	X	xx					
10.	2021	XXX	XXX	xxx	xxx	XXX	XXX	XXX	XXX			
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)											XXX

#### SECTION 2

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

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

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2 **N O N E** 

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

NONE

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

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNI	ED DIRECT A	ND ASSUME	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	9	0	0	0	0	0	0	0	0	0	0
2.	2013	144	148	148	148	148	148	148	148	148	148	0
3.	2014	XXX	141	130	128	128	128	128	128	128	128	0
4.	2015	XXX	XXX	196	188	184	184	184	184	184	184	0
5.	2016	XXX	XXX	XXX	217	202	202	202	202	202	202	0
6.	2017	XXX	XXX	XXX	XXX	225	232	235	235	235	235	0
7.	2018	XXX	XXX	XXX	XXX	xxx	235	262	269	269	269	0
8.	2019	XXX	XXX	XXX	XXX	xxx	XXX	284	303	301	301	0
9.	2020	XXX	xxx	XXX	XXX	xxx	XXX	XXX	319	299	296	(2)
10.	2021	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	378	359	(18)
11.	2022	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	417	417
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	153	145	185	207	206	242	314	345	355	396	XXX

#### **SECTION 2A**

					•							
Υe	ars in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior	9	0	0	0	0	0	0	0	0	0	0
2.	2013	144	148	148	148	148	148	148	148	148	148	0
3.	2014	XXX	141	130	128	128	128	128	128	128	128	0
4.	2015	XXX	XXX	196	188	184	184	184	184	184	184	0
5.	2016	XXX	XXX	XXX	217	202	202	202	202	202	202	0
6.	2017	xxx	xxx	xxx	XXX	225	232	235	235	235	235	0
7.	2018	XXX	XXX	XXX	XXX	XXX	235	262	269	269	269	0
8.	2019	XXX	XXX	XXX	XXX	XXX	xxx	284	303	301	301	0
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	319	299	296	(2)
10.	2021	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	378	359	(18)
11.	2022	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	417	417
12.	Totals	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	396
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	153	145	185	207	206	242	314	345	355	396	XXX

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

					•							
Υe	ears in Which		CUMU	LATIVE PREM	MIUMS EARNI	ED DIRECT A	ND ASSUME	O AT YEAR E	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Earned
1.	Prior											
2.	2013											
3.	2014	XXX										
4.	2015	XXX	xxx									
5.	2016	XXX	xxx									
6.	2017	XXX	xxx		VV							
7	2018	XXX	XXX		XX	×						
8	2019	XXX			XX	×						
a.	2020	XXX	XXX	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XXX.	X	×					
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2022	XXX	XXX	XXX		XXX	XXX	XXX		XXX		
11.		XXX		XXX				XXX				
12.	Totals	****		****		XXX	****	****	****	***	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											xxx
	(OGITI FL. I)											^^^

#### SECTION 2B

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

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

- Schedule P Part 7A Section 2 Primary Loss Sensitive Contracts **NONE**
- Schedule P Part 7A Section 3 Primary Loss Sensitive Contracts **NONE**
- Schedule P Part 7A Section 4 Primary Loss Sensitive Contracts

  NONE
- Schedule P Part 7A Section 5 Primary Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 1 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 2 Reinsurance Loss Sensitive Contracts **N O N E**
- Schedule P Part 7B Section 3 Reinsurance Loss Sensitive Contracts **N O N E**
- Schedule P Part 7B Section 4 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 5 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 6 Reinsurance Loss Sensitive Contracts **NONE**
- Schedule P Part 7B Section 7 Reinsurance Loss Sensitive Contracts **NONE**

#### **SCHEDULE P INTERROGATORIES**

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are n		R) provision	ns in	ı Medi	ical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (a endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced char If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is questions:	rge or at no additional cost?	Yes [	]	No [	Х]
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, els dollars)?	sewhere in this statement (in\$				C
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes [	]	No [	]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		Yes [	]	No [	]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	on the Underwriting and Yes	[ ] No	]	] N/	Ά [
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the fol in Schedule P:	llowing table corresponding to where t	hese rese	rves a	are re	ported
		DDR Reserve Ir Schedule P, Part 1F, Medica Column 24: Total Net Losses	al Professi	onal L		
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	Section 2	2 · Clai	ms-M	lade
1.601	Prior					
1.602	2013	0				0
	2014					
	2015					
	2016					
	2017					
	2018       2019					
	2020					
	2021					
1.611	2022					0
1.612	Totals	0				0
<ol> <li>3.</li> </ol>	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are thes Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definition.  The Adjusting and Other expense payments and reserves should be allocated to the years in which the located to the years in which the years in which the located to the years in which the ye	se expenses (now reported as " ns in this statement?	Yes [ ]	X ]	No [	]
5.	number of claims reported, closed and outstanding in those years. When allocating Adjusting and Othe group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the rein. Other expense incurred by reinsurers, or in those situations where suitable claim count information is no expense should be allocated by a reasonable method determined by the company and described in Intereported in this Statement?	er expense between companies in a the loss amounts and the claim neurance contract. For Adjusting and ot available, Adjusting and Other errogatory 7, below. Are they so	Yes [	Х ]	No [	]
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of funet of such discounts on Page 10?			]	No [	Х]
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instruction reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-taburelating to discount calculations must be available for examination upon request.  Discounting is allowed only if expressly permitted by the state insurance department to which this Annual being filed.	ılar discounting. Work papers				
5.	What were the net premiums in force at the end of the year for:					
		delity				0
		urety				
6.	Claim count information is reported per claim or per claimant (Indicate which).	pe	r claiman	t		
7.1	If not the same in all years, explain in Interrogatory 7.  The information provided in Schedule P will be used by many persons to estimate the adequacy of the cu among other things. Are there any especially significant events, coverage, retention or accounting chan considered when making such analyses?	nges that have occurred that must be	Yes [	Х ]	No [	]
7.2	(An extended statement may be attached.)					

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

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN** Allocated by States and Territories Direct Business Only 2 3 6 Disability Income Long-Term Care Life Annuities (Group and Individual) (Group and Individual) (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Contracts Totals 1. Alabama ...... AL 3. 5. California CA 6 Colorado CO CT 7. Connecticut 8. Delaware ...... DE 9. District of Columbia ..... DC 10. Florida ..... FL 11. GΑ 12. ..... ID 13. 14. ... IL 15 Indiana IN 16. lowa ..... ... IA 17. ..... KS Kansas ..... 18. .....KY Kentucky ..... 19. Louisiana .... ..... LA 20. ME 21. 22. Massachusetts ... MA 23. Michigan ..... MI 24. Minnesota MN 25. Mississippi ..... MS 26. Missouri ...... MO 27. Montana ..... 28. Nebraska ..... 29. Nevada ..... 31. New Jersey ... 32. New Mexico .. 33. New York .... 34. North Carolina ..... 35. North Dakota ..... ..... ND 36. Ohio ..... .....OH 37. Oklahoma ...... OK 38. Oregon ...... OR 39. Pennsylvania ..... 40. RI 41. South Carolina ..... SC 42 South Dakota .. SD 43 Tennessee ..... ΤN 44 Texas TX Utah ...... UT 45. Vermont ...... VT 46. 47. Virginia ..... ..... VA 48. Washington ..... 49. 50. WI 51. Wyoming ..... ..... WY 52. American Samoa ..... ..... AS 53 Guam ..... ..... GU ..... PR 54. Puerto Rico ..... U.S. Virgin Islands ...... VI 55. 56. Northern Mariana Islands ..... MP

57.

59.

Total

#### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	_12	13	14	15	16
											Type	lt .			
											of Control	Control		1	i
						Name of Constition			Dalation		(Ownership,	is		ls an	ı
						Name of Securities Exchange		Domi	Relation-		Board,	Owner-		SCA Filing	ı
		NAIC					Names of	Domi-	ship to		Management,	ship Provide			ı
Croup			ID	Federal		if Publicly Traded (U.S. or	Names of Parent, Subsidiaries	ciliary	Reporting	Directly Controlled by	Attorney-in-Fact, Influence.	Percen-	Ultimate Controlling	Re- quired?	ı
Group Code	Group Name	Company Code	Number	RSSD	CIK	International)	Or Affiliates	Loca- tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	The Hanover Insurance Group	Code	80-0266582	ROOD	CIK	international)	440 Lincoln Street Holding Company LLC		NIA	(	/	5 -	,, , , , ,	\/	
			84-3300049					MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group	12833	20-5233538				AIXHI LLC	MA		Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		20-3233338				AIX Specialty Insurance Company		IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		04-3272695				Allmerica Financial Alliance Insurance Co	DE	IA		Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group		23-2643430				Allmerica Financial Alliance Insurance Co	NH	IA		Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group	4 1840								The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	1	
1	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA		Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group						Allmerica Securities Trust			The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group	40000	54-1632456				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group	12260	52-1827116				Campmed Casualty & Indemnity Co. Inc.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group		38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA		Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	he Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	0H	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA		Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NI A	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	NI A		Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc	MA	NI A	The Hanover Insurance Group, Inc	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group		38-4000989				Front Street Financing LLC	MA	NI A	CitySquare II Investment Co. LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc	VA	NI A	Verlan Holdings, Inc	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
. 0088 1	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NI A	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc	MA	UIP	The Hanover Insurance Group, Inc	Ownership, Board, Management	100 . 000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board,Management	100.000	The Hanover Insurance Group, Inc	NO	
. 0088 1	he Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	I A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	he Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	I A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	YES	
. 0088 1	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
. 0088 1	he 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 1	he Hanover Insurance Group		04-3263626			New York Stock Exchange .	The Hanover Insurance Group, Inc	DE	UIP			0.000		NO	
. 0088 1	he Hanover Insurance Group	13147	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
. 0088 1	he Hanover Insurance Group	11705	86-1070355				The Hanover New Jersey Insurance Company	NH	I A	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
1	he Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
	he Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
ll	he Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NI A	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc	NO	
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#### SCHEDULE Y

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

		1 7111 4		<b>(1 O) 1140</b>		IIIAIIOAC	TIONS W		~! ! ! <b>L</b>			
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of Loans. Securities.	Connection with Guarantees or		Income/		Any Other Material Activity Not in the		Recoverable/
NAIC					Real Estate.	Undertakings for	Management	(Disbursements) Incurred Under		Ordinary Course of		(Payable) on Losses and/or
Company	ID	Names of Insurers and Parent.	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12833 20	-5233538	AIX Specialty Insurance Co	0	0	0	0	0	0		0	0	407.123.853
	-3272695	Allmerica Financial Alliance Ins Co			0	0	0	0		0	3.000.000	242.414.804
	-2643430	Allmerica Financial Benefit Ins Co	0	5.000.000			0	(68.614.766)		°		925,575,872
12260 52	-1827116	Campmed Casualty & Indemnity Company,		, ,				, , , ,			, , , , , , , , , , , , , , , , , , , ,	
		Inc	(400,000)	0			0			0	(400,000)	7,639,609
31534 38-	-0421730	Citizens Insurance Co. of America	(72,000,000)	0	(70,658,418)	0	151,739,430	13,923,502		0	23,004,514	(204,344,804)
10714 36-	-4123481	Citizens Insurance Co. of Illinois	0	1.000.000	0	0	0	0		0		57,775,676
10176 38-	-3167100	Citizens Insurance Co. of Ohio	(1,000,000)	0	0	0	0	0		0		10,999,001
10395 35		Citizens Insurance Co. of the Midwest										1,220,614,443
36064 04	-3063898	The Hanover American Insurance Co	0	3,000,000	0	0	0	(53,233,047)		0	(50,233,047)	537,691,456
	-1300399	The Hanover Atlantic Insurance Company	0	5,000,000	0	0	0	0			5,000,000	73,726,957
	-5129825	The Hanover Insurance Company	(20,210,909)	(19,277,330)	(27,670,662)	0	(94,216,727)	426,351,047		(125,000,000)	139,975,419	(5,160,877,588)
	-1070355	Hanover New Jersey Insurance Company	(4,739,091)	(18,722,670)	0	0	0	0		0		5,848
	–1827351	The Hanover Casualty Company	(800,000)	0			0			0	(800,000)	97,248,565
		Massachusetts Bay Insurance Company								0	(113,000,588)	1,055,905,855
42552 16		NOVA Casualty Co	0	0	0			0		0	0	623,646,736
	-3263626	The Hanover İnsurance Group, Inc	110,411,303	0	98,329,080		(57,522,703)			125,000,000		0
13147 74		The Hanover National Insurance Company	(300,000)	0	0	0	0	0		0	(300,000)	0
10815 52		Verlan Fire Insurance Co	(550,000)	0	0	0	0	(59,329,812)				104,853,717
	-2854021	Opus Investment Management, Inc	0	(1,000,000)	0	0	0	0		0		0
27-		CitySquare II Investment Co., LLC	(10,411,303)	0	0	0	0	0		0	(10,411,303)	0
9999999 Contro			0	0	0	0	0	0	XXX	0	0	0

#### **SCHEDULE Y**

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

PART 3 - ULTIMATE CONTROL	LING PARTY AND LISTING OF O	THER U.S. INS	UKANCI	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING F	ARTY'S CON	IROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of			!	Affiliation of
		Ownership	Column 2 Over			Ownership	Column 5 Over
		Percentage Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	Percentage (Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
			N0	The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
Allmerica Financial Allicance Insurance Co	NOVA Casualty Company The Hanover Insurance Company	100.000		The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
Allmerican Financial Benefit Insurance Co	The Hanover Insurance Company			The Hanover Insurance Group, Inc.	The Hanover Insurance Group		
	The Hanover Insurance Company		NO		The Hanover Insurance Group	100.000	
					The Hanover Insurance Group	100.000	NO
	The Hanover Insurance Company			The Hanover Insurance Group, Inc.			
Citizens Insurance Company of Illinois					The Hanover Insurance Group		
Citizens Insurance Company of Ohio				The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
Citizens Insurance Company of the Midwest				The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
Massachusetts Bay Insurance Company				The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	
NOVA Casualty Company					The Hanover Insurance Group	100.000	NO
			NO		The Hanover Insurance Group	100.000	NO
The Hanover Atlantic Insurance Company					The Hanover Insurance Group		NO
The Hanover Casualty Company			NO		The Hanover Insurance Group		
The Hanover Insurance Company	Opus Investment Management, Inc	100.000	NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	NO
The Hanover National Insurance Company					The Hanover Insurance Group		
The Hanover New Jersey Insurance Company	The Hanover Insurance Company		NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	NO
Verlan Fire Insurance Company	The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### **REQUIRED FILINGS**

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

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

#### SUPPLEMENTAL FILINGS

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

MARCH FILING

	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO VEO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20. 21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO NO
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
23. 24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	150
24.	electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	NO
07	with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	
	NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
34.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	NO
	NAIC by April 1?	NO VEO
35.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	YES
36.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Explanations:	

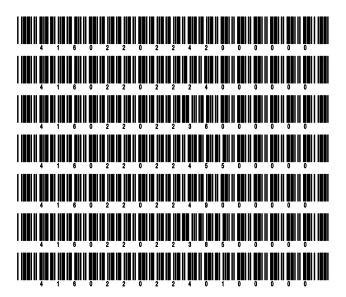
#### Bar Codes:

11. 12.

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

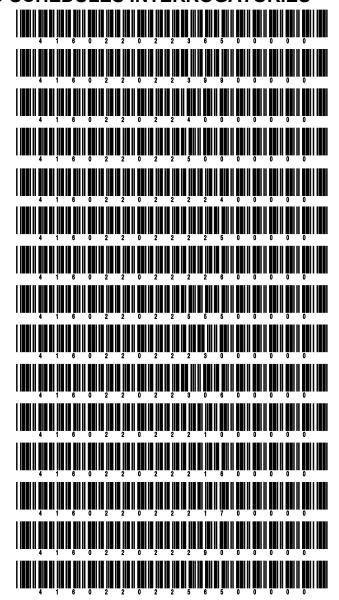
32. 36

- 11. SIS Stockholder Information Supplement [Document Identifier 420]
- Financial Guaranty Insurance Exhibit [Document Identifier 240] 12.
- Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- Supplement A to Schedule T [Document Identifier 455]
- 15. Trusteed Surplus Statement [Document Identifier 490]
- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
- Reinsurance Summary Supplemental Filing [Document Identifier 401]



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HANOVER CASUALTY COMPANY OVERFLOW PAGE FOR WRITE-INS

# NONE



#### **DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

For The Year Ended December 31, 2022 (To Be Filed by March 1)

| NAIC Group       | p Code   | 8800                 | _                   |  |                                      | NAIC (                          | Company Code                         | 41602                       |      |
|------------------|--|----------------------|---------------------|--|--------------------------------------|---------------------------------|--------------------------------------|-----------------------------|------|
| Company N        | lame HANOVER (   | CASUALTY COM         | MPANY               |  |                                      |                                 |                                      |                             |      |
| If the reporting | g entity writes any dir  | ector and officer (E | 0&O) business, p    | lease provide the f                    | ollowing:                            |                                 |                                      |                             |      |
| 1. Mon           | noline Policies  |                      |                     |  |                                      |                                 |                                      |                             |      |
|                  | Direct Pr  | emiums               | Dire                | ect Losses                             |                                      | Defense and Cost<br>Containment |                                      | ercentage of Force Policies |      |
|                  | 1  | 2                    | 3                   | 4                                      | 5                                    | 6                               | 7                                    | 8                           |      |
|                  | Written  | Earned               | Paid                | Incurred                               | Paid                                 | Incurred                        | Claims Mad                           |                             |      |
|                  | \$0  | \$0                  | \$                  | 0   \$                                 | 0  \$                                | 0  \$                           | 0   0.0                              | 0.0                         | %    |
| 2.2<br>2.3       | Does the reporting end Can the direct premium of the answer to questin CMP packaged po | um earned for D&0    | O liability coverag | e provided as parted or estimated dire | of a CMP packag<br>ect premium earne | ed policy be quantifie          | ed or estimated?<br>ability coverage | Yes [ X ] I                 | No [ |
|                  |  |                      |                     |  | •                                    |                                 |                                      |                             |      |
| 2.4              | If the answer to quest   | ion 2.1 is yes, plea | ase provide the fo  |  | estimated using r                    | easonable assumption            | ภาร                                  |                             | 0    |
|                  |  |                      |                     |  | Direct Defe                          | ense and Cost                   | Percen                               | tage of                     |      |
|                  |  |                      | Direct Lo           | osses                                  |                                      | ainment                         |                                      | Policies                    |      |
|                  |  |                      | 1                   | 2                                      | 3                                    | 4                               | 5                                    | 6                           |      |
|                  |  |                      |                     | Paid + Change in                       |                                      | Paid + Change in                |                                      | _                           |      |
|                  |  |                      | Paid                | Case Reserves                          | Paid                                 | Case Reserves                   | Claims Made                          | Occurrence                  |      |
|                  |  | \$ .                 | ه ۱ ۸               | \$0                                    | \$0                                  | l \$0                           | 0.0 %                                | 0.0 %                       |      |