

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

Campmed Casualty & Indemnity Company, Inc.

NAIC Group Code 0088 NAIC Company Code 12260 Employer's ID Number 52-1827116

	(Current)	Prior)		
Organized under the Laws of	f New Ha	mpshire	, State of Domicile or Port of Er	ntryNH
Country of Domicile		United S	tates of America	
Incorporated/Organized	01/01/2011		Commenced Business	07/19/1993
Statutory Home Office	4 Bedford Farms Dri	vo Suito 107	_	Bedford, NH, US 031105905
Statutory notifie Office	(Street and N		(City o	r Town, State, Country and Zip Code)
	(Officer and 14)			Town, Otate, Country and Zip Code)
Main Administrative Office			_incoln Street	
	Worcester, MA, US 01653-0002	•	et and Number)	508-853-7200
	or Town, State, Country and Zip (Area Code) (Telephone Number)
Mail Address	440 Lincoln Stree (Street and Number or P.			Vorcester, MA, US 01653-0002
	(Street and Number of P.	О. ВОХ)	(City of	r Town, State, Country and Zip Code)
Primary Location of Books ar	nd Records	440	Lincoln Street	
		(Stree	t and Number)	
	Worcester, MA, US 01653-0002	'ada'	,	508-853-7200-8557928
(City c	or Town, State, Country and Zip C	ode) =	(4	rea Code) (Telephone Number)
Internet Website Address		WWW.	HANOVER.COM	
Statutory Statement Contact	Dennis	M. Hazelwood		508-853-7200-8557928
		(Name)	·	(Area Code) (Telephone Number)
DI	HAZELWOOD@HANOVER.COM	Л		508-853-6332
	(E-mail Address)			(FAX Number)
		0	FFICERS	
President	John Conne	r Roche	Vice President & Treasurer	Nathaniel William Clarkin
Senior Vice President &				
Secretary	Charles Frede	rick Cronin		
			OTHER	
			OTHER In Jr., Executive Vice President &	
Jeffrev Mark Farber, Exe	cutive Vice President & CFO		ef Legal Officer	Willard Ty-Lunn Lee, Executive Vice President
	ey, Executive Vice President		tore, Executive Vice President	
		DIDECTOR		
Warren E	Ilison Barnes	loffr	RS OR TRUSTEES ey Mark Farber	Lindsay France Greenfield
	ncis Kerrigan Jr.		rd Ty-Lunn Lee	David John Lovely #
	ureen Lowsley		Conner Roche	Bryan James Salvatore
State of	Massachusetts			
County of	Worcester	SS		
The officers of this reporting	antity bains duly awars, each day	sace and act that they	are the described officers of said res	
				orting entity, and that on the reporting period stated above s or claims thereon, except as herein stated, and that this
				and true statement of all the assets and liabilities and of the
				therefrom for the period ended, and have been completed
				o the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief
respectively Furthermore th	the scope of this attestation by the	e described officers als	o includes the related corresponding	ig electronic filing with the NAIC, when required, that is an
exact copy (except for format	tting differences due to electronic	filing) of the enclosed	statement. The electronic filing may	be requested by various regulators in lieu of or in addition
to the enclosed statement.	^		1 -	MIMINA
\	0 0		10	Mattil VIV.
- In c	Locke	(4-	1	/ / any sac
John Conner	Roche	Charles	Frederick Cronin	Nathaniel William Clarkin
Preside	nt	Senior Vice I	President & Secretary	Vice President & Treasurer
			a. Is this an original filing	g? Yes[X]No[]
Subscribed and sworn to before	ore me this		b. If no,	,
2nd day of	f / Februa	ary, 2024	1. State the amendm	
///	IMIL		2. Date filed	
Jaima I. Haviday			3. Number of pages a	attached
Jaime L. Hawley Notary				
November 29, 2030				•

Jaime Hawley
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
November 29, 2030



	NAIC Group Code 0088 BUSINESS II	N THE STATE C				LOGOLO	-		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return I	ıms, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
	Fire	0	0	0	0	0		0	0	0	0	0	
2.1	Allied Lines			0)					0	0	
	Federal Flood	n	0)		1			0		
	Private Crop		0	0	0)0		j	0	0	0	0	
	Private Flood	0	0	0	0)0		00	0	0	0	0	
	Farmowners Multiple Peril	0	0	0	0	0		00	0	0	0	0	
4. 5.1	Homeowners Multiple Peril		0	0) 0		J	0	0	0	0	
5.1	Commercial Multiple Peril (Non-Elability Portion)	0	0)		1			0		
6.	Mortgage Guaranty	0	0	0	0	0		0	0	0	0	0	
8.	Ocean Marine	0	0	0	0) 0		00	0	0	0	0	
9.	Inland Marine	0	0	0	0	0	0	00	0	0	0	0	
10.	Financial Guaranty	0	0	0	J0	0	C	0	<u>0</u>	0	0	0	
	Medical Professional Liability - Occurrence	282	330	0	226	<u> </u>	(59	9)870	0	(680)	513	39	4,39
	Medical Professional Liability - Claims-Made Earthquake	ļ	0	0	J	, 0		, 0	0	0	0	0	
	Comprehensive (hospital and medical) ind (b)	n	n			, n		,o		0	0		
13.2	Comprehensive (hospital and medical) group (b)		0	0	0)0		j	0	0	0	0	
14.	Credit A&H (Group and Individual)	0	0	0	0)0		00	0	0	0	0	
15.1	Vision Only (b)	0	0	0	0) 0		00	0	0	0	0	
	Dental Only (b)	0	0	0	0	0	0	00	0	0	0	0	
15.3	Disability Income (b)	0	0	0	0) 0		00	0	0	0	0	
	Medicare Supplement (b)	0	0	0	0	0		0	0	0	0	0	
	Medicaid Title XIX (b)		0	0) 0		J			0	0	
	Long-Term Care (b)		0	0		0)	0	0	0	0	
	Federal Employees Health Benefits Plan (b)	0	0	0	0)0		0	0	0	0	0	
15.9	Other Health (b)	0	0	0	0) 0		00	0	0	0	0	
	Workers' Compensation	0	0	0	0	0	0	00	0	0	0	0	
	Other Liability - Occurrence	0	0	0	0) 0		00	0	0	0	0	
	Other Liability - Claims-Made Excess Workers' Compensation	0	0	0	0	0		0	0	0	0	0	
	Products Liability - Occurrence))o			0	0	
18.1	Products Liability - Occurrence Products Liability - Claims-Made	0	0	0		0		0	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	I	0	0	0	0		0	0	0	0	0	
19.2	Other Private Passenger Auto Liability	0	0	0	0) 0		00	0	0	0	0	
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	00	0	0	0	0	
19.4	Other Commercial Auto Liability	0	0	0	0	0		0 0	0	0	0	0	
21.1	Private Passenger Auto Physical Damage	0	0	0	J0	0	ļ	, ō	0	0	J	0	
21.2	Aircraft (all perils)	u	u	u	J	,		,			U		·····
23.	Fidelity	0	0)0		j	0	0	0	0	
24.	Surety	0	0	0	0)0		0	0	0	0	0	
26.	Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	
27.	Boiler and Machinery	0	0	0	J0	0	ļ	0 0	0	0	0	0	
28.	Credit	·0	0	0	J	0	ļ		ō	ŏ	ō	0	
29. 30.	International	0	0	0	J0	0	ļ	0	0	0	0	0	
	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0		0			0		0	
35.	Total (a)	282	330	0	226	6 0	(59	9) 870	0	(680)	513	39	4,39
3401.	DETAILS OF WRITE-INS				1								
3401. 3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0)0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0		0	0	0	0	0	



	NAIC Group Code 0088 BUSINESS I	N THE STATE C	F Alaska			LOGOLO	· •		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return I	ums, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
	Fire	0	0	0		0		0	0	0	0	0	
2.1	Allied Lines		0	٠٠))o	0		0	0	
	Federal Flood	n	0	٠١)		1	0		0		
	Private Crop		0	0)0		j	0	0	0	0	
	Private Flood	0	0	0)0		00	0	0	0	0	
	Farmowners Multiple Peril	0	0	0	0	0		0	0	0	0	0	
4.	Homeowners Multiple Peril	0	0	0		0		0	0	0	0	0	
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0) 0		J	0	0	0	0	
5.2 6.	Mortgage Guaranty		0	٠٠		1)o	0		٥	0	
8.	Ocean Marine	0	0			0		0	0	0	0	0	
9.	Inland Marine	0	0	0)0		0	0	0	0	0	
10.	Financial Guaranty	0	0	0	C)0	0	0	0	0	0	0	
	Medical Professional Liability - Occurrence	0	0	0	0	0	(22	2)12	0	(36)	7	0	2,36
	Medical Professional Liability - Claims-Made	0	0	0		0		00	0	0	0	0	
	Earthquake	0	0	0	ļ	0	ļ	. ŭ	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b)		0	0) 0		0	0	0	0	0	
13.2	Credit A&H (Group and Individual)		0	٠٠		1)o	0		٥	0	
	Vision Only (b)	0	0	0)		0	0	0	0	0	
	Dental Only (b)	0	0	0		0		0	0	0	0	0	
15.3	Disability Income (b)	0	0	0)0		00	0	0	0	0	
	Medicare Supplement (b)	0	0	0	C) 0		00	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	0	0	0	00	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0		0		0	0	0	0	0	
	Long-Term Care (b) Federal Employees Health Benefits Plan (b)	0	0) 0		J	0	0	0	0	
	Other Health (b)		0	٠٠))			٥	0	
	Workers' Compensation	0	0	0)		0	0	0	0	0	
	Other Liability - Occurrence	0	0	0)0		00	0	0	0	0	
	Other Liability - Claims-Made	0	0	0	C) 0		00	0	0	0	0	
	Excess Workers' Compensation	0	0	0	C	0	0	00	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0		0		00	0	0	0	0	
18.2	Products Liability - Claims-Made	0	0	0	C	0		0	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0) 0		0	0	0	0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)		0	٠٠		1)o	0		٥	0	
19.4	Other Commercial Auto Liability	0	0	0)		0	0	0	0	0	
21 1	Private Passenger Auto Physical Damage	0	0	0	C)0		0	0	0	0	0	
21.2	Commercial Auto Physical Damage	0	0	0		0	0	0	0	0	0	0	
22.	Aircraft (all perils)	0	0	0	0) 0	0	0 0	0	0	0	0	
23.	Fidelity	0	0	0	J	0	ļ	<u> </u>	<u>0</u>	0	J0	0	·····
24.	Surety Burglary and Theft	0	0	0	J	0	ļ	, ō	J	0	ō	ļ0	
26. 27.	Boiler and Machinery		0	0 n		0		,	0	0	0	0	
28.	Credit	n	n)n		j [n	n	n	n	n	
29.	International		0)		0	0	0	0	0	
30.	Warranty	0	0	0)0		0	0	0	0	0	
	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	xxx	XXX		XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate Write-Ins for Other Lines of Business	0	0	0		0			0	0	0	0	2.30
JÜ.	DETAILS OF WRITE-INS	1	U	U	1	, 0	(22	-/ 12	U	(36)	1	1	2,3
3401.	DETAILS OF WILLEMS												
402.													
403.													
498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	00	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	1 0	0	1	0	0	0	0	1 0	



NAIC Group Code 0088 BUSINES	S IN THE STATE C		3	4	5	6	7	0	0	10	4.4	2260
	Policy and Me Less Return I	ums, Including mbership Fees, Premiums and plicies not Taken 2	Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	9 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines	0	0	0) 0	0	0	0	0	0	0	
2.3 Federal Flood		0	0		1	0		0	0	0		
2.4. Private Crop			0		1		0		0	0	0	
2.5 Private Flood					1	0 N						
3. Farmowners Multiple Peril		0)		0	0	0	0	0	
4. Homeowners Multiple Peril		0	0		0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0)0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0		0	0	0	0	0	0	0	
B. Ocean Marine	0	0	0		0	0	0	0	0	0	0	
9. Inland Marine	0	0	0	C		0	0	0	0	0	0	
). Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	
.1 Medical Professional Liability - Occurrence	43,637	37,532	0	25,351	l 0	18,810	50,229		(6,655)	22,926	6,534	1
.2 Medical Professional Liability - Claims-Made	0	0	0		00	(63)(30)	0	(79)	40	0	
2. Earthquake	0	0	0	0	0	0	0	0	0	0	0	
3.1 Comprehensive (hospital and medical) ind (b)	0	0	0		00	0	0	0	0	0	0	
Comprehensive (hospital and medical) group (b)	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	
.1 Vision Only (b)	0	0	0	C	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	C	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0		0	0	0	0	0	0	0	
4 Medicare Supplement (b)	0	0	0		0	0	0	0	0	0	0	
.5 Medicaid Title XIX (b)	0	0	0		0	0	0	0	0	0	0	
.6 Medicare Title XVIII (b)	0	0	0		0 0	0	0	0	0	0	0	
.7 Long-Term Care (b)	0	0	0) 0	0	0	0	0	0	0	
.8 Federal Employees Health Benefits Plan (b)	0	0	0) 0	0	0	0	0	0	0	
.9 Other Health (b)	0	0	0) 0	0	0	0	0	0	0	
Workers' Compensation	0	0	0		0) 15	0	0	0	0	
1 Other Liability - Occurrence	0	0	0			(36))	0	(2)	lb	0	
'.3 Excess Workers' Compensation		0	0				0		0	0		
.1 Products Liability - Occurrence			0		1	74	38		15	(6)	0	
.2 Products Liability - Occurrence					1	/4				(0)	n	
.1 Private Passenger Auto No-Fault (Personal Injury Protection)		0	0)	0		0	0	0	0	
.2 Other Private Passenger Auto No-1 aut (Fersonal Injury Protection)	n	n	n)	n	n	n	n	n	n	L
3 Commercial Auto No-Fault (Personal Injury Protection)	n	n	n)	n	n	n	n	n	n	L
.4 Other Commercial Auto Liability		n	n)	n	n	n	n	n	n	
.1 Private Passenger Auto Physical Damage	0	0	0)0	0	0	0	0	0	0	
.2 Commercial Auto Physical Damage	0	0	0)0	0	0	0	0	0	0	
. Aircraft (all perils)	0	0	0		0	0	0	0	0	0	0	
Fidelity	0	0	0		0	0	0	0	0	0	0	
. Surety	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	C	0	0	0	0	0	0	0	
Credit	0	0	0	C	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property		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		
. Total (a)	43,637	37,532	0	25,351	0	18,785	50,252	0	(6,721)	22,976	6,534	
DETAILS OF WRITE-INS							ĺ				Ì	
				·			· · · · · · · · · · · · · · · · · · · ·				·····	·····
				·			· · · · · · · · · · · · · · · · · · · ·				·····	·····
				·		······	.		·····		······	·····
 Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) 	0	J0	ļ0	C	. 0	J	J0	J0	J0	0 	J0	·····
		0	1 0				0		. 0	. 0	. 0	1

⁽a) Finance and service charges not included in Lines 1 to 35 \$



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop ... 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty ... 11.1 Medical Professional Liability - Occurrence . . 2.810 . 3.414 . 2.573 . 5. 484 . (2.374) . 3.233 .6.700 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) . 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation . 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX. XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 3.414 2.573 5.484 (2.374) 3.233 6.700 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



NAIC Group Code 0088 BUSIN	ESS IN THE STATE O		3	4	5		7 7	RING THE YEAR	. 2020	10	pany Code 12	12
	Policy and Mer Less Return F		Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	9 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
1 Allied Lines	0	0	0		0	0	0	0	0			
3 Federal Flood		Λ						0	0	٥		
4. Private Crop	0	o	0		0			0	0		0	
5 Private Flood	0	0	0	0	0	0	0	0	0		0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
1 Medical Professional Liability - Occurrence	135,952		0	63,944	0	47,471	203,516	9,837	(70,604)		19, 105	
2 Medical Professional Liability - Claims-Made	0	0	0	J0	0	(1, 182)	(757)	0	(538)	997	0	
Earthquake	0	0	0	J0	0	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	J0	0	<u>0</u>	0	ļ0	0	0	J0	
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	
1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0		0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0		0	0	0	0	0	0	0	
7 Long-Term Care (b)			0		0	0	0		0		0	
8 Federal Employees Health Benefits Plan (b)		Λ							٥	٥		
9 Other Health (b)		Λ							٥	٥		
Workers' Compensation	0	o	0		0			0	0		0	
1 Other Liability - Occurrence	147	147	0	5	0	(4.248)	(3.851)	0	(391)	257	21	
Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
3 Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
1 Products Liability - Occurrence		37	0	1	0	1,345	67	0	289	(458)	5	
2 Products Liability - Claims-Made	0	0	0		0	0	0	0	0	0	0	
1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage		0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	J	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	J0	
Surety	0	J0	0	J0	0	J0	0	0	0	0	J0	
Burglary and Theft	0	ō	0	J	0	ō	₀	0	0	0	J0	
Boiler and Machinery	0	0	0	ļū	0	0	0	ļ0	0	0	I0	
Credit	0	0	0	ļ0	0	0	0	0	0	0	J	
International					0					۰۰		
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
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	n	0		0	0		0	0	0	
Total (a)	136, 136	132,872	0	63,950		43.386	198,975		(71,244)	120.746	19, 131	
DETAILS OF WRITE-INS	.55, 100	102,072		55,000		.5,000	.55,070	5,507	(,,,=+1)	120,740	.0,101	Ì
DETAILS OF WATE INC												
Summary of remaining write-ins for Line 34 from overflow page	1			1 0		۸ ،	1		0	0		1
Summary of remaining write-ins for Line 34 from overflow page	U		U	U		U		U	U	U	U	



NAIC Group Code 0088 BUSIN	ESS IN THE STATE C		3	4	5	6	7	RING THE YEAF	0	10	pany Code 12	12
	Policy and Mer Less Return F		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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licens and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0		0		0	0	0	0	0	٠٠		
Federal Flood		Λ	Λ			Λ				٥		
Private Crop	0	o			0	n	0	0	0		0	
Private Flood	0	0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	861	1,064	0	472	0	329	1,789	0	(821)	1,055	121	
Medical Professional Liability - Claims-Made	0	0	0	J0	0	0	0	0	0	0	0	
Earthquake	0	0	0	J0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
	0	0	0		0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0		0	0	0		0	0	0	
Long-Term Care (b)			0		0	u	0	0	0	٠٠	0	
Federal Employees Health Benefits Plan (b)		Λ	0			٥	0	0	0	٠٠		
Other Health (b)		Λ				٥			0	٥		
Workers' Compensation	0	o			0	n	0	0	0		0	
Other Liability - Occurrence	(103)	2	0	0	0	(202))254	0	(83)	(47)	(14)	
Other Liability - Claims-Made		0	0	0	0	0	0	0	0		0	
Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence		1	0	0	0	376	(301)	0	79	(103)	(4)	
Products Liability - Claims-Made		0	0		0	0	0	0	0	0		
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	J0	0	0	0	0	0	0	0	
Surety	0	0	0	J0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	J 0	J0	0	[<u>0</u>	J 0	J	0	0	[0	
Boiler and Machinery	0	J0	J0	J0	0	J0	0	J0	0	0	J0	
Credit	0	J0	J0	J0	0	J0	0	J0	0	0	J0	
International		ō]ō	J0	0	Jō	0	0	0	0	J0	
Warranty Reins nonproportional assumed property	XXX	XXX		XXX	XXX	XXX0			0 XXX	XXX	XXX	XXX
Reins nonproportional assumed property		XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX
Reins nonproportional assumed financial lines	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	n	0		n	0		0	0		
Total (a)	732		n	472		503			(825)	905	103	
DETAILS OF WRITE-INS	132	1,007	U	4/2		303	1,742	U	(020)	900	103	
DETAILS OF THEFE ING							ĺ					
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	



NAIC Group Code 0088 BUSINESS	S IN THE STATE C			1	5		7 7	RING THE YEAF	2020		pany Code 12	
	Policy and Me Less Return	ums, Including embership Fees, Premiums and olicies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written		Policyholders on Direct Business	Direct Unearned Premium Reserves	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	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines		0	0		0	0	0	0	0	0	0	
2.3 Federal Flood			0		0	0	0	0	0	٥	0	
2.4. Private Crop					n	0	0	0	0		n	
2.5 Private Flood	0	0	0		0	0	0	0	0	0	0	
3. Farmowners Multiple Peril		0	0		0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0		0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	C	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	C	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0		0	0	0	0	0	0	0	
. Ocean Marine	0	0	0		0	0	0	0	0	0	0	
. Inland Marine	····· ŏ	<u>0</u>	ļ 0	ļ	0	J0	0	J	0	0	<u>0</u>	
Financial Guaranty	0	0	J0	463	0	0	0	0	0	0	0	
.1 Medical Professional Liability - Occurrence	/94	//1	0	463	0	(26	2,530	0	(1,792)	1,492	111	
.2 Medical Professional Liability - Claims-Made		n	n		,	n	n	0 n	n	0 n	n	
.1 Comprehensive (hospital and medical) ind (b)			0		n	0	0	0	0		0	
.2 Comprehensive (hospital and medical) group (b)	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	
1 Vision Only (b)		0	0		0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0		0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0		0	0	0	0	0	0	0	
4 Medicare Supplement (b)	0	0	0		0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0	C	0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0	C	0	0	0	0	0	0	0	
7 Long-Term Care (b)	0	0	0		0	0	0	0	0	0	0	
8 Federal Employees Health Benefits Plan (b)	0	0	0		0	0	0	0	0	0	0	
9 Other Health (b)	0	0	0		0	0	0	0	0	0	0	
Workers' Compensation	0	0	0		0	0	0	0	0	0	0	
.1 Other Liability - Occurrence	0	0	0		0	0	0	0	0	0	0	
.2 Other Liability - Claims-Made			0		0	0	0	0	0		0	
1 Products Liability - Occurrence			Λ		0	n		n	0 n	٥	n	
2 Products Liability - Claims-Made		0	0		0	0	0	0	0		0	
.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		0	0	0	0	0	0	0	
Other Private Passenger Auto Liability		0	0		0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0	0	0	0	0	0	0	
4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	C	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	<u>0</u>	<u>0</u>		<u>0</u>	J0	0	0	0	0	0	
Fidelity	····· -······ū	0	J0	ļ		J0	0	J0	0	0	J0	
Surety Burglary and Theft		0	l0	ļ	0]0	0	0	0	0	0	
Burglary and Theft		0	0		0	0	0	0	0	0	0	
Credit		n	n		n	n	n	n	n		n	
	n	n	n		n	n	n		n		n	
International		0	0		0	0	0			0		
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		
. Total (a)	794	771	0	463	0	(26	2,530	0	(1,792)	1,492	111	
DETAILS OF WRITE-INS							1					
							· · · · · · · · · · · · · · · · · · · ·					
		·					· · · · · · · · · · · · · · · · · · · ·					
Summary of remaining write-ins for Line 34 from overflow page							.					
		0	J	ļ	0	J	0	0	0	0	J0	
. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	1 0	1 0	0	1 0	0	0	0	0	0	0	1 0	1



	NAIC Group Code 0088 BUSINESS II	N THE STATE C				LOGOLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return I	ums, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
	Fire	0	0	0	0	0	0	0	0	0	0	0	
2.1	Allied Lines			٠٥)					0	0	
	Federal Flood	n	0	۰۱)		1	0				
	Private Crop		0	0)0		j	0	0	0	0	
	Private Flood	0	0	0)0		00	0	0	0	0	
	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	
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0	0		0		0	0	0	0	0	
5.2 6.	Mortgage Guaranty			٠٥)					0	0	
8.	Ocean Marine	0	0			0)	0	0	0	0	
9.	Inland Marine		0	0)		0	0	0		0	
10.	Financial Guaranty	0	0	0	C) 0		0	0	0	0	0	
	Medical Professional Liability - Occurrence	0	0	0		0	(14	4)85	0	(77)	50	0	2,5
	Medical Professional Liability - Claims-Made	0	0	0		0		00	0	0	0	0	
	Earthquake	0	0	0	C	0		0	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0		0		0	0	0	0	0	
13.2	Credit A&H (Group and Individual)			٠٥)					0	0	
	Vision Only (b)	0	0			0)	0	0	0	0	
	Dental Only (b)	0	0	0)		0	0	0	0	0	
15.3	Disability Income (b)	0	0	0)0		00	0	0	0	0	
	Medicare Supplement (b)	0	0	0	C) 0		00	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	C	00		00	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0		0		0	0	0	0	0	
	Long-Term Care (b)	0	0	0		0		0	0	0	0	0	
	Federal Employees Health Benefits Plan (b) Other Health (b)		0) 0		J	0	0	0	0	
	Workers' Compensation	0	0			0)	0	0	0	0	
	Other Liability - Occurrence		0	0		0		0	0	0	0	0	
	Other Liability - Claims-Made	0	0	0	C	0		00	0	0	0	0	
	Excess Workers' Compensation	0	0	0	C) 0		00	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0	0	0	0	00	0	0	0	0	
18.2	Products Liability - Claims-Made	0	0	0		0		00	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		0		0	0	0	0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)			٠٥)					0	0	
19.3	Other Commercial Auto Liability	0	0	0		0)	0	0	0	0	
21 1	Private Passenger Auto Physical Damage	0	0	0		0		0	0	0	0	0	
21.2	Commercial Auto Physical Damage	0	0	0) 0		0	0	0	0	0	
22.	Aircraft (all perils)	0	0	0		0	0	00	0	0	0	0	
23.	Fidelity	0	0	0		0	ļ	0 0	0	0	0	0	
24.	Surety Burglary and Theft	ļ0	J0	0	J	. 0	ļ	ō	J		ļ0	ļ0	
26. 27.	Burglary and Theft Boiler and Machinery	0	0	0	ļ	0	ļ	, ⁰	0	0	0	0	
28.	Credit		n)	1)	n	n	n	n	
29.	International	n	n	n)n)n	0	0		0	
30.	Warranty	0	0	0	C)0)	0	0	0	0	
	Reins nonproportional assumed property	xxx	XXX	XXX	XXX	xxx	xxx		XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	xxx	XXX		XXX	XXX	XXX	xxx	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	[0	0	J	. 0			₀	0	0	ļ0	
35.	Total (a) DETAILS OF WRITE-INS	0	0	0	C	0	(14	4) 85	0	(77)	50	0	2,5
401.	DETAILS OF WRITE-INS												
401. 402.													
403.													
498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0)0		0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0		0	0	0	0	0	1



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Direct Premiums Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop ... 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty ... 11.1 Medical Professional Liability - Occurrence . 11.2 Medical Professional Liability - Claims-Made (5.456) 2.564 13 134 74 959 (33 030 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) . 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made 8,212 .2,908 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Warranty Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX. Reins nonproportional assumed liability. 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. .XXX.. XXX. XXX. Reins nonproportional assumed financial lines XXX. 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. .XXX .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 4.716 83.171 (33.898) 2.642 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSIN	ESS IN THE STATE C	OF Florida			LOGOLO	`		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken	3 Dividends Paid	4	5	6	7	8 Direct Defense	9 Direct Defense	10 Direct Defense and Cost	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		0	0	0	0	0	
2.1 Allied Lines	0	0	0) 0		,	0	0	0	0	
2.3 Federal Flood	0	0)		,			0		
2.4. Private Crop	0	0	0))	0	0	0	0	
2.5 Private Flood	0	0	0)0)0	0	0	0	0	
Farmowners Multiple Peril		0	0		00)0	0	0	0	0	
Homeowners Multiple Peril	0	0	0		0	0) 0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0		0 0		0 0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)		0	0		0		0	0	0	0	0	
Mortgage Guaranty Ocean Marine		0	0) 0)0)0	0	0	0	0	
9. Inland Marine		0))			0		
10. Financial Guaranty		0	0		0)0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		845	0	129		(143			(1,657)	1,250	93	6,
11.2 Medical Professional Liability - Claims-Made	0	0	0		250,000	100,000	00	8,614	(6,955)	0	0	
12. Earthquake	0	0	0		0	0	0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0		00	0) 0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b)	0	0	0) 0) 0	0	0	0	0	
14. Credit A&H (Group and Individual)		0	0) 0		0	0	0	0	0	
15.1 Vision Only (b)			0) u		,		0	0	0	
15.3 Disability Income (b)			0 n		1		1	0	0	0	0	
15.4 Medicare Supplement (b)	0	0	0		0		0	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0		0		0	0	0	0	0	
15.6 Medicare Title XVIII (b)	0	0	0		0		00	0	0	0	0	
15.7 Long-Term Care (b)		0	0		00)0	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)	0	0	0		00	0) 0	0	0	0	0	
15.9 Other Health (b)	0	0	0		0		0	0	0	0	0	
16. Workers' Compensation	0	0	0) 0		0	0	0	0	0	
17.1 Other Liability - Occurrence		0	0) 0		,	0	0	0	0	
17.3 Excess Workers' Compensation		0)		,			0		
18.1 Products Liability - Occurrence		0	0))	0	0	0	0	
18.2 Products Liability - Claims-Made	0	0	0		0		0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		00)0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0		00)0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0	0) 0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0		0	<u>0</u>	0	0	0	0	0	ļ
 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 		0	ļ0	ļ	٥٠٠٠	ļ	,	ļ	0	ļ	0	·····
21.2 Commercial Auto Physical Damage			0		,		,			0		l
23. Fidelity	n	n	n)n		,) [n	n	n	n	0 n	l
24. Surety	0	0	0		0		0	0	0	0	0	
26. Burglary and Theft	0	0	0		0)0	0	0	0	0	
27. Boiler and Machinery	0	0	0		0	0	00	0	0	0	0	ļ
28. Credit	0	0	0		00	0	00	0	0	0	0	ļ
29. International	0	0	<u>0</u>		0	<u>0</u>	0	<u>0</u>	0	0	0	·····
30. Warranty	0	0 XXX	0	XXX) 0	XXX)0	0	0 XXX	0	0 xxx	XXX
31. Reins nonproportional assumed property	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
34. Aggregate Write-Ins for Other Lines of Business	0		0		00)0	0	0	0	0	
35. Total (a)	662		0	129			7 2,120					6,
DETAILS OF WRITE-INS					,		,					ĺ
401						.						ļ
402.						.						ļ
403.						·						·····
498. Summary of remaining write-ins for Line 34 from overflow page 499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0		0	ļ	0	0	0	0	0	·····
+99. Totals (Lines 3401 tillu 3403 pius 3496)(Line 34 above)	U	U	U	1	0	1	0	U	0	U	U	1



NAIC Group Code 0088 BUSIN	ESS IN THE STATE O		3	1	5	6	7	RING THE YEAF	0	10	pany Code 12	12
	Policy and Mer Less Return F		Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost Containment	Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licens and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines Multiple Peril Crop	0			0	0			0	0	٠٠		
B Federal Flood		0 n				٥			Λ	٥		
Private Crop	0				0	n	0	0			0	
5 Private Flood	0	0	0	0	0	0	0	0	0		0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	6,075	6,011	0	1,738	0	(470))10, 123	0	(4,772)	2,946	911	
2 Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	J 0	0	J0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	[0	0	J0	0	J	0	J0	0	0	J0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0	0	0	0	0		0	0	0	
7 Long-Term Care (b)			0	0	0	0		0	0	٠٠	0	
B Federal Employees Health Benefits Plan (b)		0 n				٥			Λ	٥		
Other Health (b)		0 n				٥			Λ	٥		
Workers' Compensation	0	0	0	0	0	0	0	0	0		0	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0		0	
2 Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
B Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence		0	0	0	0	0	0	0	0	0	0	
Products Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
B Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	J 0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	J 0	0	0	0	0	0	0	0	
Fidelity	0	0	0	J 0	0	J0	0	0	0	0	0	
Surety	0	0	0	J 0	0	J0	0	0	0	0	0	
Burglary and Theft	0	[0	0	J0	0	J	0	J	0	0	[0	
Boiler and Machinery	0	J0	J0	J0	0	J0	J0	J0	0	0	J0	
Credit	0	J0	J0	J0	0	J0	J0]0	0	0	J0	
International	0	ō	ļ0	J0	0	J	ļ0	0	0	0	I0	
Warranty Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX
Reins nonproportional assumed property Reins nonproportional assumed liability		XXXXXX	XXXXXX	XXXXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX
Reins nonproportional assumed financial lines	XXXXXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0	n	0		n	0		0	0		
Total (a)	6.075	6.011	n	1.738		(470)			(4.772)	2,946	911	
DETAILS OF WRITE-INS	0,073	3,011	0	1,730	0	(470)	10, 120	0	(7,112)	2,340	311	
DETAILS OF WINTE-1110				ĺ		Ì	ĺ					
Summary of remaining write-ins for Line 34 from overflow page	0	1	0	1		1						
				I U	U	U		I U	I U I	U	U	

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSINE	SS IN THE STATE C		3	4	F	6	7	0	0	10	11	2260
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood			0			٥	0	0	0	٥		
Private Crop	0	0	0		0	n	0	0		٥	0	
5 Private Flood	0	0	0	0	0	0	0	0	0		0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0		0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	J0	0	0	0	0	0	0	0	
Inland Marine	······ō	0	0	ļ0	0	J	0	J	0	0	J0	
Financial Guaranty Medical Professional Liability - Occurrence		0	0	J	0	J	0	0	0	0	l0	
Medical Professional Liability - Occurrence	0	18	0	0	0	b)(31)		(146)	131	0	
Earthquake	v	n	n		n	n (38)	/(31)	0 n		41 ^	n	
Comprehensive (hospital and medical) ind (b)		0	0		0	n	0	0	0		0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0		0	0	0	0	0	0	0	
B Disability Income (b)	0	0	0		0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	
7 Long-Term Care (b)		0	0	0	0	0	0	0	0	0	0	
B Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
Other Liability - Occurrence		0	0		0	0	0	0	0		0	
B Excess Workers' Compensation		0	0		0	n	0	0	0 N	٠١		
Products Liability - Occurrence		0	0	0	0	0	0	0	0	0	0	
2 Products Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
B Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage		ļ0	0	J0	0	J0	0	J0	0	0	J0	
Aircraft (all perils)	······ō	Jō	0	J	0	Jŏ	0	0	0	0	J0	
Fidelity	0	0	0	0	0	J	0	0	0	0	J	
Surety Burglary and Theft			n			o		u	0	٠	n	
Boiler and Machinery	n	n	n	n	n	n	n	n	n		n	
Credit			n			n	n	n			n	
International	0	0	0		0	0	0	0	0	0	0	
Warranty	0	0	0	0	0	0	0	0	0	0	0	
Reins nonproportional assumed property		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	J0	0	J0	0		0	0	J0	
Total (a)	0	18	0	0	0	(32)) 191	0	(133)	172	0	
DETAILS OF WRITE-INS												
							·					
							· [····				·····	
		ļ			.							ļ
Summary of remaining write-ins for Line 34 from overflow page	n	n	n	n	n	n	n	n	n	n	n	

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUS	SINESS IN THE STATE O		OI I IXEIII			-		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		0	0	0	0	0	
2.1 Allied Lines		0	0)					0	0	
2.3 Federal Flood	0	0)		1	0				
2.4. Private Crop	0	0	0)0		j	0	0	0	0	
2.5 Private Flood	0	0	0)0		00	0	0	0	0	
Farmowners Multiple Peril		0	0)0		0	0	0	0	0	
4. Homeowners Multiple Peril		0	0		0		0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0)					0	0	
Mortgage Guaranty		0)		1	0				
8. Ocean Marine	0	0	0)0		j	0	0	0	0	
9. Inland Marine		0	0)0		00	0	0	0	0	
10. Financial Guaranty		0	0		0		00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		470	0	90) 0	184	4751	0	(286)	442	67	2,7
11.2 Medical Professional Liability - Claims-Made		0	0		0		0	0	0	0	0	
12. Earthquake		J0	ō	ļ	. 0	ļ	, Iō	ļ	0	ļ0	0	
13.2 Comprehensive (hospital and medical) group (b)			0 n))o	0		٥	0	
14. Credit A&H (Group and Individual)	0	0	0		0		0	0	0	0	0	
15.1 Vision Only (b)		0	0)0		j	0	0	0	0	
15.2 Dental Only (b)		0	0)0		00	0	0	0	0	
15.3 Disability Income (b)	0	0	0) 0		00	0	0	0	0	
15.4 Medicare Supplement (b)		0	0		0	0	00	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0) 0		00	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0		0		0	0	0	0	0	
15.7 Long-Term Care (b)		0	0)					0	0	
15.9 Other Health (b)		0)		1	0				
16. Workers' Compensation	0	0	0)0		j	0	0	0	0	
17.1 Other Liability - Occurrence	0	0	0)0		00	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0	(00		00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0		0	0	00	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0		0		0 0	0	0	0	0	
18.2 Products Liability - Claims-Made	0	0	0		0		0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)		0	0) 0		J	0	0	0	0	
19.2 Other Private Passenger Auto Liability		0)		1	0				
19.4 Other Commercial Auto Liability	0	0	0)0		j	0	0	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	0)0	0	00	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	0	0		0	0	00	0	0	0	0	
22. Aircraft (all perils)	0	0	0		0		0	0	0	0	0	
23. Fidelity	0	0	0		0		0	0	0	0	0	
24. Surety		0	0)					0	0	
27. Boiler and Machinery	n				,)		,		0	0		
28. Credit	0	0	0		0		0	0	0	0	0	
29. International	0	0	0) 0		0	0	0	0	0	
30. Warranty	0	0	0		0	0	0	0	0	0	0	
31. Reins nonproportional assumed property	xxx	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX
33. Reins nonproportional assumed financial lines	0		XXX						0	XXX	XXX	XXX
35. Total (a)	476		n	90		184			(286)	442	67	2.7
DETAILS OF WRITE-INS	470	170	,			10-	701		(200)	112	Ů,	2,7
101						.						
102.						.						
103						·	:					
198. Summary of remaining write-ins for Line 34 from overflow page 199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0		, 0) 0	0	0	0	0	
iss. Totals (Lines 3401 tillu 3403 plus 3490)(Line 34 above)	U	U	U	1	0	1	0	1 0	0		1	l



NAIC Group Code 0088	BUSINESS IN THE STAT	E OF Illinois			LOUGLO	-		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
	Gross Pr Policy and Less Ret	emiums, Including Membership Fees, urn Premiums and n Policies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiur Written		Policyholders on Direct Business	Direct Unearned Premium Reserve	Direct Losses Paid s (deducting salvage		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire		0 0	0		0		00	0	0	0	0	
Allied Lines			0		0		00	0	0	0	0	
2.3 Federal Flood		0	n		0	,	n					
2.4. Private Crop			0		0	í	00	0	0	0	0	
2.5 Private Flood		00	0		o)	00	0	0	0	0	
Farmowners Multiple Peril		00	0		00)	00	0	0	0	0	
Homeowners Multiple Peril		00	0		0)	00	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		00	0		0		00	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)		0	0		0		00	0	0	0	0	
Nortgage Guaranty Ocean Marine		0	0 n		0		n		0	0	0	
9. Inland Marine		0	0		0)	00	0	0	0	0	
10. Financial Guaranty		00	0		0)	00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		00	0		0	(67	7)83	0	(144)	49	0	
11.2 Medical Professional Liability - Claims-Made		00	0		0)	00	0	0	0	0	
12. Earthquake		0 0	<u>0</u>		0 0		0 0	ō		<u>0</u>	0	·····
13.1 Comprehensive (hospital and medical) ind (b)		00	0		0		00	0	0	0	0	
13.2 Comprehensive (nospital and medical) group (b) 14. Credit A&H (Group and Individual)			0		0		00	0	0	0	0	
15.1 Vision Only (b)			0		0	,	0	0	0	0	0	
15.2 Dental Only (b)		0	0		0)	00	0	0	0	0	
15.3 Disability Income (b)		00	0		0		00	0	0	0	0	
15.4 Medicare Supplement (b)		00	0		00)(00	0	0	0	0	
15.5 Medicaid Title XIX (b)		00	0		00)(00	0	0	0	0	
15.6 Medicare Title XVIII (b)		00	0		0		00	0	0	0	0	
15.7 Long-Term Care (b)		00	0		0		00	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)			0		0		00	0	0	0	0	
16. Workers' Compensation			0		0	,	0	0	0	0	0	
17.1 Other Liability - Occurrence			0		0		00	0	0	0	0	
17.2 Other Liability - Claims-Made		00	0		0		00	0	0	0	0	
17.3 Excess Workers' Compensation		00	0		00)(00	0	0	0	0	
18.1 Products Liability - Occurrence		00	0		0) (00	0	0	0	0	
18.2 Products Liability - Claims-Made		0 0	0		0 0)	0 0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Prot	ection)	0	0		0		00	0	0	0	0	
19.2 Other Private Passenger Auto Liability19.3 Commercial Auto No-Fault (Personal Injury Protection)			0		0		n		0	٥	0	
19.4 Other Commercial Auto Liability		0	0		ō	j	ŏ	0	0	0	0	
21.1 Private Passenger Auto Physical Damage		00	0		0)	00	0	0	0	0	
21.2 Commercial Auto Physical Damage		00	0		0)	00	0	0	0	0	
22. Aircraft (all perils)		0 0	0		0)	0 0	0	0	0	0	
23. Fidelity		0 0	<u>0</u>		0 0		0 0	0	0	<u>0</u>	0	·····
24. Surety		0 0	0		0 0	: [:	0 0	0	0	0	0	
26. Burgiary and Theπ					0	;	n	u	0 n	u		l
28. Credit		0	0		0		0	0	0	0	0	
29. International		00	0		0)	00	0	0	0	0	
30. Warranty		00	0		0)	00	0	0	0	0	
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed fibragical lines	XXX	XXX	XXX	XXX	XXXXXX	XXX		XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines34. Aggregate Write-Ins for Other Lines of Business	XXX		XXX	XXX		XXX		XXX	XXX0	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business35. Total (a)					n)			(144)	٥٠		l
DETAILS OF WRITE-INS		0	U	 		(6)	., 03	0	(144)	49	1	
401				.								
402.				.					.			
403.				.					.			
498. Summary of remaining write-ins for Line 34 from overfl		0 0	0		0 0		0 0	0	0	0	0	
499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above	e)	0 0	0		0 0) [0	0	0	0	0	



	NAIC Group Code 0088 BUSINESS II	N THE STATE O				LOUGLO			RING THE YEAI	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return F	ums, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.		0	0	0	0	0		00	0	0	0	0	
2.1	Allied Lines		0	٠١		0)	0		0	0	
	Federal Flood	0	0		0	0		0	0	0	0	0	1
	Private Crop	0	0	0	0	0		00	0	0	0	0	
	Private Flood	0	0	0	0	0		00	0	0	0	0	
3. 4	Farmowners Multiple Peril Homeowners Multiple Peril		0	0	0	0		00	0	0	0	0	(
5.1	Commercial Multiple Peril (Non-Liability Portion)		0	0	0	0		j	0	0	0	0	
5.2	Commercial Multiple Peril (Liability Portion)	0	0	0	0	0		00	0	0	0	0	
6.	Mortgage Guaranty	0	0	0	0	0		00	0	0	0	0	
8.	Ocean Marine	0	0	0	0	0		0		0	0	0	
9.	Inland Marine	0	0	0	0	0		0	0	0	0	0	
10.	Financial Guaranty	21 280	20.506	٠٥		0		732.309	0	(12.253)	11.676		1 26
	Medical Professional Liability - Claims-Made	4.804	4.730		2.002		2,647			(12,253)	(2.911)	721	30
	Earthquake	0	0	0	0	0		0	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b)		0	0	0	0	0	00	0	0	0	0	
13.2	Comprehensive (hospital and medical) group (b)		0	0	0	0		00	0	0	0	0	
	Credit A&H (Group and Individual)	0	0	0	0	0		0	0	0	0	0	
	Vision Only (b) Dental Only (b)		0			0		J	0		0	0	
	Disability Income (b)		0	٠٠		0)o	0		0	0	
15.4	Medicare Supplement (b)	0	0	0	0	0		0	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	0	0		0	0	0	0	0	
15.6	Medicare Title XVIII (b)	0	0	0	0	0	0	00	0	0	0	0	
	Long-Term Care (b)	0	0	0	0	0	0	00	0	0	0	0	
	Federal Employees Health Benefits Plan (b)	0	0	0	0	0		0	0	0	0	0	
	Other Health (b)	0	0	0		0		0	0	0	0	0	
	Other Liability - Occurrence	231	181	٠١	50	0	592	2601	0	(322)	(301)		1
	Other Liability - Claims-Made	250	250	0	104		2.007			(901)	2.900	38	1
17.3	Excess Workers' Compensation	0	0	0	0	0		0	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0	0	0	17	765	0	3	0	0	
18.2	Products Liability - Claims-Made		0	0	0	0		00	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		0	0	0	0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)	0	0			0		J	0		0	0	
19.3	Other Commercial Auto Liability	0	0	0		0)	0	0	0	0	
21.1	Private Passenger Auto Physical Damage	0	0	0	0	0		0	0	0	0	0	
21.2	Commercial Auto Physical Damage	0	0	0	0	0		00	0	0	0	0	
22.	Aircraft (all perils)	0	0	0	0	0		00	0	0	0	0	
23.	Fidelity	. 0	J0	0	J	0	J		0	₀	0	ļ0	
24. 26.	Surety Burglary and Theft		0	0	0	0		,	0	0	0	0	
27.	Boiler and Machinery	n	n	n)n		n		n	
28.	Credit]	0	0	0	0		0	0	0	0	0	
29.	International	0	0	0	0	0	0	0	0	0	0	0	
30.	Warranty	0	0	0	0	0		0	0	0	0	0	
	Reins nonproportional assumed property	XXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX	xxxxxx	XXXXXX	XXXXXX	XXXXXX
32. 33.	Reins nonproportional assumed liability	XXXXXX	XXX	XXX	XXXXX	XXXXXX	XXX		XXX	XXXXXX	XXX	XXX	xxx
34.	Aggregate Write-Ins for Other Lines of Business	0		0	0	0					0		
35.	Total (a)	26,565	25,667	0	17,416		35, 168	81,156	0	(29,986)	11,364	3,981	1,698
	DETAILS OF WRITE-INS												
3401. 3402.													
3402. 3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	0	0	0		0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0		0	0	0	0	0	1



NAIC Group Code 0088 BUS	NESS IN THE STATE C						DU	RING THE YEAR	R 2023		pany Code 12	2260
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and blicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines			0)					0	0	
2.3 Federal Flood	0	0)		1	0				
2.4. Private Crop	0	0	0)0		j	0	0	0	0	
2.5 Private Flood	0	0	0)0		00	0	0	0	0	
3. Farmowners Multiple Peril		0	0		0	0	00	0	0	0	0	
4. Homeowners Multiple Peril		0	0) 0		00	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0		0		0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)		0	0) 0		J	0	0	0	0	
8. Ocean Marine		0	0 N))	0		0	0	
9. Inland Marine		0	0)		0	0	0	0	0	
10. Financial Guaranty		0	0)0		00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence	0	0	0		0	(224		0	(459)	146	0	
11.2 Medical Professional Liability - Claims-Made	0	0	0		0	(7	7)(4)	0	(7)	5	0	
12. Earthquake	0	0	0		0		0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b)		0	0) 0		0	0	0	0	0	
13.2 Comprehensive (nospital and medical) group (b)		0			1)o	0		٥	0	
15.1 Vision Only (b)		0	0)		0	0	0	0	0	
15.2 Dental Only (b)	0	0	0		0		0	0	0	0	0	
15.3 Disability Income (b)	0	0	0) 0		00	0	0	0	0	
15.4 Medicare Supplement (b)		0	0	(00		00	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0		0	0	00	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0		0		0	0	0	0	0	
15.7 Long-Term Care (b)		0	0) 0		J	0	0	0	0	
15.9 Other Health (b)		0)		1	0				
16. Workers' Compensation	0	0	0)0		0	0	0	0	0	
17.1 Other Liability - Occurrence	0	0	0		0		0	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0	(00		00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0		0	0	00	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0		0		0	0	0	0	0	
18.2 Products Liability - Claims-Made	0	0	0) 0		0	0	0	0	0	
19.1 Private Passenger Auto No-Pault (Personal Injury Protection)		0	0 N))	0		0	0	
19.2 Other Private Passenger Auto Liability	0	0	0)		0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0)0		0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	0)0		0	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	0	0) 0	0	00	0	0	0	0	
22. Aircraft (all perils)	0	0	0	ļ	0	ļ	. ō		0	0	0	·····
23. Fidelity 24. Suretv		0	0		, 0		,	0	0	0	0	
24. Surety		n			, n		,o	n	n	n	n	
27. Boiler and Machinery	0	0	0		0		j	0	0	0	0	
28. Credit	0	0	0) 0		0	0	0	0	0	
29. International	0	0	0		0	0	00	0	0	0	0	
30. Warranty	0	0	0) 0		0 0	0	0	0	0	
31. Reins nonproportional assumed property	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX		XXX	XXXXXX	XXXXXX	XXXXXX	XXX
Reins nonproportional assumed liability	XXXXXX	XXX	XXX	XXXXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0)0				0	0	0	
35. Total (a)	0	0	0	(0	(231			(466)	151	0	
DETAILS OF WRITE-INS					1	,,			,,			
01						.						
02						.						
03						·						
99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	o	0	0		,		0	0	0			····
aa. Totala (Lines 340 i tiitu 3403 pius 3490)(Line 34 above)	U	U	U	1	, , , , ,		U .	U	1 0	1 0	1	I



NAIC Group Code 0088 BUSINE	ESS IN THE STATE O		3	4	5		7 7	RING THE YEAR	. 2020	10	pany Code 12	12
	Policy and Mer Less Return F		3 Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	9 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
1 Allied Lines	0	0	0	0	0	0	0	0	0	0	0	
2 Multiple Peril Grop		0				0	0		0	٥		
4. Private Crop						0	0		0	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
5 Private Flood						o		0		٥		
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0		0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
1 Medical Professional Liability - Occurrence	661	588	0	358	0	412	805	0	(31)	474	93	14
2 Medical Professional Liability - Claims-Made	0	0	0	J0	0	0	0	0	0	0	0	
Earthquake	0	0	0	J0	0	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	J0	0	J0	0	ļ0	0	0	J0	
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	
1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)		0	0		0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0		0	0	0		0		0	
7 Long-Term Care (b)	0	0	0		0	0	0		0	٠٠	0	
8 Federal Employees Health Benefits Plan (b)		Λ				o			Λ	٥		
9 Other Health (b)		Λ				o			Λ	٥		
Workers' Compensation	0	0	0		0	 0	0	0			0	
1 Other Liability - Occurrence	0	0	0	0	0	0	0	0	0		0	
2 Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
3 Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
1 Products Liability - Occurrence		0	0	0	0	0	0	0	0	0	0	
2 Products Liability - Claims-Made		0	0		0	0	0	0	0	0	0	
1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
1 Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	J	0	J0	0	0	0	0	J0	
Surety	0	0	0	J	0	J0	0	0	0	0	J0	
Burglary and Theft	0	0	0	J0	0	J0	0	0	0	0	[0	
Boiler and Machinery	0	J0	J0	J0	0	J0	0	0	0	0	J0	
Credit	0	J0	J0	J	0	J0	ļ0	0	0	0	J0	
International		0	0	ļ0	0	J0	0	0	0	0	l	
Warranty Reins nonproportional assumed property	XXX		XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Reins nonproportional assumed property		XXXXXX	XXX	XXX	XXXXXX	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		n	0		n	0	0	0	0	n	
Total (a)	661		n	358		412		n	(31)	474	93	1
DETAILS OF WRITE-INS		300		000		712	003		(01)	7/7	30	<u> </u>
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

⁽a) Finance and service charges not included in Lines 1 to 35 \$



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop ... 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . . 2.092 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) ... 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation . 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX .XXX .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 2,092 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSINE	SS IN THE STATE C		3	4	5	6	7	0	0	10	4.4	2260
	Policy and Mei Less Return F		Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	9 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines	0	0	0	0	0	J0	0	0	0	0	0	
2.3 Federal Flood	0	0	0					0	0	0		
2.4. Private Crop	0	0			0	n	0	0	0	0	0	
2.5 Private Flood	0	0	0	0	0	0	0	0	0	0	0	
3. Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
3. Ocean Marine	0	0	0	0		0	0	0	0	0	0	
9. Inland Marine		0	0	0	0	0	0	0	0	0	0	ļ
. Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
.1 Medical Professional Liability - Occurrence	8,737	8,690	J	1,724	0	(919))14,402	0	(6,763)	4,282	1,306	ļ
.2 Medical Professional Liability - Claims-Made	0	0	0	0	0	481	3,310	0	(3,981)	(241)	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
.2 Comprehensive (hospital and medical) group (b)	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	
1 Vision Only (b)	0	0	0		0		0		0	0	0	
2 Dental Only (b)	0	0	0		0	0		0		0	0	
4 Medicare Supplement (b)	0	0	0		0	0		0	0	0		
5 Medicaid Title XIX (b)		0	0					0	0	0		
6 Medicare Title XVIII (b)		n	Λ		0	n		0	0	0	0	
7 Long-Term Care (b)	0	0	0		0	0	0	0	0	0	0	
8 Federal Employees Health Benefits Plan (b)		0	0	0	0	0	0	0	0	0	0	
9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
.1 Other Liability - Occurrence	0	0	0		0	l0	0	0	0	0	0	
.2 Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
3 Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
.1 Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	
.2 Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
.2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
.3 Commercial Auto No-Fault (Personal Injury Protection)		0	0	0	0	0	0	0	0	0	0	
.4 Other Commercial Auto Liability	0	J0	J0	ļ0	0	J0	0	J0	0	0	J0	·····
1 Private Passenger Auto Physical Damage	0	0	0	0	0	J	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	J0	0	0	I	0	0	0	0	J0	
. Aircraft (all perils)	0	0	J0	0	0	Iō	0	0	0	0	I	·····
Fidelity	0	0			0	J		0		0		
,	0				0	I0		0		0	J	
Burglary and Theft		n	n		n	o	u	0 n	u	U	n	
Credit	n	n	n	n	n	n	n	n	n	n	n	[
International	n	n	n		n	n	n	n	n	n	n	
Warranty	0	0	0	0	0	0	0	0	0	0	0	
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	0	0	
i. Total (a)	8,737	8,690	0	1,724	0	(438)	17,712	0	(10,744)	4,041	1,306	
DETAILS OF WRITE-INS	·			·								
)							.					
3							.					
 Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) 	0	0	0	0	0	0	0	0	0	0	0	
		0					0					1



NAIC Group Code 0088 BUSINESS	IN THE STATE C		2	1 4	F	6	7 7	RING THE YEAR	. 2020	10	pany Code 12	1200
	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	9 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
. Fire	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines		0	0) 0	0	0	0	0	0	0	
2.3 Federal Flood		0	0		1	0		0	0	0		
2.4. Private Crop			n)	0	0	0	0	0	0	
2.5 Private Flood	0	0	0		0	0	0	0	0	0	0	
B. Farmowners Multiple Peril		0	0)0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0		0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	C	00	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0		00	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
. Ocean Marine	0	0	0		0	0	0	0	0	0	0	
. Inland Marine	···· ·······ō	0	0	ļ	. ō	0	0	J0	0	ļ0	J	·····
Financial Guaranty	0	207	0	210	0	0	365	0	0	215	0	
.1 Medical Professional Liability - Occurrence	216	20/	0	210		88	365	0	(141)	215	30	
.2 Medical Professional Liability - Claims-Made		n	n		,	U	n	0 n	n	U		
.1 Comprehensive (hospital and medical) ind (b)	n	n	n		,	n	n	0	n		n	
.2 Comprehensive (hospital and medical) froup (b)	n)	n				0		
Credit A&H (Group and Individual)		0	0		0	0	0	0	0	0	0	
1 Vision Only (b)		0	0		0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0)0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0		0	0	0	0	0	0	0	
4 Medicare Supplement (b)	0	0	0		0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0	C	00	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0	0	00	0	0	0	0	0	0	
7 Long-Term Care (b)	0	0	0	C	0	0	0	0	0	0	0	
.8 Federal Employees Health Benefits Plan (b)	0	0	0		0	0	0	0	0	0	0	
9 Other Health (b)	0	0	0		0 0	0	0	0	0	0	0	
Workers' Compensation		0	0) 0	0	0	0	0	0	0	
.1 Other Liability - Occurrence		0	0) 0	0	0	0	0	0	0	
.2 Other Liability - Claims-Made		0	0			0	0	0		0		
.1 Products Liability - Occurrence			0		1		0		0	0 N	n	
2 Products Liability - Claims-Made		0	0		0	0	0	0	0	0	0	
.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0)0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0)0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		00	0	0	0	0	0	0	
.4 Other Commercial Auto Liability	0	0	0		0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	C	0	0	0	0	0	0	0	
.2 Commercial Auto Physical Damage	0	0	0	C) 0	0	0	0	0	0	0	ļ
. Aircraft (all perils)	<u>0</u>	0	<u>0</u>	<u>C</u>	0 0	0	0	0	0	0	0	
Fidelity	ō	ļ0	0	C	0	J0	0]0	0	0	J0	·····
Surety Burglary and Theft		0	0	ļ	0	ļ0	0	0	0	0	J	·····
Burglary and Theft		0	0			0	0	0	0	0		
Credit	n	n	n		,	n	n	n	n	n	n	
International	n	n	n		,	n	n	0	n		n	
Warranty)		0		0			
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		
i. Total (a)	216	207	0	210	0	88	365	0	(141)	215	30	
DETAILS OF WRITE-INS												1
				·								ļ
				-								·····
S. Summary of remaining write-ins for Line 34 from overflow page												
. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0			, 0		0	0		0	J	ļ
rotais (Lines 340 i tillu 3403 plus 3490)(Line 34 above)	U	1 0	U	1	, 0	U	1 0	0	0	1 0	U	



Property Control of	NAIC Group Code 0088 BUS	NESS IN THE STATE C		•	4	5	^	7 7	RING THE YEAF	. 2020		pany Code 12	1200
Fig.		Policy and Me Less Return I Premiums on Po	mbership Fees, Premiums and olicies not Taken		4	5	6	7			and Cost	11 Commissions	12
2.4 Alled Lines	Line of Business	Direct Premiums	Direct Premiums	Policyholders					Containment	Containment	Expense	and Brokerage Expenses	Taxes, License and Fees
22 Mulging Print Copy		0	0	0		00	0	0	0	0	0	0	
3 February 1 1 1 1 1 1 1 1 1		0	0	0) 0	0	0	0	0	0	0	
24 Printer Promotion				0		1	0				0		
2.5 Private Florida		0	0	0)0	0	0	0	0	0	0	
Femonses Multiple Perl		0	0	0		0	0	0	0	0	0	0	
1 Commercia Multiple Pert ((Note) Pert (12888) Portion) 0 0 0 0 0 0 0 0 0		0	0	0		0	0	0	0	0	0	0	
2. Commonal Multiple Perful (Labilly Proteon)		0	0	0	C	0	0	0	0	0	0	0	
Mortgage Guranity	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine 0 0 0 0 0 0 0 0 0		0	0	0		0	0	0	0	0	0	0	
Inland Marine	Mortgage Guaranty	0	0	0		0	0	0	0	0	0	0	
Financial Gustanty			0	0			0		0	0	0	0	
Medical Professional Labelly - Coursmon Medical Professional Labelly						, 0	U		0 n	l		u	l
2 Medical Professional Liability - Claims-Made			765		458	3	92		0	(1 034)	978	132	
Earthquake				0			76,884		0			4,785	2
1. Comprehense (copilal and medical) ind (b)		0	0	0)0	0	0	0	0	0	0	
Credit Abt (Group and Individual)	Comprehensive (hospital and medical) ind (b)	0	0	0)0	0	0	0	0	0	0	
1 Vision (Only (b)	Comprehensive (hospital and medical) group (b)	0	0	0		00	0	0	0	0	0	0	
2 Dental Conly (c)		0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)		0	0	0		0	0	0	0	0	0	0	
4 Medicaré Supplement (b)	Dental Only (b)	0	0	0		0	0	0	0	0	0	0	
5 Medical Tile XX (b)	Disability Income (b)	0	0	0		0	0	0	0	0	0	0	
6 Medicare Tile XVIII (b)			0	0)	0	0	0	0	0	0	
7. Long-Term Care (b)				0		1	0			Λ			
8 Federal Employees Health Benefits Pian (b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0)0	0	0	0	0	0	0	
9 Other Health (b)			0	0		0	0	0	0	0	0	0	
1. Other Liability - Courrence		0	0	0		0	0	0	0	0	0	0	
2 Other Liability - Claims-Made		0	0	0		0	0	0	0	0	0	0	
3 Excess Worker's Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0		00	0	0	0	0	0	0	
1.1 Products Lability - Occurrence			0	0		0	0	0	0	0	0	0	
2 Products Liability - Claims-Made			0	0		0 0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)			0	0) 0	0	0	0	0	0	0	
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	Products Liability - Claims-Made		0	0		0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Ínjury Protection) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0)							
4 Other Commercial Auto Liability	Commercial Auto No-Fault (Personal Injury Protection)	n	n	n		,	n	n	n	n	n	n	
Private Passenger Auto Physical Damage			0	0)0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	Private Passenger Auto Physical Damage	0	0	0)0	0	0	0	0	0	0	
Aircraft (all perils)	Commercial Auto Physical Damage	0	0	0) 0	0	0	0	0	0	0	
Surety	Aircraft (all perils)	0	0	0		0	0	0	0	0	0	0	
Burglary and Theft		0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery Credit O O O O O O O O O		0	0	0		0	0	0	0	0	0	0	
Credit O <td></td> <td>······ō</td> <td>ō</td> <td></td> <td>ļ</td> <td>. ō</td> <td>J 0</td> <td>0</td> <td>0</td> <td>J</td> <td>ļ0</td> <td>J0</td> <td>·····</td>		······ō	ō		ļ	. ō	J 0	0	0	J	ļ0	J0	·····
International		0	0	0	ļ	0	0	0	0	I	0	J	
Warranty			0	0			0	0	0	J	0	0	·····
Reins nonproportional assumed property XXX			n	n		,	n	n	0 n	n	n	n	
Reins nonproportional assumed liability		xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines												XXX	XXX
4. Aggregate Write-Ins for Other Lines of Business	Reins nonproportional assumed financial lines	xxx	XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX
DETAILS OF WRITE-INS	Aggregate Write-Ins for Other Lines of Business	0					0						
		35,731	33,290	0	15,631	0	76,976	117,119	0	(28, 123)	57,061	4,917	2
	DETAILS OF WRITE-INS												
								· 		·····			·····
										·····			
8. Summary of remaining write-ins for Line 34 from overflow page 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Summary of remaining write-ins for Line 34 from overflow page		^										
Sommary or remaining write-ins for Line 34 from overnow page						,	U			J	0		l



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Direct Premiums Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop ... 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . 1.928 (23.856) (24.705) . 12 . 424 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) ... 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence277 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. XXX. .XXX. .XXX. .XXX.. .XXX. XXX. .XXX .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 2.011 (24.854) 12.275 6.273 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop ... 2.3 Federal Flood . 2.4. Private Crop . 2.5 Private Flood 3. Farmowners Multiple Peril 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty ... 11.1 Medical Professional Liability - Occurrence . .21.440 ..21.961 .6.770 .3.620 .37.418 (18,489) ..21.583 . 3.203 1.620 11.2 Medical Professional Liability - Claims-Made .81.403 12 076 (26 010) . 14.049 912 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 2,249 (8,666) . (6,341 (5,336) (3,372 17.2 Other Liability - Claims-Made2,007 .. 8, 190 .2,900 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 1.915 (317 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX Reins nonproportional assumed liability. 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX. .XXX.. .XXX. XXX. .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 36.698 18.520 53.141 (22, 216) 2.772 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



NAIC Group Code 0088 BUSINES	S IN THE STATE O		3	4	5	6	7	RING THE YEAR	0	10	pany Code 12	12
	Gross Premiu Policy and Mer Less Return F Premiums on Po	mbership Fees,	Dividends Paid or Credited to	4	5	6	1	Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost Containment	Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licens and Fees
1. Fire	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines	0	0	0		0	0	0	0	0	0	0	
2.2 Multiple Peril Crop			0		0	0	0			0	0	
2.4. Private Crop			0						0	0	0	
2.5 Private Flood		Λ	Λ				Λ	0			n	
Farmowners Multiple Peril	0	0	0		0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0		0	0	0	0	0	0	0	
i.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0		0	0	0	0	0	0	0	
.2 Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
. Mortgage Guaranty	0	0	0		0	0	0	0	0	0	0	
Ocean Marine	0	0	0	C	0	0	0	0	0	0	0	
Inland Marine	0	0	0	C		0	0	0	0	0	0	
Financial Guaranty	0	0	0		0	0	0	0	0	0	0	
1 Medical Professional Liability - Occurrence	4, 170	3,903	0	1, 142		2,510	4,792	0	(105)	2,825	598	
Medical Professional Liability - Claims-Made	2,430	5,281	0	641	0	31,874	48,468	0	(25,933)	(2,675)	365	
. Earthquake	0	0	0	C	0	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	C	0	0	0	0	0	0	0	
2 Comprehensive (hospital and medical) group (b)	0	0	0	C	0	0	0	0	0	0	0	
Credit A&H (Group and Individual)	0	0	0	C	0	0	0	0	0	0	0	
1 Vision Only (b)	0	0	0	C	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	C	0	0	0	0	0	0	0	
B Disability Income (b)	0	0	0	C	0	0	0	0	0	0	0	
4 Medicare Supplement (b)	0	0	0	C	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0		0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0		0	0	0	0	0	0	0	
7 Long-Term Care (b)	0	0	0		0	0	0	0	0	0	0	
8 Federal Employees Health Benefits Plan (b)	0	0	0		0	0	0	0	0	0	0	
9 Other Health (b)	0	0	0		0	0	0	0	0	0	0	
Workers' Compensation	109	74	0		0		474	0	(196)	(120)		
1 Other Liability - Occurrence			0	38		(32)		0	(196)		lb	
3 Excess Workers' Compensation		230	0			2,007	0	0	(901)	2,900		
1 Products Liability - Occurrence		18	n	1	0	13	(642)		15	(180)	3	
2 Products Liability - Claims-Made		Λ	Λ				(042)			(103)	n	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		0	n	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0		0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	n	n	n		n	n	n	n	n	n	n	
4 Other Commercial Auto Liability		n	n		n	n	n	n	n	n	n	
Private Passenger Auto Physical Damage	n	n	n			n	n	n	n			
2 Commercial Auto Physical Damage	0	0	0		0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0		0	0	0	0	0	0	0	
Fidelity	0	0	0		0	0	0	0	0	0	0	
Surety	0	0	0		0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	C	0	0	0	0	0	0	0	
Boiler and Machinery	0	0	0	C	0	0	0	0	0	0	0	
Credit	0	0	0	C	0	0	0	0	0	0	0	
International	0	0	0	0	0	0	0	0	0	0	0	
Warranty Reins nonproportional assumed property	0	0	0	C	0	0	0	0	0	0	0	
Reins nonproportional assumed property		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		
Total (a)	6,977	9,526	0	1,888	0	36,372	61,282	0	(27, 120)	2,741	1,020	
DETAILS OF WRITE-INS											Ì	
		·····			·						·····	
		·····			·						·····	
Summary of remaining write-ins for Line 34 from overflow page		······							·····		······	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0			0		0	0	U	0	ū	• • • • • • • • • • • • • • • • • • • •



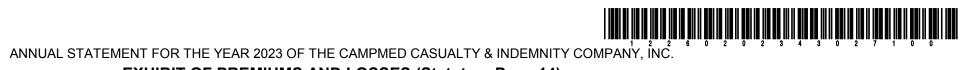
NAIC Group Code 0088 BUSIN	IESS IN THE STATE C				LOGOLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	260
	Gross Premit Policy and Me Less Return	ums, Including mbership Fees, Premiums and blicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		00	0	0	0	0	
2.1 Allied Lines					1		n	0		0	0	
2.3 Federal Flood	0	0	0		0		0	0	0	0	0	
2.4. Private Crop	0	0	0		0		00	0	0	0	0	
2.5 Private Flood		0	0		00		00	0	0	0	0	
Farmowners Multiple Peril		0	0		00		00	0	0	0	0	
4. Homeowners Multiple Peril		0	0		0		0 0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0) 0		J	0	0	0	0	
Commercial Multiple Peril (Liability Portion) Mortgage Guaranty			n		1		n	0		٥	0	
8. Ocean Marine	0	0	0)		0	0	0	0	0	
9. Inland Marine		0	0)0		0	0	0	0	0	
10. Financial Guaranty	0	0	0		0		00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		1,147	0	238	3 0	794	41,443	0	18	851	162	2,54
11.2 Medical Professional Liability - Claims-Made		0	0		0		0 0	0	0	0	0	
12. Earthquake		J	ō	ļ	0	ļ	, Iō	ļ	0	ļ0	0	
13.2 Comprehensive (hospital and medical) group (b)			0 n		1		n	0		٥	0	
14. Credit A&H (Group and Individual)	0	0	0		0		0	0	0	0	0	
15.1 Vision Only (b)		0	0		0		0	0	0	0	0	
15.2 Dental Only (b)	0	0	0		00		00	0	0	0	0	
15.3 Disability Income (b)	0	0	0		00		00	0	0	0	0	
15.4 Medicare Supplement (b)		0	0		0		00	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0		0		0 0	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0) 0		J	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)					1		n	0		0	0	
15.9 Other Health (b)	0	0	0		0		0	0	0	0	0	
16. Workers' Compensation	0	0	0		0		00	0	0	0	0	
17.1 Other Liability - Occurrence		0	0		00		00	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0		0		00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0		0 0		0 0	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0) 0		0 0	0	0	0	0	
18.2 Products Liability - Claims-Made		0	0) 0		J	0	0	0	0	
19.1 Private Passenger Auto No-Pauli (Personal Injury Protection)	n	0	0) 0		n	0		0	0	
 19.2 Other Private Passenger Auto Liability	0	0	0)0		0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0		0		00	0	0	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	0		0		0 0	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	J0	0		0		0 0	0	0	0	0	
22. Aircraft (all perils)	0	ō	0	ļ	0	ļ	, Iō	ō	0	0	ļ0	
23. Fidelity			U		,		n 0			u		
26. Burglary and Theft					0		0	0	0	0	0	
27. Boiler and Machinery		0	0		0		0	0	0	0	0	
28. Credit	0	0	0		00		00	0	0	0	0	
29. International	0	0	0		0		00	0	0	0	0	
30. Warranty	0	0	0		0		0 0	0	0	0	0	
 Reins nonproportional assumed property Reins nonproportional assumed liability 	XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX		XXX	XXXXXX	XXXXXX	XXXXXX	XXX XXX
 Reins nonproportional assumed liability Reins nonproportional assumed financial lines 	XXXXXX	XXX	XXX	XXXXXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0		0						0	0		
35. Total (a)	1,159	1,147	0	238		794			18	851		2,54
DETAILS OF WRITE-INS	, , ,	,										1.
1 01		ļ				.						
102.		ļ										
103												
199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0	0)		0	0	0	n	0 n	
100. Totalo (Elico oto i tilla otoo piao otoo)(Elic ot above)	U	U	ı	1	, , ,	1	·	U		ı		



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop ... 2.5 Private Flood . 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . . 1.075 (737) .634 . 2.060 11.2 Medical Professional Liability - Claims-Made (12, 170) 6.330 (461 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) ... 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) .. 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 495 7.405 (12.907) 173 2.060 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



NAIC Group Code 0088	BUSINESS I	IN THE STATE C				LOUGLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
2.229 2000	230200	Gross Premit Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Bi	usiness	1 Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire		0	0	0		0		00	0	0	0	0	
2.1 Allied Lines) u		n	0		0	0	
2.3 Federal Flood		0	0	0))	00	0	0	0	0	
2.4. Private Crop		0	0	0		0		00	0	0	0	0	
2.5 Private Flood		0	0	0	() 0)(00	0	0	0	0	
Farmowners Multiple Peril Homeowners Multiple Peril		0	0	0		0		0 0	0	0	0	0	
Homeowners Multiple Peril (Non-Liability Commercial Multiple Peril (Non-Liability				0) u		n 0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Port	ion)	0	0	0))	00	0	0	0	0	
Mortgage Guaranty	<i>'</i>	0	0	0)		00	0	0	0	0	
8. Ocean Marine		0	0	0	(00)	00	0	0	0	0	
9. Inland Marine		0	0	0) 0)	0 0	0	0	0	0	
Financial Guaranty Medical Professional Liability - Occurre			0	0		0)(13	0 0	0	(302)	0	0	4.0
11.1 Medical Professional Liability - Occurre 11.2 Medical Professional Liability - Claims-)) (13/	n 100	0	(302)		0	
12. Earthquake		0	0	0		0		0	0	0	0	0	
13.1 Comprehensive (hospital and medical)	ind (b)	0	0	0) 0)	00	0	0	0	0	
13.2 Comprehensive (hospital and medical)	group (b)	0	0	0		00)	00	0	0	0	0	
14. Credit A&H (Group and Individual)		0	0	0		0 0		0 0	0	0	0	0	
15.1 Vision Only (b)			0	0)		J	0	0	0	0	
15.3 Disability Income (b)			0	n)		n		0	0	0	
15.4 Medicare Supplement (b)		0	0	0))	0	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0	0		00)	00	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0	0) 0)	00	0	0	0	0	
15.7 Long-Term Care (b)		0	0	0		0		0 0	0	0	0	0	
15.8 Federal Employees Health Benefits Pla 15.9 Other Health (b)	n (b)		0	0)		J	0	0	0	0	
16. Workers' Compensation		0	0	0	()	,	0	0	0	0	0	
17.1 Other Liability - Occurrence		0	0	0)0		00	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0	0	(00)	00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0	0		0 0		0 0	0	0	0	0	
18.1 Products Liability - Occurrence		0	0	0) 0		0 0	0	0	0	0	
18.2 Products Liability - Claims-Made19.1 Private Passenger Auto No-Fault (Pers	anal Injury Protection)		0	0)		n	0	0	0	0	
19.2 Other Private Passenger Auto Liability	onal injury i fotocolori)	0	0	0))	0	0	0	0	0	
19.2 Other Private Passenger Auto Liability19.3 Commercial Auto No-Fault (Personal In	jury Protection)	0	0	0)0		00	0	0	0	0	
19.4 Other Commercial Auto Liability		0	0	0) 0)	00	0	0	0	0	
21.1 Private Passenger Auto Physical Dama21.2 Commercial Auto Physical Damage	ge	0	0	ō	ļ	0		0 0	0	0	ō	0	ļ
21.2 Commercial Auto Physical Damage 22. Aircraft (all perils)			0	0		١٥	{	n 0	0	0	J0	0	·····
23. Fidelity			0	0)0	,	0	0	0	0	0	
24 Surety		0	0	0)0)	00	0	0	0	0	
26. Burglary and Theft		0	0	0) 0)	00	0	0	0	0	
27. Boiler and Machinery		0	0	<u>0</u>	ļ	0 0		0 0	0	0	<u>0</u>	0	ļ
28. Credit		0	0	0	ļ	٥٥	<u> </u>	, ₀	0	0	0	0	·····
30. Warranty			n	n		۱	;	n	n	n	n	n	
31 Reins nonproportional assumed proper	tv	xxx	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	· ·	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
 Reins nonproportional assumed financi 	al lines	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of	Business	0	0	0	ļ	0	(13)			0	0	ļ0	
35. Total (a) DETAILS OF WRITE-INS		0	0	0	(0	(13)	3) 188	0	(302)	111	0	1,9
101													
402													
103.										.			
198. Summary of remaining write-ins for Line			0	0		0 0		0 0	0	0	0	0	ļ
199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	() 0) [0	0	0	0	0	



	NAIC Group Code 0088 BUSINESS IN	N THE STATE C				LUSSES	(= 2222 2227		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies not Taken 2	3 Dividends Paid or Credited to Policyholders	4	5 Direct Losses Paid	6 Direct Losses	7 Direct	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	Direct Defense and Cost Containment Expense	11 Commissions and Brokerage	12 Taxes, Licenses
	Line of Business	Written	Earned	on Direct Business	Premium Reserves	(deducting salvage)		Losses Unpaid	Expense Paid	Expense Incurred	Unpaid	Expenses	and Fees
	Fire	0	0	0	0	0		0	0	0	0	0	0
	Allied Lines	0	0		0	0		00	0	0	0	0	0
	Federal Flood	0	0	0	0	0		00	0	0	0	0	0
2.4	Private Crop	0	0	0	0	0		00	0	0	0	0	0
	Private Flood	0	0	0	0	0		00	0	0	0	0	0
3. 4.	Farmowners Multiple Peril Homeowners Multiple Peril	0	0	0	0	0		00	0	0	0	0	0
	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0		00	0	0	0	0	
	Commercial Multiple Peril (Liability Portion)	0	0	0	0	0		00	0	0	0	0	0
6.	Mortgage Guaranty	0	0	0	0	0		00	0	0	0	0	0
8. 9.	Ocean Marine Inland Marine	0	0	0	0	0		00	0	0	0	0	0
	Financial Guaranty	0	0	0		0		00	0	0	0	0	
11.1	Medical Professional Liability - Occurrence	171	163	0	162	0	5	3237	0	(96)	139	24	941
11.2	Medical Professional Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	0
12.	Earthquake	0	0	0	0	0		00	0	0	0	0	0
13.1	Comprehensive (hospital and medical) ind (b)	0	0		0	0		0		0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0		00	0	0	0	0	0
15.1	Vision Only (b)	0	0	0	0	0		00	0	0	0	0	0
	Dental Only (b)	0	0	0	0	0		00	0	0	0	0	0
15.3 15.4	Disability Income (b)	0	0		0	0		00	0	0	0	0	0
	Medicaid Title XIX (b)	0	0	0	0	0		00	0	0	0	0	0
15.6	Medicare Title XVIII (b)	0	0	0	0	0		00	0	0	0	0	0
	Long-Term Care (b)	0	0	0	0	0		00	0	0	0	0	0
	Federal Employees Health Benefits Plan (b) Other Health (b)				0	0		00	0	0	0	0	0
	Workers' Compensation	0	0	0	0	0		00	0	0	0	0	0
17.1	Other Liability - Occurrence	0	0	0	0	0		00	0	0	0	0	0
17.2	Other Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	0
	Excess Workers' Compensation	0	0		0	0		00	0	0	0	0	0
18.2	Products Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		00	0	0	0	0	0
19 2	Other Private Passenger Auto Liability	0	0	0	0	0		00	0	0	0	0	0
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		00	0	0	0	0	0
21.1	Private Passenger Auto Physical Damage	0	0		0	0		0		0	0	0	0
21.2	Commercial Auto Physical Damage	0	0	0	0	0		00	0	0	0	0	0
	Aircraft (all perils)	0	0	0	0	0		00	0	0	0	0	0
23. 24.	Fidelity	0	0	0	0	0		00	0	0	0	0	0
24. 26.	Burglary and Theft	0	0		0	0		0		0	0	0	0
27.	Boiler and Machinery	0	0	0	0	0		00	0	0	0	0	0
28.	Credit	0	0	0	0	0		00	0	0	0	0	0
29. 30.	International	0	0	0	0	0		0 0	0	0	0	0	0
30. 31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0		5	0 0 237		0	0	0	0
35.	Total (a) DETAILS OF WRITE-INS	1/1	163	0	162	0	5	23/	0	(96)	139	24	941
3401.	DETAILS OF WRITE-INS												
3402.							.						
3403.	Cummon of remaining units inc feet line 24 from quarter						-						
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page	0 n	0	0 n	0	0 n		00	0 n	0 n	0 n	0 n	0 n
JTJJ.	Totalo (Ellico 0401 tilla 0400 pias 0400)(Ellic 04 above)		ı v	U	U	U	1	0	U	ı	U	U	ı



NAIC Group Code 0088 BUSIN	IESS IN THE STATE C		3	1	F		7	RING THE YEAF	2020	10	pany Code 12	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	9 Direct Defense and Cost	Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written		Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines Multiple Peril Crop		0	0	0	0	0	0	0	0	0	0	
Federal Flood			0			0	0	0	0	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
Private Crop	o	0	0 n		0		0	0	0	٠١		
5 Private Flood			n			o				٥		
Farmowners Multiple Peril	0	0	0		0	0	0	0	0		0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	(97)108	0	(199)	64	0	
2 Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)		0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)		0	0		0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)		0	0		0	0	0		0	0	0	
7 Long-Term Care (b)	0	0	0		0	0	0	0	0	٠٠	0	
B Federal Employees Health Benefits Plan (b)						o			Λ	٥		
O Other Health (b)		0	0		0	n		0	0		0	
Workers' Compensation	0	0	0		0	0	0	0	0		0	
Other Liability - Occurrence	0	0	0	0	0	(150)245	0	(85)	(123)	0	
2 Other Liability - Claims-Made		0	0	0	0	0	0		0	0	0	
B Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence		0	0	0	0	284	(529)		61	(101)	0	
Products Liability - Claims-Made		0	0		0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
B Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	ļ0	0	J0	J0	J0	0	0	J0	
Surety		0	0	ļ0	0	J0	0	J0	0	0	J0	
Burglary and Theft	······ō	0	0	0	0	0	0	0	0	0	J0	
Boiler and Machinery	ū	0	0	0	0]0	0	0	0	0	J	
Credit		0	0	0	0	J	0	J	0	0	J	
Warranty					0	u	0	0				
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
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	0	0	
Total (a)	0	0	0	0	0	37	(176)		(223)	(160)	0	
DETAILS OF WRITE-INS		İ	1	Ĭ		Ŭ,	(110)	1	(220)	(100)	i	İ
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	l0	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSINESS	SIN THE STATE C		shire				DUF	RING THE YEAR	2023		pany Code 12	
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 2		3 Dividends Paid or Credited to	4 5		6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Direct Premiums Written		Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred		Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines		0	0	0	0		0	0	0		0	
2.3 Federal Flood		0	0	0	0		0	0	0	٥		
2.4. Private Crop		n		0 n					0 N	٥	n	
2.5 Private Flood		0	0	0	0	0	0	0	0		0	
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)	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
9. Inland Marine	0	0	0	0	0	0	0	0	0	0	0	
0. Financial Guaranty	0	0	0	J0	0	J0	0	0	0	0	J0	
1.1 Medical Professional Liability - Occurrence	233	229	0	J89	0	22	419	0	(263)	247	J33	J1
1.2 Medical Professional Liability - Claims-Made		············	0	J0	0	l0	₀	0	0	0	J	
Earthquake		0	0	J	0	J	0	0	0	0	J	
3.2 Comprehensive (hospital and medical) ind (b)		0	0	0	0		0	0	0	٥		
4. Credit A&H (Group and Individual)				Λ					0	٥	n	
5.1 Vision Only (b)		0	0	0	0		0	0	0		n	
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	
5.4 Medicare Supplement (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	0	
5.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	
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	0	0	0	0	0	0	0	0	0	0	0	
7.1 Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	
7.2 Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
7.3 Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
8.1 Products Liability - Occurrence		0	0	0	0		0	0	0			
9.1 Private Passenger Auto No-Fault (Personal Injury Protection)		0	0	0	0		0	0	0	٥		
9.2 Other Private Passenger Auto Liability		0	0	0	0		0	0	0		n	
9.3 Commercial Auto No-Fault (Personal Injury Protection)	n	n	n	n	n	n		n	n	n	n	
9.4 Other Commercial Auto Liability	0	0	0	0	0		0	0	0	0	0	
1.1 Private Passenger Auto Physical Damage		0	0	0	0	0	0	0	0	0	0	
1.2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
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	0	
6. Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	
7. Boiler and Machinery	0	0	0	J0	0	J0	ļ0	0	0	0	J	
8. Credit		J0	0	J0	0	J0	0	0	0	0]ō	
9. International		J0	0	J0	0	J0	₀	0	0	0	J	
Warranty Reins nonproportional assumed property	XXX			XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed property	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Reins nonproportional assumed financial lines	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0		0		n	0	0	0	n	n	
5. Total (a)	233		0	89		22	419	0	(263)	247	33	1
DETAILS OF WRITE-INS	200	220				22	410	Ü	(200)	241		<u> </u>
1												
2.												
3												
8. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	
9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	1	0		1 ^					^	•		1

⁽a) Finance and service charges not included in Lines 1 to 35 \$0



	NAIC Group Code 0088 BUSINESS II	N THE STATE O	⊩ New Jersey	'				DUI	RING THE YEAR	₹ 2023	NAIC Com	npany Code 12	2260
		Gross Premiu Policy and Mer Less Return F	ıms, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense	Commissions and Brokerage Expenses	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	ct Unearned um Reserves Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid				Taxes, Licenses and Fees
	Fire	0	0	0		0	0	0	0	0	0	0	
2.1	Allied Lines		0					0	0		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		
	Federal Flood	n		٠١		, 0		n	n		٥٥		
	Private Crop	0	0	0		0	0	0	0	0	0	0	
	Private Flood	0	0	0		0		0	0	0	0	0	
3.	Farmowners Multiple Peril	0	0	0	C	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)	0	0	0		00	0	0	0	0	0	0	
	Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
6. 8.	Mortgage Guaranty Ocean Marine	0	0	0		0		0	0	0	0	0	
9.	Inland Marine	n		٠١		, 0		n	n		٥٥		
10.	Financial Guaranty	0	0	0		0		0	0	0	0	0	
11.1	Medical Professional Liability - Occurrence	0	0	0		0	5	26	0	(12)	15	0	1,
11.2	Medical Professional Liability - Claims-Made	0	0	0		00		0	0	0	0	0	
	Earthquake	0	0	0	0	0	0	0	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0		0	0	0	0	0	0	0	
13.2	Comprehensive (hospital and medical) group (b)	0	0	0		0		0	0	0	0	0	
	Credit A&H (Group and Individual)		0			0		0	0	0	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	0	
	Dental Only (b)		0 N	٠٠) 0 0		Λ	0 n		۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
	Disability Income (b)	0	0			0		0	0	0		0	
15.4	Medicare Supplement (b)	0	0	0		0	0	0	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0		0	0	0	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0	C	0	0	0	0	0	0	0	
	Long-Term Care (b)	0	0	0		0	O	0	0	0	0	0	
	Federal Employees Health Benefits Plan (b)	0	0	0		00	0	0	0	0	0	0	
	Other Health (b)	0	0	0		0		0	0	0	0	0	
	Other Liability - Occurrence	n	0 N	٠٠) 0 	(86	Δ	0 n	10	0		
	Other Liability - Claims-Made	0	0	0		0	0	0	0	0	0	0	
	Excess Workers' Compensation	0	0	0		0	0	0	0	0	0	0	
	Products Liability - Occurrence	0	0	0		0	178	264	0	34	0	0	
18.2	Products Liability - Claims-Made	0	0	0	C	00	0	0	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		0	0	0	0	0	0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	C	0	0	0	0	0	0	0	
19.3	Other Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0		0	0	0	0	0	
21.4	Other Commercial Auto Liability		0 n	u		,	J				 n	u	
21.1	Commercial Auto Physical Damage			n		0				n	n		
22.	Aircraft (all perils)	0	0	0		0	ļ	0	0	0	0	0	
23.	Fidelity	0	0	0	C	0	0	0	0	0	0	0	
24.	Surety	0	0	0		00	0	0	0	0	0	0	
26.	Burglary and Theft	0	0	0) 0	0	0	0	0	0	0	
27.	Boiler and Machinery	0	0	0	J	<u> </u> 0	J0	0	0	0	0	0	
28.	Credit	ō	0	0	J	, 0	ļū	. 0	0	0	0	0	
29. 30.	International	0	0	0 n			J				 n		
	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0			0	0	0	
35.	Total (a)	0	0	0	0	0	97	290	0	32	104	0	1,
	DETAILS OF WRITE-INS												
3401.													
3402.													
		[·····								.		.	· · · · · · · · · · · · · · · · · · ·
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page		n	0		0	l	0	n	0	0	n	L



	NAIC Group Code 0088 BUSINESS II	N THE STATE C	OF New Mexico			LUSSES	(= 30)		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premiu Policy and Me Less Return I Premiums on Po 1 Direct Premiums	ums, Including mbership Fees, Premiums and plicies not Taken 2 Direct Premiums	3 Dividends Paid or Credited to Policyholders	4 Direct Unearned	5 Direct Losses Paid		7 Direct	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	Direct Defense and Cost Containment Expense	11 Commissions and Brokerage	12 Taxes, Licenses
	Line of Business	Written	Earned	on Direct Business	Premium Reserves	(deducting salvage)	Incurred	Losses Unpaid	Expense Paid	Expense Incurred	Unpaid	Expenses	and Fees
	FireAllied Lines	0	0	0	0	0		0 0	0	0	0	0	0
	Multiple Peril Crop	0	0		0	0		0	0	0	0	0	0
	Federal Flood	0	0	0	0	0		00	0	0	0	0	0
	Private Crop	0	0	0	0	0		00	0	0	0	0	0
	Private Flood	0	0	0	0	0		00	0	0	0	0	0
3. 4.	Farmowners Multiple Peril Homeowners Multiple Peril	0	0	0	0	0		00	0	0	0	0	0
	Commercial Multiple Peril (Non-Liability Portion)	0	0		0	0		00	0	0	0	0	0
	Commercial Multiple Peril (Norl-Elability Portion)	0	0	0	0	0		00	0	0	0	0	0
6.	Mortgage Guaranty	0	0	0	0	0		00	0	0	0	0	0
8.	Ocean Marine	0	0	0	0	0		00	0	0	0	0	0
9. 10.	Inland Marine	0	0	0	0	0		0 0	0	0	0	0	0
	Financial Guaranty Medical Professional Liability - Occurrence		0	٠١		0		0		0	0	0	1 1/0
11.2	Medical Professional Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	0
	Earthquake	0	0	0	0	0		00	0	0	0	0	0
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0		00	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0		00	0	0	0	0	150
	Credit A&H (Group and Individual)	0	0	0	0	0		00	0	0	0	0	0
	Dental Only (b)		0		0	0		0		0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0		00	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0		00	0	0	0	0	0
	Medicaid Title XIX (b)	0	0	0	0	0		00	0	0	0	0	0
	Medicare Title XVIII (b)	0	0	0	0	0		0 0	0	0	0	0	0
	Long-Term Care (b) Federal Employees Health Benefits Plan (b)		0	٠١	0	0		0		0	0	0	
	Other Health (b)	0	0	0	0	0		00	0	0	0	0	0
16.	Workers' Compensation	0	0	0	0	0		00	0	0	0	0	0
17.1	Other Liability - Occurrence	0	0	0	0	0		00	0	0	0	0	0
17.2	Other Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	0
	Excess Workers' Compensation	0	0	0	0	0		00	0	0	0	0	0
	Products Liability - Occurrence Products Liability - Claims-Made		0		0	0		0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		00	0	0	0	0	0
19 2	Other Private Passenger Auto Liability	0	0	0	0	0		00	0	0	0	0	0
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		00	0	0	0	0	0
19.4	Other Commercial Auto Liability	0	0	0	0	0		00	0	0	0	0	0
21.T	Commercial Auto Physical Damage	n	u	 n	n	0 n		0	0 n	n	u	0 n	n
	Aircraft (all perils)	0	0	0	0	0		00	0	0	0	0	0
	Fidelity	0	0	0	0	0		00	0	0	0	0	0
24.	Surety	0	0	0	0	0		00	0	0	0	0	0
26.	Burglary and Theft	ō	0	0	0	0		0 0	ŏ		0	0	ō
27. 28.	Boiler and Machinery Credit	0	0	0 n	0	0		00	0	0	0 n	0	0
29.	International	0	0	0	0	0		0	0	0	0	0	0
30.	Warranty	0	0	0	0	0		00	0	0	0	0	0
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXXXXX
33. 34.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Total (a)	n	n	0 0	0	0		0		n	0	n	1.299
	DETAILS OF WRITE-INS	İ			ľ			1		·			1,200
3401.													
3402.													
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page									^			
3498. 3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	u	0		u	0 n		00	0 n	0 n	U	0 n	0 n
J 4 33.	rotato (Enico oto i tiliu otoo piuo otoo)(Elile ot above)		U	U		0	1	0	U	L U	U	U	U



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF New York DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves (deducting salvage) Line of Business Written Earned on Direct Business Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop .. 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . . 2.536 1.235 4 480 . 2.641 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) ... 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. .202 .202 (108) 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . (450) (450) 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX. XXX XXX XXX XXX .XXX. XXX XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX. .XXX.. .XXX. XXX. XXX. .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 1.521 2.612 4.232 2.451 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



NAIC Group Code 0088 BUSINESS	IN THE STATE C						DUF	RING THE YEAR	2023		pany Code 12	
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken 1 2		3 Dividends Paid or Credited to	4 5		6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written		Policyholders on Direct Business		Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	
2.1 Allied Lines		0	0	0	0	0	0	0	0	0	0	
2.3 Federal Flood		٥	0	0		٥			0			
2.4. Private Crop		n			0	n	n	Λ	0 N		n	
2.5 Private Flood		0	0	0	0	0	0	0	0	0	0	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
8. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	ļ
9. Inland Marine		0	0	0	0	0	0	0	0	0	0	
10. Financial Guaranty		0	0	0	0	0	0	ļ0	0	0	0	······
11.1 Medical Professional Liability - Occurrence	10,010		0	5,016	0	3,589		0	(10,564)	12,874	1,490	J4,
11.2 Medical Professional Liability - Claims-Made		607	0	0	0	(4,413)	(3,710)	0	2,352	4,889	(19)	
12. Earthquake	₀	ļ	0	0	0	J	0	0	0	0	J	·····
13.1 Comprehensive (hospital and medical) ind (b)				0	0	u	0		0			
13.2 Complete is twe (nospital and medical) group (b)						Λ	Λ	0	0		n	
15.1 Vision Only (b)		0		0	0	n	0	0	0		0	
5.2 Dental Only (b)		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	
5.4 Medicare Supplement (b)		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	0	
5.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	
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	
15.9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
16. Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
7.1 Other Liability - Occurrence			0	1,394	0	(26,422)		0	(7,166)	(2,888)	296	
7.2 Other Liability - Claims-Made	(39))190	0	0	0	831	7,013	0	(1,318)	2,483	(6)	
7.3 Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
8.1 Products Liability - Occurrence		0	0	0	0	0	0	0	0	0	0	
9.1 Private Passenger Auto No-Fault (Personal Injury Protection)				0	0	0			0	0		
9.2 Other Private Passenger Auto No-Pault (Personal Injury Protection)		0	0	0	0		0		0			
9.3 Commercial Auto No-Fault (Personal Injury Protection)	n	n	n	0	0	n	n	n	n	n	n	
9.4 Other Commercial Auto Liability	n				n	n	n	n	n	n	n	
1.1 Private Passenger Auto Physical Damage		0	0	0	0	0	0	0	0	0	0	
1.2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	ļ
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	0	ļ
6. Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	
7. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	J0	
8. Credit		ļ0	0	0	0	J	ļ0	<u>0</u>	0	0	J0	·····
9. International	···-l-······ō	₀		0	0	J	0	0	0	0	J0	·····
0. Warranty	0	0	0	0	0	0	0	0	0	0	0	······································
Reins nonproportional assumed property	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX
4. Aggregate Write-Ins for Other Lines of Business		0	n	0		n		0	0			
14. Aggregate write-ins for Other Lines of Business	11.821		n	6.410		(26.415		n	(16,696)	17.358	1.761	5
DETAILS OF WRITE-INS	11,021	13,423	0	0,410	0	(20,413)	0,040	U	(10,090)	11,000	1,701	1
11		.[L		[.[L	L
2						l						[
03.												
98. Summary of remaining write-ins for Line 34 from overflow page		0	0	0	0	0	0	0	0	0	0	
99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1
		-			<u> </u>				-		•	•



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY. INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop .. 2.5 Private Flood . 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . . 155 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) ... 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) .. 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 28 Credit 29. International 30. Reins nonproportional assumed property XXX. XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 167 155 1.128 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop 2.3 Federal Flood . 2.4. Private Crop .. 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . ..734 (603) . 6.433 11.2 Medical Professional Liability - Claims-Made 1 637 10 966 (7.502)(1.083 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) . 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. .(29) 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 59 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage . 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX.. .XXX. XXX. XXX. Reins nonproportional assumed financial lines XXX. 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 16.548 (8.094) 5.359 2.125 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



	NAIC Group Code 0088 BUSINESS II	N THE STATE C				LOGGLO	`		RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return I	ums, Including mbership Fees, Premiums and plicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	2 Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
	Fire	0	0	0	0	0		0	0	0	0	0	
2.1	Allied Lines		o	0		0)	0	0	0	0	
	Federal Flood	0	0	0	0	0		0	0	0	0	0	
	Private Crop	0	0	0	0	00		00	0	0	0	0	
	Private Flood	0	0	0	0	00	(00	0	0	0	0	
3. 4	Farmowners Multiple Peril	0	0	0	0	0		00	0	0	0	0	
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	00		00	0	0	0	0	
5.2	Commercial Multiple Peril (Liability Portion)	0	0	0	0	00	(00	0	0	0	0	
6.	Mortgage Guaranty	0	0	0	0	00		00	0	0	0	0	
8.	Ocean Marine	0	0	0	0	0		0	0	0	0	0	
9. 10.	Inland MarineFinancial Guaranty	0	0	0		0		0	0	0	0	0	
	Medical Professional Liability - Occurrence	1 271	1 269		,	n	539	52.082	n	(750)	1.227	178	2 91
	Medical Professional Liability - Claims-Made	10	0	0	0			0	0	0	0	0	2,0
12.	Earthquake	0	0	0	0	0		0	0	0	0	0	
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0		00	0	0	0	0	
13.2	Comprehensive (hospital and medical) group (b)	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	
	Dental Only (b)			0)o	0		0	0	
	Disability Income (b)	0	0	0		0		0	0	0	0	0	
15.4	Medicare Supplement (b)		0	0	0	0)	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	0	0		00	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0	0	00		00	0	0	0	0	
	Long-Term Care (b)	0	0	0	0	0		0	0	0	0	0	
	Federal Employees Health Benefits Plan (b) Other Health (b)	0	0	0	0	0		0	0	0	0	0	
	Workers' Compensation	0		0		1)			0	0	
	Other Liability - Occurrence	0	0	0	0	0	(66	3)	0	(2)	33	0	
17.2	Other Liability - Claims-Made	0	0	0	0	0		oʻ0	0	0	0	0	
	Excess Workers' Compensation	0	0	0	0	00	(00	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0	0	00		0	0	0	0	0	
18.2	Products Liability - Claims-Made		0	0	0	0		0	0	0	0	0	
10.1	Other Private Passenger Auto Liability	u)o			0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		0	0	0	0	0	
19.4	Other Commercial Auto Liability	0	0	0	0	00		00	0	0	0	0	
21 1	Private Passenger Auto Physical Damage	0	0	0	0	0		0	0	0	0	0	
21.2	Commercial Auto Physical Damage	. 0	0	0	J	<u> </u> 0	· ····································	0	0	0	0	0	
22. 23.	Aircraft (all perils)	·0	J0	0	J	. 0	<u> </u>	, I	0	0	J0	J	
23. 24.	Surety		u			1)o	0		0	0	
26.	Burglary and Theft	0	0	0		0		0	0	0	0	0	
27.	Boiler and Machinery	0	0	0	0	0		0	0	0	0	0	
28.	Credit	0	0	0	0	0		0	0	0	0	0	
29.	International	0	0	<u>0</u>	0	0		0	<u>0</u>	0	0	0	
30.	Warranty Reins nonproportional assumed property	0 XXX	0	XXX	XXX	XXX0	XXX)0	0	0	0	0 XXX	XXX
31. 32.	Reins nonproportional assumed property Reins nonproportional assumed liability	xxx	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX		XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0				0			
35.	Total (a)	1,271	1,269	0	8	0	469	9 2,106	0	(761)	1,260	178	2,91
3401.	DETAILS OF WRITE-INS												
3401. 3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0		0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	1 0) 0) [0	0	0	1 0	1 0	1



NAIC Group Code 0088 BUSINE	SS IN THE STATE C		3	4	F		7 7	RING THE YEAR	2020	10	pany Code 12	12
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies 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 Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood			0						0	٥		
4. Private Crop			0		0	n	0		0	٠١		
5 Private Flood		Λ						0		٥	0 n	
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	0	0	0	0	(154)	97	0	(265)	57	0	
2 Medical Professional Liability - Claims-Made	0	184	0	0	0	(1,867)	(1,530)	0	799	2,016	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)		0	0		0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)		0	0		0	0	0	0	0		0	
7 Long-Term Care (b)		0	0		0	0	0		0		0	
B Federal Employees Health Benefits Plan (b)		Λ							Λ	٥		
Other Health (b)		Λ							Λ	٥		
Workers' Compensation	0	0	0		0			0		٥	0	
Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	17	0	
2 Other Liability - Claims-Made		40	0	0	0	83	1.927	0	(451)	682	0	
B Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence		0	0	0	0	0	51	0	0	0	0	
Products Liability - Claims-Made	0	0	0		0	0	0	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
B Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	J0	0	0	0	0	0	0	0	
Surety	0	0	0	J0	0	0	0	0	0	0	0	
Burglary and Theft	<u> </u> o	0	0	J0	0	<u>0</u>	0	0	0	0	[0	
Boiler and Machinery	0	J0	0	J0	0	0	0	ļ0	0	0	J0	
Credit	0	J0	0	J0	0	0	0	ļ0	0	0	J0	
International	······ō	J0	J0	J0	0	ō		0	0	0	J0	
Transfer and the second	XXX	0	XXX			XXX	XXX	XXX	U	XXX	U	
Reins nonproportional assumed property		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX
Reins nonproportional assumed liability Reins nonproportional assumed financial lines	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX
Aggregate Write-Ins for Other Lines of Business		0				0	0	0	0	0		······································
Aggregate write-ins for Other Lines of Business		224	u			(1.938)			83	2,772		
DETAILS OF WRITE-INS	1	224	U	1	U	(1,900)	343	U	03	2,112	U	
DETAILS OF MAIL-1113												
Summary of remaining write-ins for Line 34 from overflow page	0	n	n			0				0	0	

⁽a) Finance and service charges not included in Lines 1 to 35 \$



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop ... 2.3 Federal Flood . 2.4. Private Crop . 2.5 Private Flood 3. Farmowners Multiple Peril 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty ... 11.1 Medical Professional Liability - Occurrence . . 2. 123 . 2.490 ..1.120.000 (322.727) .395.874 . 512.830 .220.744 178.514 .314 11.2 Medical Professional Liability - Claims-Made 633.827 155.280 15 515 122 306 2.297 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. (1,112) (905) (156 17.2 Other Liability - Claims-Made 16,750 . (3, 214) . 5,932 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . .. 93 .(1,011 (349) 18.2 Products Liability - Claims-Made . . 1,807 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety . 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX. Reins nonproportional assumed liability. 32. XXX. XXX. .XXX... XXX.. XXX. XXX. .XXX.. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX .XXX. .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 1.120.250 1.044.535 287.919 339.221 2.710 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)



NAIC Group Code 0088 BU	SINESS IN THE STATE O				LOGGLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	260
	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		0 0	0	0	0	0	
2.1 Allied Lines		0	0) 0		00	0	0	0	0	
2.3 Federal Flood		0)		n					
2.4. Private Crop	0	0	0		0		00	0	0	0	0	
2.5 Private Flood	0	0	0		00		00	0	0	0	0	
Farmowners Multiple Peril		0	0		0		00	0	0	0	0	
4. Homeowners Multiple Peril		0	0		0		0 0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0) 0		00	0	0	0	0	
6. Mortgage Guaranty		0)		n					
8. Ocean Marine	0	0	0		0		00	0	0	0	0	
9. Inland Marine		0	0		00		00	0	0	0	0	
10. Financial Guaranty		0	0		0 0		0 0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		204	0	177	7 0	J	5368	ŏ	(237)	217	30	2,08
11.2 Medical Professional Liability - Claims-Made		0	0		0	[]·····	u 0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b)		n	n)		0	n	0 n	n	0 n	
13.2 Comprehensive (hospital and medical) group (b)	0	0	0		0		00	0	0	0	0	
14. Credit A&H (Group and Individual)	0	0	0		00		00	0	0	0	0	
15.1 Vision Only (b)		0	0		00	(00	0	0	0	0	
15.2 Dental Only (b)		0	0		00		00	0	0	0	0	
15.3 Disability Income (b)	0	0	0		0		00	0	0	0	0	
15.4 Medicare Supplement (b)		0	0		0	······································	00	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
15.6 Medicare Title XVIII (b)			0		1		n		0	٥	0	
15.7 Long-Term Care (b)		0	0		0		00	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)		0	0		00		00	0	0	0	0	
15.9 Other Health (b)	0	0	0		00		00	0	0	0	0	
16. Workers' Compensation	0	0	0		00	(00	0	0	0	0	
17.1 Other Liability - Occurrence		0	0		0		00	0	0	0	0	
17.2 Other Liability - Claims-Made			u		1		00	0		0	0	
18.1 Products Liability - Occurrence		0	0)		0	0	0	0	0	
18.2 Products Liability - Claims-Made	0	0	0)0		00	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0		00		00	0	0	0	0	
19.2 Other Private Passenger Auto Liability19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		00		00	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0		0 0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0) 0		00	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	0	0)		0	0	0	0	0	
22. Aircraft (all perils)	0	0	0)0		00	0	0	0	0	
23. Fidelity	0	0	0		00		00	0	0	0	0	
24. Surety	0	0	0		00		00	0	0	0	0	
26. Burglary and Theft	0	0	0		0		0 0	0	0	0	0	
Boiler and Machinery Credit			0) u		00	0	0	0	0	
29. International			n)		0	0	0	0	0	
30. Warranty		0	0		0		0	0	0	0	0	
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
 Reins nonproportional assumed financial lines Aggregate Write-Ins for Other Lines of Business 	xxx0	XXX0	XXX	XXX	xxx	xxx	XXX	XXX	XXX0	XXX	XXX	XXX
35. Total (a)	213		n	177		1!	5 368		(237)	217	30	2.08
DETAILS OF WRITE-INS	1 2.10								(201)			2,00
401									.			
402									·			
103										·····		
199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	n	0	0)		0	0	0	n	n	
.osos. o tenes one i una ones pias ones (Line on above)	ı v	1 0	U	1	, , ,	1	- U	1 0	ı u	ı U		

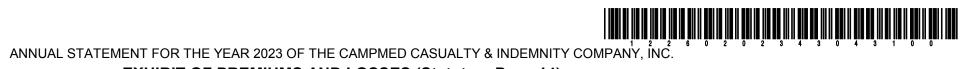


	NAIC Group Code 0088 BUSINESS II	N THE STATE O		ırıa				DUF	RING THE YEAR	R 2023		pany Code 12	2260
		Gross Premiu Policy and Mer Less Return F	ıms, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	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
	Fire	0	0	0	0	0	0	0	0	0	0	0	
2.1	Allied Lines		0	٠٠				0	0		٠٠		
	Federal Flood	n	o			0		0	0	0	٠١	0	
	Private Crop	0	0	0	0	0	0	0	0	0	0		
	Private Flood	0	0	0	0	0	0	0	0	0	0	0	
3. 4	Farmowners Multiple Peril Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
· · ·	Commercial Multiple Peril (Non-Liability Portion)	0	0 N	٠١				0	0				
5.1	Commercial Multiple Peril (Non-Elability Portion)	0	0		0	0	0	0	0	0		0	
6.	Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
8.	Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
9.	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	
	Medical Professional Liability - Occurrence	2,650	1,534	0	1,488	0	907	1,774	0	(69)	1,046	390	1,0
	Medical Professional Liability - Claims-Made	ō	0	0	J0	0	J0	0	J0	J0	0	J	
	Earthquake Comprehensive (hospital and medical) ind (b)		0	0	0	0	J	0	0	0	0 n	J	
13.1	Comprehensive (hospital and medical) and (b)	n	0 N			0	0	0	0	0	٠١	0	
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	
	Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	
	Long-Term Care (b) Federal Employees Health Benefits Plan (b)		0		0	0	0	0	0	0			
	Other Health (b)	n	0	٠١			0			0	٠٠	n	
	Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
	Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	
	Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
	Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
19.2	Other Private Passenger Auto Liability		0	٠٠				0	0		٠٠		
19.3	Other Commercial Auto Liability	0	0		0	0	0	0	0	0		0	
21 1	Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
21.2	Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
	Fidelity	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety	0	0	0	J0	0]0	0	J0	J0	0	J	·····
26.	Burglary and Theft		0	0	J0	0	J	0	J0	J0	0	J	
27. 28.	Credit		U		0	0		0	0			J	
20. 29.	International	n	n		n	n	n	n					
30.	Warranty		0	0	0	0	0	0	0	0	0	0	
31	Pains nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	xxx	xxx	xxx	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0		0			0	0	0	
35.	Total (a)	2,650	1,534	0	1,488	0	907	1,774	0	(69)	1,046	390	1,0
401.	DETAILS OF WRITE-INS											1	
												l	
4N2		1					l	. 1					· · · · · · · · · · · · · · · · · · ·
402. 403								. L					
402. 403. 498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	



NAIC Group Code 0088 BUSIN	NESS IN THE STATE C		3	4	5	6	7 7	RING THE YEAF	. 2020	10	pany Code 12	12
	Policy and Me Less Return	ums, Including embership Fees, Premiums and olicies not Taken 2	Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	9 Direct Defense and Cost	Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written		Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
. Fire	0	0	0	0	0	0	0	0	0	0	0	
.1 Allied Lines	0	0	0	0	0	0	0	0	0	0	0	
.3 Federal Flood			0			0	0	0	0	٠٠		
.4. Private Crop	o	0	0		0		0	0	0	٠١		
.5 Private Flood	o		Λ	o	0	Λ		0		٥		
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
.2 Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
. Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	0	143	0	0	0	78	529	0	(268)	312	0	
.2 Medical Professional Liability - Claims-Made	0	0	0	0	00	0	0	0	0	0	0	
Earthquake	0	0	0	0	00	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	0	00	0	0	0	0	0	0	
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	
1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)		0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
4 Medicare Supplement (b)		0	0			0	0	0	0	0	0	
6 Medicare Title XVIII (b)		0	0		0	0	0	0	0	0	0	
7 Long-Term Care (b)			0			u	0	0	0	٠٠	0	
8 Federal Employees Health Benefits Plan (b)						٥			Λ	٥		
9 Other Health (b)						٥			Λ	٥		
Workers' Compensation	n				0	n	0	0			0	
.1 Other Liability - Occurrence	0	0	0	0	0	0	0	0	0		0	
Other Liability - Claims-Made		0	0	0	0	0	0	0	0	0	0	
3 Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
1 Products Liability - Occurrence		0	0	0	0	0	0	0	0	0	0	
2 Products Liability - Claims-Made		0	0		0	0	0	0	0	0	0	
1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0	J0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	J	J	0	0	0	0	0	0	0	
Fidelity	0	0	J0	J0	· 0	J0	J0	0	0	0	J0	
Surety	0	0	0	J0	0	J0	0	0	0	0	J0	
Burglary and Theft		₀	ļ 0	J0	. 0	J	ļ0	0	0	0	J0	
Boiler and Machinery Credit	0		J	l	0	J	······0	0	0	0	I0	
		0	0	J]ū	0	0	0	0	J	
International		0	0	J		0	0	0	0	0		
Warranty Reins nonproportional assumed property	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
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	Λ	
. Total (a)	0	143	0	n	0	78	529		(268)	312	n	
DETAILS OF WRITE-INS		140	Ť	Ĭ		,,,	020		(200)	012	i	İ
												1
Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0		0	0	0	0	0	0	

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSINE	SS IN THE STATE C			4	5		7 7	RING THE YEAR	2020		pany Code 12	12
	Policy and Mei Less Return F		3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licens and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	
Federal Flood									0	٠٠		
Private Crop	0								0	٠٠		
Private Flood		Λ						0		٥		
Farmowners Multiple Peril	0	0	0		0	0	0	0	0		0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0		0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0		0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine		0	0	0	0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence	952	1,036	0	470	0	287	2, 165	0	(1, 136)	1,276	133	
Medical Professional Liability - Claims-Made	0	0	0	0	0	(65)	0	0	(236)	0	0	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	
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	
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
Pental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	
Medicare Title XVIII (b)	0	0	0		0	0	0	0	0	0	0	
Long-Term Care (b)		0	0		0	0	0	0	0	0	0	
Federal Employees Health Benefits Plan (b) Other Health (b)	0					0		0		٠٠		
Workers' Compensation					0	n	0		0	٠١		
Other Liability - Occurrence		Λ				(55)	(3)	0	θ			
Other Liability - Claims-Made		0	0		0	n	0	0	0		0	
Excess Workers' Compensation		0	0	0	0	0	0	0	0	0	0	
Products Liability - Occurrence		0	0	0	0	123	206	0	24	1	0	
Products Liability - Claims-Made		0	0	0	0	0	1.807	0	0	0	0	
Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0		0	0	0	0	0	0	0	
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	
Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	
Fidelity	0	0	0	0	0	0	0	0	0	0	0	
Surety	0	0	0	0	0	0	0	0	0	0	0	
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	
Boiler and Machinery	0	J0	0	0	0	0	0	0	0	0	0	
Credit	0	J0	0	0	0	0	0	0	0	0	J0	
International	0	J	0	0	0	0	0	0	0	0	J0	
Warranty	0 	0	0	XXX	0 XXX	0	0 XXX	0	0	0	0	
Reins nonproportional assumed property		XXX	XXX				XXXXXX			XXXXXX	XXX	XXX
Reins nonproportional assumed liability	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX
Aggregate Write-Ins for Other Lines of Business	0	0		0			0		0	0		
Aggregate write-ins for Other Lines of Business	952	1.036		470		290			(1.340)	1,343	133	
DETAILS OF WRITE-INS	952	1,030	U	4/0	U	290	4, 1/3	U	(1,340)	1,343	133	ł
DETAILS OF WRITE-INS		Ì										
		· · · · · · · · · · · · · · · · · · ·										
		· · · · · · · · · · · · · · · · · · ·										
Summary of remaining write-ins for Line 34 from overflow page	0						1		0	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		[



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Line of Business Written Earned on Direct Business Premium Reserves (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop ... 2.3 Federal Flood . 2.4. Private Crop . 2.5 Private Flood Farmowners Multiple Peril 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty ... 11.1 Medical Professional Liability - Occurrence . 490.673 .489.991 251.646 166.399 760.451 (404.853) 513.805 .68.951 . 8 . 508 11.2 Medical Professional Liability - Claims-Made 150.000 (252,550) . 1.923 42 133 (244.972) (203 655) 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b)... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 7,744 7,805 .3,836 44,241 .20,038 .(8,541 1,089 17.2 Other Liability - Claims-Made 2,450 . 2,450 . 1,452 ..5,681 .70,809 .37,783 17.3 Excess Workers' Compensation ... 18.1 Products Liability - Occurrence . 1.938 1.951 . (5. 155) (51,506) .(4.028) 18.2 Products Liability - Claims-Made . .(1,807) .(1,807) 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage Aircraft (all perils) .. 22 23. Fidelity .. 24. Surety . 26. Burglary and Theft. Boiler and Machinery 27. 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX. XXX. Reins nonproportional assumed liability. 32. XXX. XXX. XXX.. XXX. XXX. .XXX. .xxx. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX .XXX .XXX. .XXX. .XXX.. Aggregate Write-Ins for Other Lines of Business 553.013 (621,819) 9.494 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$9,613



NAIC Group Code 0088 B	USINESS IN THE STATE				LOCOLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
	Policy and M Less Return	niums, Including lembership Fees, n Premiums and Policies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written		Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire		00	0		0		0	0	0	0	0	
2.1 Allied Lines		0	0) u					0	0	
2.3 Federal Flood		n n	0		n		1					
2.4. Private Crop		00	0		0		j	0	0	0	0	
2.5 Private Flood		00	0		00		00	0	0	0	0	
Farmowners Multiple Peril		00	0		00		0	0	0	0	0	
4. Homeowners Multiple Peril		00	0		0		0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0) u					0	0	
Mortgage Guaranty		n n	0		n		1					
8. Ocean Marine		00	0		00		0	0	0	0	0	
9. Inland Marine		00	0		00		00	0	0	0	0	
10. Financial Guaranty		00	0		0		00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence		0326	0	220	0	25	5619	0	(399)	365	48	1,28
11.2 Medical Professional Liability - Claims-Made		n 0	0	ļ	J 0		, ō	0	0	0	0	
12. Earthquake		n	u		n	,	۱۰۰۰		0 n		0 n	
13.2 Comprehensive (hospital and medical) froup (b)		ō	n		D		j			n	n	
14. Credit A&H (Group and Individual)		00	0		00		00	0	0	0	0	
15.1 Vision Only (b)		00	0		0	(00	0	0	0	0	
15.2 Dental Only (b)		0 0	0		00	(00	0	0	0	0	
15.3 Disability Income (b)		00	0		0 0		00	0	0	0	0	
15.4 Medicare Supplement (b)		0 0	0		0 0		0	0	0	0	0	
15.5 Medicaid Title XIX (b)		00	0		J		J			0	0	
15.7 Long-Term Care (b)		0	0		0)	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)		00	0		00		0	0	0	0	0	
15.9 Other Health (b)		00	0		00		00	0	0	0	0	
16. Workers' Compensation		00	0		0		00	0	0	0	0	
17.1 Other Liability - Occurrence		00	0		0 0		0	0	0	0	0	
17.2 Other Liability - Claims-Made		00	0		J 0		0	0	0	0	0	
18.1 Products Liability - Occurrence		n n	0		n)	0		0	0	
18.2 Products Liability - Claims-Made		00	0		0		0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)		00	0		00		00	0	0	0	0	
 19.2 Other Private Passenger Auto Liability 19.3 Commercial Auto No-Fault (Personal Injury Protection) 		00	0		00	(00	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection)		00	0		00		00	0	0	0	0	
19.4 Other Commercial Auto Liability		0 0	0		0 0		0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage21.2 Commercial Auto Physical Damage		00	0		J 0		0	0	0	0	0	
22. Aircraft (all perils)		0 0	0		0		0	0	0	0	0	
23. Fidelity		00	0		0		0	0	0	0	0	
24. Surety		00	0		00	(00	0	0	0	0	
26. Burglary and Theft		00	0		0 0		00	0	0	0	0	
27. Boiler and Machinery		00	0		0		0	0	0	0	0	
28. Credit		00	0		J 0	; <i>;</i>	,	0	0	0 n	0	
30. Warranty		0	n)	,)	n	n	n	o	
31 Reins nonproportional assumed property	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX		XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business							0 619		0	365	0	
35. Total (a) DETAILS OF WRITE-INS	34	326	0	220	0	23	619	0	(399)	365	48	1,2
401												
402.												
403												
498. Summary of remaining write-ins for Line 34 from overflow page	je	0 0	<u>0</u>		0 0		0	0	0	<u>0</u>	0	
499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0 0	0		ן ט 0) [0	0	0	0	0	



NAIC Group Code 0088 BUSII	NESS IN THE STATE C					· •	- ĎU	RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
	Gross Premit Policy and Me Less Return	ums, Including mbership Fees, Premiums and blicies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0	0	0	0	0	0	0	
2.1 Allied Lines			0)					0	0	
2.3 Federal Flood	0	0)		1	0				
2.4. Private Crop	0	0	0)0		j	0	0	0	0	
2.5 Private Flood	0	0	0)0		00	0	0	0	0	
Farmowners Multiple Peril		0	0		0	0	0	0	0	0	0	
4. Homeowners Multiple Peril		0	0		0 0		0	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0		0		0	0	0	0	0	
Commercial Multiple Peril (Liability Portion) Mortgage Guaranty			0)					0	0	
8. Ocean Marine	0	0	0		0)	0	0	0	0	
9. Inland Marine		0	0)		0	0	0		0	
10. Financial Guaranty		0	0)0		0	0	0	0	0	
11.1 Medical Professional Liability - Occurrence	0	27	0		0	(154	4)564	0	(589)	332	0	3,6
11.2 Medical Professional Liability - Claims-Made	0	0	0		00		00	0	0	0	0	
12. Earthquake	0	0	0		0		0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0) 0		0	0	0	0	0	
14. Credit A&H (Group and Individual)		0)		1	0				
15.1 Vision Only (b)		0	0)		0	0	0	0	0	
15.2 Dental Only (b)	0	0	0)0		00	0	0	0	0	
15.3 Disability Income (b)	0	0	0) 0		00	0	0	0	0	
15.4 Medicare Supplement (b)		0	0	(00		00	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0		0	0	00	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0		0		0	0	0	0	0	
15.7 Long-Term Care (b)		0	0) 0		J	0	0	0	0	
15.9 Other Health (b)		0)		1	0				
16. Workers' Compensation		0	0)0		j	0	0	0	0	
17.1 Other Liability - Occurrence	0	0	0)0		00	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0	(00		00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0		0	0	00	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0		0		0	0	0	0	0	
 18.2 Products Liability - Claims-Made	0	0	0		0		0	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)))o			0	0	
 19.2 Other Private Passenger Auto Liability	0	0	0		0		0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0)0		0	0	0	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	0)0		0	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	0	0) 0	0	00	0	0	0	0	
22. Aircraft (all perils)	0	0	0	ļ	0	ļ	. ō		0	0	0	
23. Fidelity		0	0		, 0		,	0	0	0	0	
26. Burglary and Theft		n			, n		,o	n	n	n	n	
27. Boiler and Machinery	0	0	0		0		j	0	0	0	0	
28. Credit	0	0	0) 0		0	0	0	0	0	
29. International	0	0	0		0	0	00	0	0	0	0	
30. Warranty	0	0	0) 0		0 0	0	0	0	0	
 Reins nonproportional assumed property Reins nonproportional assumed liability 	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX		XXX	XXXXXX	XXXXXX	XXXXXX	XXX
Reins nonproportional assumed liability Reins nonproportional assumed financial lines	XXXXXX	XXXXXX	XXX	XXXXX	XXXXXX	XXX		XXX	XXX	XXX	XXX	XXXXXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0)0				0	0	0	
35. Total (a)	0	27	0	(0	(154			(589)	332	0	3,6
DETAILS OF WRITE-INS					1	,,,,			,,,,,,			*,*
01						.						
02.						.						
198. Summary of remaining write-ins for Line 34 from overflow page												
199. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0	0		,		0	0	0	u		
iss. Totals (Lines 3401 tillu 3403 plus 3496)(Line 34 above)	U		U	1	, , , ,		, L	U	0	U	0	l



	NAIC Group Code 0088 BUSINESS II	N THE STATE C				LOGGLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	2260
		Gross Premit Policy and Mer Less Return I	ıms, Including	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.		0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied Lines		0	0	0	0)	0	0	0 n	0	
	Federal Flood	0	0	0	0	0		0	0	0	0	0	
	Private Crop	0	0	0	0	0		0	0	0	0	0	C
2.5	Private Flood	0	0	0	0	0		00	0	0	0	0	
3. 4.	Farmowners Multiple Peril Homeowners Multiple Peril	0	0 0	0	0	0		00	0	0	0	0	(
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0		00	0	0	0	0	
	Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	00	0	0	0	0	
6.	Mortgage Guaranty	0	0	0	0	0		0 0	0	0	0	0	
8. 9.	Ocean Marine Inland Marine	0	0	0	0	0		0	0	0	0	0	
9. 10.	Financial Guaranty		0	0	0	0)	0		0 n	0	
	Medical Professional Liability - Occurrence	28.285		0	5.908	0	231	1	0	(28.370)	30.846	4.245	1.82
	Medical Professional Liability - Claims-Made	5,209	4,527	0	1,258		(46, 138				103,695	606	337
12.	Earthquake	0	0	0	0	0		00	0	0	0	0	
	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	00	0	0	0	0	
13.2	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	
	Vision Only (b) Dental Only (b)		0	0	0	0		J	0	0	0	0	
	Disability Income (b)	n	0			0)o		0	0	0	
15.4	Medicare Supplement (b)	0	0	0	0	0		0	0	0	0	0	
	Medicaid Title XIX (b)	0	0	0	0	0		0	0	0	0	0	
	Medicare Title XVIII (b)	0	0	0	0	0		00	0	0	0	0	
	Long-Term Care (b)	0	0	0	0	0	0	00	0	0	0	0	0
	Federal Employees Health Benefits Plan (b)	0	0	0	0	0		00	0	0	0	0	
	Other Health (b)	0	0	0	0	0		0	0	0	0	0	
	Workers' Compensation Other Liability - Occurrence	1.300	1.547	0	272	0	(235	5) (157	, 0	(4.512)	(3.905)	195	
	Other Liability - Occurrence Other Liability - Claims-Made	250	250	0 N	21	0	2.007			(4,312)		25	0
	Excess Workers' Compensation	0	0	0	0	0		0		0	0	0	
	Products Liability - Occurrence	0	0	0	0	0		00	0	0	0	0	
18.2	Products Liability - Claims-Made	0	0	0	0	0		00	0	0	0	0	
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	00	0	0	0	0	
19.2	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0		0	0	0	0	0	
19.5	Other Commercial Auto Liability		0	0	0	0		J	0	0	0	0	
21 1	Private Passenger Auto Physical Damage	n	n		l	n		,o	n	n	n	n	
21.2	Commercial Auto Physical Damage	0	0	0	0	0		j	0	0	0	0	
22.	Aircraft (all perils)	0	0	0	0	0		0	0	0	0	0	
23.	Fidelity	0	0	0	0	0	0	00	0	0	0	0	
24.		0	0	0	0	0	C	0 0	0	0	0	0	
26.	Burglary and Theft	ł0	0	0	J0	0	ļ	. ō	0	0	0	0	
27. 28.	Boiler and Machinery Credit	0	0	0	J0	0		, 0	0	0	0	0	
26. 29.	International	n	n		n	n	r)	n	0 n	o	0 n	
30.	Warranty	I	0	0	0	0		0	0	0	0	0	
	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0 7.459		(44, 135			0	133.536		
35.	Total (a) DETAILS OF WRITE-INS	35,044	43,316	0	7,459	0	(44, 135	5) 36,150	0	(30,618)	133,536	5,071	2,266
3401.	DETAILS OF WRITE-INS	l					.[.[
3401. 3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0		0	0	0	0	0	C



NAIC Group Code 0088 BUSINE	ESS IN THE STATE C						DU	RING THE YEAR			pany Code 12	
•	Policy and Me Less Return	ums, Including mbership Fees, Premiums and blicies not Taken	3 Dividends Paid	4	5	6	7	8 Direct Defense	9 Direct Defense	10 Direct Defense and Cost	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business		Direct Losses Paid (deducting salvage		Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0)	00	0	0	0	0	
Allied Lines		0	0				0 0	0	0	0	0	
2.3 Federal Flood		0	0				n	0	0	0		
2.4. Private Crop	0	n	0			1	n				n	
2.5 Private Flood	0	0	0)	0	0	0	0	0	
Farmowners Multiple Peril		0	0				00	0	0	0	0	
Homeowners Multiple Peril		0	0	C)	00	0	0	0	0	
5.1 Commercial Multiple Peril (Non-Liability Portion)		0	0	0)	0	0	0	0	0	
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0)	0 0	0	0	0	0	
Mortgage Guaranty Ocean Marine		0	0				0 0	0	0	0	0	
Ocean Marine Inland Marine Ocean Marine Ocean Marine Ocean Marine Ocean Marine Ocean Marine		0	0				n	0	0	0		
10. Financial Guaranty						Ď	0		0	0	n	
11.1 Medical Professional Liability - Occurrence		3,344	0	1,838		1,06			(2,862)	3,593	468	
11.2 Medical Professional Liability - Claims-Made		0	0)i	00	0	0	0	0	
12. Earthquake	0	0	0)	0 0	0	0	0	0	
13.1 Comprehensive (hospital and medical) ind (b)	0	0	0	0		2	0 0	0	0	0	0	
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	C]	0 0	0	0	0	0	
14. Credit A&H (Group and Individual)		0	0				J	0	0	0	0	
15.1 Vision Only (b)		0	0				n	0	0	0		
15.3 Disability Income (b)		0	0			1	n		0	0	n	
15.4 Medicare Supplement (b)	0	0	0)	00	0	0	0	0	
15.5 Medicaid Title XIX (b)		0	0				00	0	0	0	0	
15.6 Medicare Title XVIII (b)		0	0)	00	0	0	0	0	
15.7 Long-Term Care (b)		0	0	0)	00	0	0	0	0	
15.8 Federal Employees Health Benefits Plan (b)		0	0)	0 0	0	0	0	0	
15.9 Other Health (b)		0	0				0 0	0	0	0	0	
17.1 Other Liability - Occurrence		0	0				n	0	0	0	0	
17.2 Other Liability - Claims-Made		0	0)	00	0	0	0	0	
17.3 Excess Workers' Compensation	0	0	0				00	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0)	00	0	0	0	0	
18.2 Products Liability - Claims-Made	0	0	0	C)	00	0	0	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0			2	0 0	0	0	0	0	
 19.2 Other Private Passenger Auto Liability 19.3 Commercial Auto No-Fault (Personal Injury Protection) 	0	0	0]	0 0	0	0	0	0	
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0				J	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
21.1 Private Passenger Auto Physical Damage	0	0	0			1	n			0	n	
21.2 Commercial Auto Physical Damage	0	0	0			5	0	0	0	0	0	
22. Aircraft (all perils)		0	0]	0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
23. Fidelity		0	0	C)	00	0	0	0	0	
24. Surety		0	0	0			0 0	0	0	0	0	
26. Burglary and Theft		ō	0	<u>C</u>		<u> </u>	0 0	<u>0</u>	0	<u>0</u>	0	
27. Boiler and Machinery	0	0	0				0 0	0	0	0	0	
28. Credit	0	0	0			,	,	0	0	0 n		• • • • • • • • • • • • • • • • • • • •
30. Warranty	0	0					00	0	0	0	0	
31. Reins nonproportional assumed property	xxx		XXX				XXX	XXX		XXX	XXX	XXX
32. Reins nonproportional assumed liability	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX			XXX	XXX		XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	0				0 0	0	0	0	0	
35. Total (a)	3, 181	3,344	0	1,838	1	1,06	9 6,094	0	(2,862)	3,593	468	1,
DETAILS OF WRITE-INS 401.												
401.												
403.												
498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0)	00	0	0	0	0	
499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	l c	11) I	0	1 0	1 0	0	0	



Cross Premiums, Including 3 4 5 6 7 8 9	10 Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
Direct Premiums Direct Premiums Direct University Direct U	Expense	and Brokerage	
2.1 Allied Lines		0	
22 Multiple Peril Crop	0	0	
2.3 Federal Flood	0		
24. Private Crop	0	0	
2.5 Private Flood	0	0	
4 Homeowners Multiple Peril (Non-Liability Portion)		0	
5.1 Commercial Multiple Pertil (Nahitiple Pertil	0	0	
5.2 Commercial Multiple Peril (Liability Portion)			
6 Mortgage Guarariy			
8. Ocean Marine	0	0	
10. Financial Guaranty	0	0	
11.1 Medical Professional Liability - Claims-Made	0	0	
11.2 Medical Professional Liability - Claims-Made	0	0	
Earthquake	306	49	3,2
13.1 Comprehensive (hospital and medical) ind (b)	0	0	
13.2 Comprehensive (hospital and medical) group (b)	0	0	
14. Credit A&H (Group and Individual) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
15.1 Vision Only (b)		0	
15.2 Dental Only (b)	0	0	
15.4 Medicaré Supplement (b)	0	0	
15.5 Medicaid Title XIX (b)	0	0	
15.6 Medicare Title XVIII (b)	0	0	
15.7 Long-Term Care (b) 0 <td>0</td> <td>0</td> <td></td>	0	0	
15.8 Federal Employee's Health Benefits Plan (b) 0	0	0	
15.9 Other Health (b)		0	
16. Workers' Compensation 0<			
17.1 Other Liability - Occurrence 0<	0	0	
17.3 Excess Workers' Compensation 0	0	0	
18.1 Products Liability - Occurrence 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	
18.1 Products Liability - Claimende 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	
18.2 Products Lightlity - Claims-Made	0	0	
10.2 Flouding Eduliny - Milling Triffice Community - Milling Triffice Comm	0	0	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	
19.2 Other Private Passenger Auto Liability 0	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		
19.4 Other Commercial Auto Liability 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	
21.1 Private Passenger Auto Physical Damage	0	0	
21.2 Commercial Auto Physical Damage	0	0	
22. Aircraft (all perils)	0	0	
23. Fidelity	0	0	
24. Surety 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	ļ0	····
26. Burglary and Theft 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	
27 Boiler and Machinery 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	۰	n	
20. Clear	0	0	
30. Warranty	0	0	
31 Reins nonproportional assumed property YYY YYY YYY YYY YYY YYY YYY YYY YYY Y	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines XXX. XXX. XXX. XXX. XXX. XXX. XXX. XX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	0	0	
35. Total (a)	306	49	3,2
DETAILS OF WRITE-INS			
401			
403			
498. Summary of remaining write-ins for Line 34 from overflow page	0	0	
1499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) 0 0 0 0 0 0 0	0	1	<u> </u>



NAIC Group Code 0088 BUSINE	SS IN THE STATE C				LOGOLO			RING THE YEAR	R 2023	NAIC Com	pany Code 12	260
	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)		Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0		0		0	0	0	0	0	
Allied Lines Multiple Peril Crop			n))o	0		٥		
2.3 Federal Flood	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		0	0	() 0		00	0	0	0	0	
3. Farmowners Multiple Peril		0	0		0		00	0	0	0	0	
Homeowners Multiple Peril	0	0	0) 0		0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
5.1 Commercial Multiple Peril (Non-Liability Portion)			n))o	0		٥		
6. Mortgage Guaranty		0	0		0		0	0	0	0	0	
8. Ocean Marine		0	0		0		0	0	0	0	0	
9. Inland Marine		0	0) 0		00	0	0	0	0	
10. Financial Guaranty		0	0		00		00	0	0	0	0	
11.1 Medical Professional Liability - Occurrence	711	1,606	<u>0</u>	339	9 0	100	3,633	0	(2,396)	2,142	100	5,0
11.2 Medical Professional Liability - Claims-Made		ļ0	0	ļ	. 0	ļ		₀	₀	0	₀	
12. Earthquake		0	0		0	ļ	,	0	0	0		
13.2 Comprehensive (hospital and medical) group (b)	n	n	n		,)		,	n	n	n	n	
14. Credit A&H (Group and Individual)	0	0	0)		0	0	0	0	0	
15.1 Vision Only (b)		0	0		0		0	0	0	0	0	
15.2 Dental Only (b)	0	0	0) 0		00	0	0	0	0	
15.3 Disability Income (b)	0	0	0	(00	(00	0	0	0	0	
15.4 Medicare Supplement (b)	0	0	0) 0		00	0	0	0	0	
15.5 Medicaid Title XIX (b)	0	0	0		0		0	0	0	0	0	
15.6 Medicare Title XVIII (b)	0	0	0) 0		0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
15.7 Editig-Term Care (b))		1	0		0		
15.9 Other Health (b)	0	0	0)		0	0	0	0	0	
16. Workers' Compensation	0	0	0		0		0	0	0	0	0	
17.1 Other Liability - Occurrence		0	0	() 0		00	0	0	16	0	
17.2 Other Liability - Claims-Made		0	0) 0		00	0	0	0	0	
17.3 Excess Workers' Compensation		0	0		0		0	0	0	0	0	
18.1 Products Liability - Occurrence	0	0	0) 0		48	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
18.2 Products Liability - Claims-Made	0	0	0)		J	0	0	0	0	
19.2 Other Private Passenger Auto Liability	0	0	0))	0	0	0	0	
19.2 Other Private Passenger Auto Liability		0	0		0		0	0	0	0	0	
19.4 Other Commercial Auto Liability	0	0	0		0		00	0	0	0	0	
21.1 Private Passenger Auto Physical Damage	n	0	0) 0		00	0	0	0	0	
21.2 Commercial Auto Physical Damage	0	0	0		0 0		0 0	0	0	0	0	
22. Aircraft (all perils)	·······ō	0	0	ļ	0	ļ	,	ō	0	0	0	
23. Fidelity 24. Surety		0))o	0		0		
26. Burglary and Theft	n	n	n)		j [n	n	n	n	n	
27. Boiler and Machinery	0	0	0		0		j	0	0	0	0	
28. Credit	0	0	0) 0		0	0	0	0	0	ļ
29. International	0	0	0) 0		00	0	0	0	0	
30. Warranty	0	0	0) 0		0 0	0	0	0	0	
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX		XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX
34. Aggregate Write-Ins for Other Lines of Business	0								0	0		
35. Total (a)	711		0	339		100			(2,396)	2,158		5,0
DETAILS OF WRITE-INS		,===					.,,==-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		2,1
01						.						
02.												
98. Summary of remaining write-ins for Line 34 from overflow page												• • • • • • • • • • • • • • • • • • • •
	u	0	0		,		0	0	0	u		
oo. Totalo (Lines one) tilla ones plas ones (Line on above)	U	U	ı		, 1	1	, , ,	U		U	U	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2023 NAIC Company Code 12260 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Direct Defense Direct Defense Premiums on Policies not Taken Dividends Paid Direct Defense and Cost or Credited to and Cost and Cost Containment Commissions Direct Premiums Direct Premiums Policyholders Direct Unearned Direct Losses Paid Direct Losses Direct Containment Containment Expense and Brokerage Taxes, Licenses Premium Reserves Line of Business Written Earned on Direct Business (deducting salvage) Incurred Losses Unpaid Expense Paid Expense Incurred Unpaid Expenses and Fees 2.1 Allied Lines .. 2.2 Multiple Peril Crop ... 2.3 Federal Flood . 2.4. Private Crop .. 2.5 Private Flood 3. Farmowners Multiple Peril . 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) ... 6. Mortgage Guaranty Ocean Marine Inland Marine ... Financial Guaranty 11.1 Medical Professional Liability - Occurrence . 11.2 Medical Professional Liability - Claims-Made 12. Earthquake 13.1 Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A&H (Group and Individual) ... 15.1 Vision Only (b).... 15.2 Dental Only (b) ... 15.3 Disability Income (b) . 15.4 Medicare Supplement (b) . 15.5 Medicaid Title XIX (b) . 15.6 Medicare Title XVIII (b). 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan (b) 15.9 Other Health (b) 16. Workers' Compensation ... 17.1 Other Liability - Occurrence .. 17.2 Other Liability - Claims-Made ... 17.3 Excess Workers' Compensation . 18.1 Products Liability - Occurrence . 18.2 Products Liability - Claims-Made . 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability
 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) ... 23. Fidelity .. 24. Surety .. 26. Burglary and Theft. Boiler and Machinery 28 Credit 29. International 30. Reins nonproportional assumed property XXX XXX XXX XXX XXX .XXX. XXX XXX. Reins nonproportional assumed liability ... 32. XXX. .XXX. .XXX... XXX.. XXX. XXX. .XXX. XXX. XXX. Reins nonproportional assumed financial lines 33. .XXX .XXX. .XXX. .XXX.. .XXX. XXX. XXX. .XXX .XXX .XXX. .XXX. .XXX. Aggregate Write-Ins for Other Lines of Business 1.130 **DETAILS OF WRITE-INS** 3401. 3402. 3403. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)

⁽a) Finance and service charges not included in Lines 1 to 35 \$



NAIC Group Code 0088 BUSINE	ESS IN THE STATE O		3	4	5	6	T 7	RING THE YEAF	. 2020	10	pany Code 12	12
	Gross Premiu Policy and Met Less Return F Premiums on Po	mbership Fees,	Dividends Paid or Credited to	4	5	6	7	Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost Containment	Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
Fire	0	0	0	0	0	0	0	0	0	0	0	
1 Allied Lines	0	0	0	0	0	0	0	0	0	0	0	
3 Federal Flood		Λ	0			٥		0	0	٥		
4. Private Crop	0		0			u	0		0	٥		
5 Private Flood		Λ	Λ			Λ				٥		
Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0		0	
Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	
Inland Marine	0	0	0		0	0	0	0	0	0	0	
Financial Guaranty		0	0	0	0	0	0	0	0	0	0	
Medical Professional Liability - Occurrence			0	390,484		(96, 101))		(390,098)	966,883	113,057	10
2 Medical Professional Liability - Claims-Made	132,634		0	64,341		38,429		191,355	(258,542)	393,545	15,086	
Earthquake	0	0	0	0	0	0	0	0	0	0	0	
1 Comprehensive (hospital and medical) ind (b)	0	0	0	0		0	0	0	0	0	0	
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	
1 Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	
2 Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	
3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	
4 Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	
5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	
6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	
7 Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	
8 Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	
9 Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	
1 Other Liability - Occurrence		14,831	0	7, 162		3,973	(10,711)	0	(27,411)	(19,203)	2, 145	
2 Other Liability - Claims-Made		4,433	0	2,084		18,570		0	(14,276)	61,388	455	
3 Excess Workers' Compensation	0	0	0	0		0	0	0	0	0	0	
1 Products Liability - Occurrence	2,020	2,059	0	974	0	(1, 128))(53,842)	0	1,118	(5,636)	284	
2 Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	
1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
2 Other Private Passenger Auto Liability		0	0	0	0	0	0	0	0	0	0	
3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	
4 Other Commercial Auto Liability		0	0	J	0	l0	0	0	0	0	0	
1 Private Passenger Auto Physical Damage	0	0	0	J	0		0	0	0	0	0	
2 Commercial Auto Physical Damage	0	0	0		0		0	0	0	0	0	
Aircraft (all perils)		0	0		0	0	0	0	0		0	
	0	0	0			٥	0		0	٥	0	
,	0	0	0			٥	0		0	٥	0	
Burglary and Theft				J	0	J		U	0	U	0	l
Credit						l		u	u	۰۰	u	l
International								0 n	n	0 n	n	l
Warranty		n	n		n	n	0 n	n	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
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	n	0		0	0		0	0	n	
Total (a)	948,643	954,046	n	465,045		(36,257)			(689, 209)	1,396,977	131,027	1-
DETAILS OF WRITE-INS	340,043	337,040		100,040	1,020,200	(00,207	2,011,020	111,700	(000,209)	1,000,311	101,021	<u>'</u>
DETAILS OF WRITE-INS				L		L	. [L				L
						l						L
Summary of remaining write-ins for Line 34 from overflow page	0	0	n			Λ		n	0		0	

Schedule F - Part 1 - Assumed Reinsurance

NONE

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

20, 21

N

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE F - PART 3

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

					Ceueu	Nemburanc	e as of Dece	ember 31, Ct	illelit Leal (pood Offilite	u)							
1	2 3	4	5	6				Reinsur	ance Recovera	able On				16	Reinsuran	ce Payable	19	20
					7	8	9	10	11	12	13	14	15		17	18	Net Amount	Funds Held
																	Recoverable	by
	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	. NH		949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
	otal Authorized - Affiliates - U.S. Non-Pool - Othe	r		949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
0499999. T	otal Authorized - Affiliates - U.S. Non-Pool			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	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
0899999. T	otal Authorized - Affiliates			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
1499999. T	otal Authorized Excluding Protected Cells (Sum of	of 0899999, 0999	999,															
	1099999, 1199999 and 1299999)			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	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 (Non-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 Cells (Sur	n of 2299999, 23	399999,															
	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.)			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 3	3699999, 379999	99,															
	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 - U.S. Non-	-Pool		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. T	otal Reciprocal Jurisdiction - Affiliates - Other (No	n-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 Protected (Cells (Sum of 509	99999,															
	5199999, 5299999, 5399999 and 5499999)	•		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	otal Authorized, Unauthorized, Reciprocal Jurisdi																	
	Protected Cells (Sum of 1499999, 2899999, 4299			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
5899999. T	otal Protected Cells (Sum of 1399999, 2799999,	4199999 and 559	99999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 To	otals		-	949	0	0	852	325	1.526	1.362	465	0	4.530	0	0	0	4.530	0

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

							(Credit Ris	sk)									
			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	
											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	
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	Excess of	Offsets	Designation	Equivalent in	Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	(Cols. 29-30)	Col. 31)	(Cols. 31-32)	Equivalent	Col. 34)	Col. 34)
	THE HANOVER INSURANCE COMPANY	0	0		0	0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized - Affiliates	0	0	XXX	0	0	4,530	0	0	0	0	0	0	0	XXX	0	0
	otal Authorized Excluding Protected Cells (Sum of																
	899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	0	4,530	0	0	0	0	0	0	0	XXX	0	0
	otal Unauthorized - Affiliates - U.S. Non-Pool	0		XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0		0	0	0	0	0	0	0	XXX	0	0
	otal Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	tal Unauthorized Excluding Protected Cells (Sum of																
	299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	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																
	699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	tal Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	tal Reciprocal Jurisdiction - Affiliates - Other (Non-																
	l.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	otal Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
	tal 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	4,530	0	0	0	0	0	0	0	XXX	0	0
	otal Protected Cells (Sum of 1399999, 2799999,									1001		1001		1001			
	199999 and 5599999)	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Tot	tals	0	0	XXX	0	0	4,530	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)

								ceded Reins	surance)									
		Rein	surance Reco	verable on Pai	d Losses and	Paid Loss Adj	ustment Exper	ises	44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										1
			38	39	40	41	42					Recoverable						1
									Total	Recoverable		on Paid			Percentage			1
									Recoverable	on Paid	Total	Losses &			of Amounts			1
									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		Due Amounts			Overdue Not	More Than	Is the	Reinsurers
ID							Total	Cols. 37+42	Amounts in	Due Amounts		Not in	Amounts		in Dispute	120 Days	Amount in	with Values
Number							Overdue	(In total	Dispute	in Dispute	Amounts Not	Dispute	Received	Percentage	(Col.	Overdue	Col. 50 Less	
From	Name of Reinsurer		1 - 29	30 - 90	91 - 120	Over 120		should equal	Included in	Included in	in Dispute	(Cols. 40 +	Prior	Overdue Col.	47/[Cols.	(Col. 41/	Than 20%?	20% in
Col. 1	From Col. 3	Current	Davs	Days	Days	Davs	+40+41	Cols. 7+8)	Col. 43	Cols. 40 & 41		41 - 45)	90 Davs	42/Col. 43	46+48])	Col. 43)	(Yes or No)	Col. 50
13-5129825	THE HANOVER INSURANCE COMPANY	0 0.1.011	Days	0	0	- , -	0	0	0	0	0	0	n Daye	0.0	0.0	0.0	YES	0000
	otal Authorized - Affiliates - U.S. Non-Pool -																120	
	Other	0	n	n	n	n	n	n	n	0	n	0	0	0.0	0.0	0.0	xxx	l n
	otal Authorized - Affiliates - U.S. Non-Pool	0	0	0	0	0	0	0	0	0	0	0	0		0.0	0.0	XXX	0
	otal Authorized - Affiliates - Other (Non-U.S.)	0	0	0	0		0	0	0	0		0	0	0.0	0.0	0.0	XXX	0
	otal Authorized - Affiliates	0	0	0	0	Ū	0	0	0	0		0	0	0.0	0.0	0.0	XXX	0
	otal Authorized Excluding Protected Cells (Sum			0		-		- 0		-				0.0	0.0	0.0	7000	
	of 0899999, 0999999, 1099999, 1199999 and																	1
	(299999)	0	۸ .	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	xxx	1
	otal Unauthorized - 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 Unauthorized - Affiliates - U.S. Non-Poor	0	0	0	0		0	0	0	0		0	0	0.0	0.0	0.0	XXX	0
	otal Unauthorized - Affiliates - Other (Nori-0.3.)	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	***	0
	otal Unauthorized Excluding Protected Cells																	1
	Sum of 2299999, 2399999, 2499999, 2599999	0	_	0	0	0	0	0	0	0		0	0	0.0	0.0	0.0	V/V/	
	and 2699999)	0	0	0	0	0	0	0	0		0		0	0.0	0.0	0.0	XXX	0
	otal Certified - Affiliates - U.S. Non-Pool	•	•	0			0	0	·	0		0	0		0.0	0.0	XXX	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
	otal Certified - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Certified Excluding Protected Cells (Sum of																	1
-	3699999, 3799999, 3899999, 3999999 and																	1
	1099999)	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.	_	_		_	_	_	_	_	_	_	_	_					1 _ 1
	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	_	_		_	_	_	_	_	_	_	_	_		[2001	_
	Non-U.S.)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Reciprocal Jurisdiction Excluding Protected																	
	Cells (Sum of 5099999, 5199999, 5299999,														[1001	1
	5399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
	otal Authorized, Unauthorized, Reciprocal																	I
	lurisdiction and Certified Excluding Protected																	I
	Cells (Sum of 1499999, 2899999, 4299999 and														[[1001	1
	569999)	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,														[[1001	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	tals	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)

					· · · · · · · · · · · · · · · · · · ·	(1 100101011101	rtemodrano	e ior Certillea	Provision for C	ertified Reinsur	ance						
		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
									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		Amount of	with Certified	Losses & LAE		Net		Certified
				Percent		Subject to		Collateral	Subject to		Credit Allowed			Provided (Col.	Unsecured		Reinsurers
ID.		Certified	Effective	Collateral	Catastrophe	Collateral		t Requirements	Collateral	Over 90 Days	for Net	Due to	Past Due	20 + Col. 21 +	Recoverable		(Greater of
ID Number		Reinsurer	Date of	Required for Full Credit	Recoverables		of Collateral	([Col. 20 +	Requirements		Recoverables	Collateral Deficiency	Amounts Not	Col. 22 +	for Which	000/ 6	[Col. 62 + Col.
	Name of Reinsurer	Rating	Certified		Qualifying for		Required	Col. 21 + Col. 22 + Col. 24] /	(Col. 60 / Col.	Amounts in	(Col. 57 +	(Col. 19 -	in Dispute	Col. 24, not	Credit is	20% of	65] or Col.68;
From Col. 1	From Col. 3	(1 through	Reinsurer	(0% through 100%)	Collateral Deferral	(Col. 19 - Col. 57)	(Col. 56 * Col. 58)	Col. 58)	56, not to exceed 100%)	Dispute (Col. 45 * 20%)	[Col. 58 * Col. 61])	Col. 19 -	(Col. 47 * 20%)	to Exceed	Allowed (Col.	Amount in	not to Exceed Col. 63)
	THE HANOVER INSURANCE COMPANY	6) XXX	Rating XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Col. 63)	63 - Col. 66) XXX	Col. 67	XXX
13-5129825		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	
	otal Authorized - Affiliates - Other (Non-U.S.)			XXX		XXX				XXX			XXX				XXX
	otal Authorized - Affiliates	2000 2000	000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized Excluding Protected Cells (Sum of 089 1099999, 1199999 and 1299999)	99999, 0999	999,	XXX	xxx	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	xxx
	, , , , , , , , , , , , , , , , , , , ,			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	***	***	***	***	***	***	***	***	***	***	***	***	***	***
	otal Unauthorized Excluding Protected Cells (Sum of 2	2299999, 23	99999,	VVV	xxx	xxx	XXX	XXX	xxx	XXX	XXX	xxx	XXX	V/V/	xxx	XXX	xxx
	2499999, 2599999 and 2699999) fotal Certified - Affiliates - U.S. Non-Pool			XXX	XXX 0		XXX 0		XXX	XXX	XXX	0	XXX	XXX	XXX	XXX 0	
	otal Certified - Affiliates - U.S. Non-Pool otal Certified - Affiliates - Other (Non-U.S.)			XXX	0	·			XXX	0	0		0	0	0	v	ů
	otal Certified - Affiliates - Other (Non-U.S.) otal Certified - Affiliates			XXX	0		0		XXX	0	0	0	0	0	0	0	
		20000	0 2000000	XXX	U	U	U	***	***	U	U	U	U	U	U	U	U
	otal Certified Excluding Protected Cells (Sum of 36999	999, 379999 999, 379999	9, 3899999,	XXX	^	0	١	XXX	xxx	_	^	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 - 0.5. Non-Poor			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates - Other (Non-o.:	J.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Reciprocal Jurisdiction - Affiliates otal Reciprocal Jurisdiction Excluding Protected Cells	(Sum of FOC	20000	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^		^^^	^^^	^^^
	5199999, 5299999, 5399999 and 5499999)	(30111 01 508	13333,	xxx	xxx	XXX	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx	XXX	XXX	XXX
	otal Authorized, Unauthorized, Reciprocal Jurisdiction	and Cartific	d Evoluding	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^	^^^
	otal Admonzed, Onadmonzed, Recipiocal surisdiction Protected Cells (Sum of 1499999, 2899999, 4299999 a			xxx	n	n	n	XXX	xxx	n	n	n	n	n	n	0	n
	otal Protected Cells (Sum of 1399999, 2799999, 4199			XXX	0	0	0		XXX	0	0	0	0	0	0	0	0
9999999 To		ooo ana oo	30000)	XXX	0		0		XXX	0	0	0	0	0	0	0	
333333 TC	Juis			////\	U			////\	////\	i U	U	U				U	U

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

				(Total Provision for I	Tellisulatice)					
		70			Provision for Over	due Authorized and				
			Provision for Unauth	norized Reinsurance	Reciprocal Jurisd	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	and Reciprocal	Ceded to Unauthorized	Provision for Amounts	
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)
13-5129825 THE HA	HANOVER INSURANCE COMPANY	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. Total Ar	Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. Total Ar	Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Ar	Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total A	Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total A	Authorized Excluding Protected Cells (Sum of 0899999,									
	999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. Total U	Jnauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. Total U	Jnauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. Total U	Jnauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total U	Jnauthorized Excluding Protected Cells (Sum of 2299999,									
	999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
	Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total C	Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	Certified Excluding Protected Cells (Sum of 3699999, 3799999),									
	999. 3999999 and 4099999)	XXX	XXX	XXX	xxx	xxx	xxx	XXX	0	0
	Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
	Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
	Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
	Reciprocal Jurisdiction Excluding Protected Cells (Sum of		,,,,,	,,,,,	·			,,,,,	,,,,,	Ů
	999. 5199999. 5299999. 5399999 and 5499999)	n	XXX	XXX	n	n	n	XXX	XXX	n
	Authorized, Unauthorized, Reciprocal Jurisdiction and Certified	Ů	,,,,,	,,,,,	Ť		Ů	,,,,,	,,,,,	Ů
	ding Protected Cells (Sum of 1499999, 2899999, 4299999 and									
569999		0	0	0	0	0	0	0	0	0
	Protected Cells (Sum of 1399999, 2799999, 4199999 and	•	·		Ů	·			•	- ·
559999		0	0	0	0	0	0	0	0	0
9999999 Totals	/	-	0	i i	ı .	0	<u> </u>	· ·	,	·

SCHEDULE F - PART 4

		Is	suing or Confirming 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
1				

N

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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	4,530	949	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 Gre	As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	20,116,388	0	20,116,388
2.	Premiums and considerations (Line 15)	0	0	0
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5.	Other assets		0	135,614
6.	Net amount recoverable from reinsurers	0	4,530,000	4,530,000
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	20,252,002	4,530,000	24,782,002
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	4,065,000	4,065,000
10.	Taxes, expenses, and other obligations (Lines 4 through 8)		0	18,711
11.	Unearned premiums (Line 9)	0	465,000	465,000
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	246
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	1,995
19.	Total liabilities excluding protected cell business (Line 26)	20,952	4,530,000	4,550,952
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	20,231,050	XXX	20,231,050
22.	Totals (Line 38)	20,252,002	4,530,000	24,782,002

NOTE:	Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?	Yes [X] N	lo []
	If yes, give full explanation: The Company Ceded 100% of its insurance business to The Hanover Insurance Company, an affiliated			

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 **NONE**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 1E - Commercial Multiple Peril

NONE

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

						(400	O OMITTED)					
		Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	/hich				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation		Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	120	120	23	23	6	6	0	0	XXX
2.	2014	1,358	1,358	0	160	160	977	977	46	46	0	0	30
3.	2015	1,285	1,285	0	1,120	1,120	703	703	56	56	0	0	29
4.	2016	1,461	1,461	0	925	925	443	443	66	66	0	0	31
5.	2017	1,375	1,375	0	600	600	459	459	27	27	0	0	23
6.	2018	757	757	0	2	2	4	4	8	8	0	0	6
7.	2019	783	783	0	0	0	12	12	18	18	0	0	4
8.	2020	798	798	0	575	575	99	99	22	22	0	0	5
9.	2021	835	835	0	0	0	20	20	44	44	0	0	6
10.	2022	805	805	0	0	0	0	0	35	35	0	0	1
11.	2023	798	798	0	0	0	14	14	32	32	0	0	4
12.	Totals	XXX	XXX	XXX	3,502	3,502	2,754	2,754	361	361	0	0	XXX

												23	24	25
		0	Losses		IDNID		e and Cost (ing and			
		Case 13		Bulk +	IBNR 16	17	Basis 18	19	- IBNR	Other 21	Unpaid 22	1		Number
		Direct and	14	15 Direct and	16	Direct	18	Direct	20	Direct	22	Salvage and Subrog- ation	Total Net Losses and Expenses	of Claims Outstand- ing
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated		Assumed
1.	Prior	(60)	(60)	71	71	7	7	85	85	20	20	0	0	1
2.	2014	60	60	25	25	12	12	25	25	0	0	0	0	0
3.	2015	75	75	33	33	32	32	30	30	39	39	0	0	2
4.	2016	315	315	44	44	70	70	37	37	118	118	0	0	6
5.	2017	1	1	58	58	40	40	45	45	20	20	0	0	1
6.	2018	0	0	76	76	0	0	56	56	0	0	0	0	0
7.	2019	0	0	100	100	0	0	68	68	0	0	0	0	0
8.	2020	0	0	132	132	0	0	83	83	0	0	0	0	0
9.	2021	0	0	173	173	0	0	101	101	0	0	0	0	0
10.	2022	0	0	228	228	0	0	124	124	0	0	0	0	0
11.	2023	0	0	300	300	0	0	151	151	39	39	0	0	2
12.	Totals	391	391	1,240	1,240	161	161	806	806	236	236	0	0	12

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E		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.	2014	1,305	1,305	0	96.1	96.1	0.0	0	0	0.0	0	0
3.	2015	2,090	2,090	0	162.6	162.6	0.0	0	0	0.0	0	0
4.	2016	2,019	2,019	0	138.2	138.2	0.0	0	0	0.0	0	0
5.	2017	1,250	1,250	0	90.9	90.9	0.0	0	0	0.0	0	0
6.	2018	145	145	0	19.2	19.2	0.0	0	0	0.0	0	0
7.	2019	197	197	0	25.2	25.2	0.0	0	0	0.0	0	0
8.	2020	911	911	0	114 . 1	114.1	0.0	0	0	0.0	0	0
9.	2021	339	339	0	40.5	40.5	0.0	0	0	0.0	0	0
10.	2022	386	386	0	48.0	48.0	0.0	0	0	0.0	0	0
11.	2023	536	536	0	67.2	67.2	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

						(\$00	0 OMITTED)					
		Pr	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	/hich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
	ıms 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	250	250	109	109	7	7	0	0	XXX
2.	2014	3,311	3,311	0	1,898	1,898	1,296	1,296	97	97	0	0	54
3.	2015	2,622	2,622	0	1, 175	1 , 175	1,018	1,018	107	107	0	0	47
4.	2016	2,520	2,520	0	1, 122	1 , 122	917	917	93	93	0	0	61
5.	2017	1,800	1,800	0	227	227	264	264	87	87	0	0	48
6.	2018	258	258	0	110	110	224	224	42	42	0	0	10
7.	2019	198	198	0	73	73	77	77	30	30	0	0	8
8.	2020	158	158	0	0	0	8	8	26	26	0	0	2
9.	2021	153	153	0	0	0	0	0	27	27	0	0	3
10.	2022	150	150	0	0	0	0	0	14	14	0	0	2
11.	2023	135	135	0	75	75	28	28	10	10	0	0	1
12.	Totals	XXX	XXX	XXX	4,929	4,929	3,941	3,941	540	540	0	0	XXX

			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			
		13	14	15	16	17	18	19 Direct	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	20000	7100011100	20000							,	Oripaid	7100011100
1.	Prior	1	1	1	1	20	20	38	38	12	12	0	0	2
2.	2014	200	200	0	0	(19)	(19)	9	9	12	12	0	0	2
3.	2015	0	0	0	0	0	0	10	10	0	0	0	0	0
4.	2016	0	0	0	0	25	25	12	12	12	12	0	0	2
5.	2017	0	0	1	1	71	71	14	14	12	12	0	0	2
6.	2018	145	145	2	2	0	0	16	16	0	0	0	0	0
7.	2019	85	85	4	4	0	0	19	19	0	0	0	0	0
8.	2020	30	30	9	9	20	20	22	22	6	6	0	0	1
9.	2021	0	0	22	22	0	0	25	25	0	0	0	0	0
10.	2022	0	0	52	52	0	0	30	30	0	0	0	0	0
11.	2023	0	0	122	122	47	47	34	34	0	0	0	0	0
12.	Totals	461	461	213	213	164	164	229	229	53	53	0	0	9

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	ice Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	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.	2014	3,492	3,492	0	105.4	105.4	0.0	0	0	0.0	0	0
3.	2015	2,311	2,311	0	88.1	88.1	0.0	0	0	0.0	0	0
4.	2016	2,181	2,181	0	86.5	86.5	0.0	0	0	0.0	0	0
5.	2017	675	675	0	37.5	37.5	0.0	0	0	0.0	0	0
6.	2018	539	539	0	209.3	209.3	0.0	0	0	0.0	0	0
7.	2019	287	287	0	145.0	145.0	0.0	0	0	0.0	0	0
8.	2020	120	120	0	76.3	76.3	0.0	0	0	0.0	0	0
9.	2021	75	75	0	48.7	48.7	0.0	0	0	0.0	0	0
10.	2022	96	96	0	63.6	63.6	0.0	0	0	0.0	0	0
11.	2023	317	317	0	235.4	235.4	0.0	0	0	0.0	0	0
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000	OMITTED)	
--------	----------	--

		Pr	emiums Earn	ed		,	Los	s and Loss Ex	cpense Payme	ents			12
	ears in	1	2	3				and Cost	Adjusting		10	11	
-	Vhich				Loss Pa	,		nt Payments			<u> </u>		Number of
	ums Were				4	5	6	7	8	9	0.1	Total Net	Claims
	ned and es Were	Direct and			Direct and		Direct and		Direct and		Salvage and	Paid Cols (4 - 5 + 6 - 7	Reported Direct and
	es were curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+8-9)	Assumed
- 1110				, ,								/	
1.	Prior	XXX	XXX	XXX									XXX
2.	2014												XXX
3.	2015												XXX
4.	2016												XXX
5.	2017												XXX
6.	2018						4 7	7					XXX
7.	2019												XXX
8.	2020												XXX
9.	2021									•			XXX
10.	2022												XXX
11.	2023												XXX
12.	Totals	XXX	XXX	XXX									XXX

			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other I	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													
2.	2014													
3.	2015													
4.														
5.						,								
6.														
7.														
8.														
9.														
10.														
11. 12.	2023 Totals													

		1	-					1				01 1
			Total			oss Expense F		No. of the Lo	. D	34		nce Sheet
			Loss Expense			ed /Premiums E		Nontabula				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			XXX		
2.	2014											
3.	2015											
4.	2016											
5.	2017			·····								
6.	2018										•••••	
7.	2019											
8.	2020										•	
9.	2021					•					•	•
10.	2022											
11.	2023											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

(\$000 OMITTED)

		Pr	emiums Earne	ed		(400.	Los		pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	√hich				Loss Pa	yments	Containmen	nt 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	(8)	(8)	0	0	0	0	0	0	XXX
2.	2014	50	50	0	8	8	0	0	1	1	0	0	0
3.	2015	58	58	0	0	0	0	0	2	2	0	0	0
4.	2016	55	55	0	0	0	0	0	3	3	0	0	0
5.	2017	38	38	0	0	0	0	0	4	4	0	0	0
6.	2018	11	11	0	0	0	0	0	6	6	0	0	0
7.	2019	13	13	0	0	0	0	0	7	7	0	0	0
8.	2020	16	16	0	0	0	0	0	7	7	0	0	0
9.	2021	16	16	0	0	0	0	0	0	0	0	0	0
10.	2022	16	16	0	0	0	0	0	0	0	0	0	0
11.	2023	15	15	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	0	0	0	0	30	30	0	0	XXX

												23	24	25
		Cooo	Losses Basis	Unpaid Bulk +	IDND	Detens	e and Cost (Containment Bulk +			ng and			
		13	14	15	16	17	18	19	20	Other 21	22			Number
		10	1-7	10	10	.,	10	10	20	21	22	Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct and		Direct and		Direct and		Direct		Direct and		Subrog- ation	and	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	and Assumed	Ceded	Assumed	Ceded	Anticipated	Expenses Unpaid	Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2022	0	0	(11)	(11)	0	0	(19)	(19)	0	0	0	0	0
11.	2023	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	0	0	(11)	(11)	0	0	(19)	(19)	0	0	0	0	0

			Total		Loss and L	oss Expense F	Percentage	1		34	Net Balar	ice Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	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.	2014	9	9	0	17.5	17.5	0.0	0	0	0.0	0	0
3.	2015	2	2	0	3.6	3.6	0.0	0	0	0.0	0	0
4.	2016	3	3	0	6.3	6.3	0.0	0	0	0.0	0	0
5.	2017	4	4	0	11.2	11.2	0.0	0	0	0.0	0	0
6.	2018	6	6	0	59.4	59.4	0.0	0	0	0.0	0	0
7.	2019	7	7	0	50.2	50.2	0.0	0	0	0.0	0	0
8.	2020	7	7	0	42.5	42.5	0.0	0	0	0.0	0	0
9.	2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2022	(30)	(30)	0	(187.9)	(187.9)	0.0	0	0	0.0	0	0
11.	2023	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 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

		Pr	emiums Earn	ed		(\$00	Los		pense Payme	ents			12
Ye	ears in	1	2	3				and Cost	Adjusting		10	11	
V	√hich				Loss Pa	ayments	Containmen	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			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.	2014	97	97	0	0	0	2	2	4	4	0	0	3
3.	2015	108	108	0	0	0	0	0	5	5	0	0	1
4.	2016	105	105	0	0	0	0	0	6	6	0	0	1
5.	2017	71	71	0	0	0	0	0	7	7	0	0	0
6.	2018	8	8	0	0	0	0	0	9	9	0	0	0
7.	2019	6	6	0	0	0	0	0	10	10	0	0	0
8.	2020	5	5	0	0	0	0	0	10	10	0	0	0
9.	2021	5	5	0	0	0	0	0	0	0	0	0	0
10.	2022	5	5	0	0	0	0	0	0	0	0	0	0
11.	2023	4	4	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	0	0	2	2	52	52	0	0	XXX

		1				1				1				
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case			+ IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and	Codod	Direct and	Codod	Direct and	Codod	Direct and	Codod	Direct and	Codod	Subrog- ation	and Expenses	ing Direct and
-		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	2	2	0	0	1	1	0	0	0	0	0
2.	2014	0	0	1	1	0	0	1	1	0	0	0	0	0
3.	2015	0	0	2	2	0	0	1	1	0	0	0	0	0
4.	2016	0	0	2	2	0	0	1	1	0	0	0	0	0
5.	2017	0	0	4	4	0	0	2	2	0	0	0	0	0
6.	2018	0	0	6	6	0	0	3	3	0	0	0	0	0
7.	2019	0	0	9	9	0	0	4	4	0	0	0	0	0
8.	2020	0	0	13	13	0	0	6	6	0	0	0	0	0
9.	2021	0	0	20	20	0	0	9	9	0	0	0	0	0
10.	2022	0	0	31	31	0	0	13	13	0	0	0	0	0
11.	2023	0	0	48	48	0	0	19	19	0	0	0	0	0
12.	Totals	0	0	137	137	0	0	61	61	0	0	0	0	0

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	ice 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.	2014	8	8	0	8.3	8.3	0.0	0	0	0.0	0	0
3.	2015	7	7	0	6.8	6.8	0.0	0	0	0.0	0	0
4.	2016	10	10	0	9.6	9.6	0.0	0	0	0.0	0	0
5.	2017	12	12	0	17.5	17.5	0.0	0	0	0.0	0	0
6.	2018	18	18	0	228.0	228.0	0.0	0	0	0.0	0	0
7.	2019	23	23	0	403.6	403.6	0.0	0	0	0.0	0	0
8.	2020	30	30	0	568.2	568.2	0.0	0	0	0.0	0	0
9.	2021	29	29	0	621.6	621.6	0.0	0	0	0.0	0	0
10.	2022	44	44	0	976.1	976.1	0.0	0	0	0.0	0	0
11.	2023	67	67	0	1,512.6	1,512.6	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...)

NONE

Schedule P - Part 1J - Auto Physical Damage

NONE

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)

		Pr	emiums Earn	ed		(+	Los	s and Loss Ex	pense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	1
	Vhich				Loss Pa	yments	Containmer	nt Payments	Payn	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	Incurred Assumed Ceded Net (1 - 2		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.	2014	127	127	0	4	4	29	29	2	2	0	0	1
3.	2015	0	0	0	0	0	0	0	1	1	0	0	0
4.	2016	1	1	0	0	0	0	0	2	2	0	0	0
5.	2017	2	2	0	0	0	0	0	1	1	0	0	0
6.	2018	2	2	0	0	0	0	0	2	2	0	0	0
7.	2019	2	2	0	0	0	0	0	1	1	0	0	0
8.	2020	2	2	0	0	0	0	0	0	0	0	0	0
9.	2021	2	2	0	0	0	0	0	0	0	0	0	0
10.	2022	2	2	0	0	0	0	0	0	0	0	0	0
11.	2023	2	2	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	4	4	29	29	9	9	0	0	XXX

												23	24	25
			Losses				e and Cost C				ing and			
		Case			BNR		Basis		BNR		Unpaid			NI
		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	0.4.4	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	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2022	0	0	(54)	(54)	0	0	(6)	(6)	0	0	0	0	0
11.	2023	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	0	0	(54)	(54)	0	0	(6)	(6)	0	0	0	0	0

			Total		Loss and I	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount			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.	2014	35	35	0	27.7	27.7	0.0	0	0	0.0	0	0
3.	2015	1	1	0	1,304.6	1,304.6	0.0	0	0	0.0	0	0
4.	2016	2	2	0	156.5	156.5	0.0	0	0	0.0	0	0
5.	2017	1	1	0	77.1	77.1	0.0	0	0	0.0	0	0
6.	2018	2	2	0	75.1	75.1	0.0	0	0	0.0	0	0
7.	2019	1	1	0	39.9	39.9	0.0	0	0	0.0	0	0
8.	2020	0	0	0	14.6	14.6	0.0	0	0	0.0	0	0
9.	2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2022	(59)	(59)	0	(2,765.0)	(2,765.0)	0.0	0	0	0.0	0	0
11.	2023	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 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

		Pr	emiums Earne	ed		(400	Los		pense Payme	ents			12
Υe	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	/hich				Loss Pa	yments	Containmen	nt Payments	Payn	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.	2014	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	0	0	0	0	0	0	0	0	0	0	0	0
5.	2017	0	0	0	0	0	0	0	0	0	0	0	0
6.	2018	0	0	0	0	0	0	0	0	0	0	0	0
7.	2019	0	0	0	0	0	0	0	0	0	0	0	0
8.	2020	0	0	0	0	0	0	0	0	0	0	0	0
9.	2021	0	0	0	0	0	0	0	0	0	0	0	0
10.	2022	0	0	0	0	0	0	0	0	0	0	0	0
11.	2023	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

												23	24	25
		Case		Unpaid Bulk +	IDND	Defens	e and Cost (Containment Bulk +			ng and			
		13	14	15	16	17	18	19	20	21	Unpaid 22			Number
		10	14	10	10	.,	10	10	20			Salvage	Total Net	of Claims
		Direct		Direct		Direct		Direct		Direct		and Subrog-	Losses and	Outstand- ing
		and		and		and		and		and		ation	Expenses	
		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.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2017	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2018	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2019	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	2020	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	2022	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	2023	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			Total		Loss and L	oss Expense F	Porcontago	1		34	Net Balar	aca Shoot
		Losses and	l Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		fter 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.	2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	2016	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	2017	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	2018	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	2019	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	2020	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	2021	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	2022	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	2023	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 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

NONE

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

NONE

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 3E - Commercial Multiple Peril NONE

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

		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
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	/hich											Closed	Closed
	osses											With	Without
	Vere curred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Loss Payment
1110			2013	2010	2017	2010	2019	2020	2021	2022	2023	1 1	rayinent
1.	Prior	000	0	0	0	0	0	0	0	0	0	22	0
2.	2014	0	0	0	0	0	0	0	0	0	0	5	25
3.	2015	XXX	0	0	0	0	0	0	0	0	0	4	23
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	2	23
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	2	20
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	4
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	4
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	4
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	6
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	1
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2

1.	Prior	000	0	0	0	0	0	0	0	0	0	31	0
2.	2014	0	0	0	0	0	0	0	0	0	0	9	43
3.	2015	XXX	0	0	0	0	0	0	0	0	0	5	42
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	11	48
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	5	41
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	2	8
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1	7
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	1
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	3
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	0

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

						, , ,,	12 1117 10		' /			
1.	Prior	000									 XXX	XXX
2.	2014										 XXX	XXX
3.	2015	XXX									 XXX	XXX
4.	2016	XXX	XXX								 XXX	XXX
5.	2017	XXX	XXX	XXX							 XXX	XXX
6.	2018	XXX	XXX	XXX	XXX			·····			 XXX	XXX
7.	2019	XXX	XXX	XXX	X X		\ A	\			 XXX	XXX
8.	2020	XXX	XXX	XXX	X	XX	🕸				 XXX	XXX
9.	2021	XXX	XXX	XXX	XX		.XXX	X			 XXX	XXX
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	2023	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	2	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000	0	0	0	0	0	0	0	0	0	9	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0	3
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0	1
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0	1
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11	2023	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	١	٥	١

Schedule P - Part 3I - Special Property

NONE

Schedule P - Part 3J - Auto Physical Damage

NONE

Schedule P - Part 3K - Fidelity/Surety

NONE

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 3M - International

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 3O - 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
Ye	ars in	1	2	3	4	(\$000 Of	6 (VIII IED)	7	8	9	10	Number of Claims	Number of Claims
	/hich	· ·	_	J	4	J	Ü	,	o o	J	10	Closed	Closed
	osses											With	Without
	Vere curred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Loss Payment	Loss Payment
IIIC	Julieu	2014	2013	2010	2017	2010	2019	2020	2021	2022	2023	Fayinent	Fayinent
1.	Prior	000	0	0	0	0	0	0	0	0	0	11	0
2.	2014	0	0	0	0	0	0	0	0	0	0	1	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1.	Prior	000									 	
2.	2014										 	
3.	2015	XXX									 	
4.	2016	XXX	XXX		•						 	
5.	2017	xxx	XXX	XXX							 	
6.	2018	XXX	XXX	XXX	XX						 	
7.	2019	XXX	XXX	XXX							 	
8.	2020	XXX	XXX	XXX	xxx		XXX				 	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			 	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	2023	xxx	XXX	xxx	XXX	XXX	XXX	xxx	XXX	xxx		

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

		OULL				1147 (1	1017	<u></u>	<i>,</i> ,, ,,	*****	/1010111	<u> </u>	<i>307 (1 (7 (</i>)	• • •	
1.	Prior	XXX	XXX	XXX	XXX	У		.xxx		. x				XXX	XXX
2.	2022	XXX	XXX	XXX	A X		<χ	\infty	.	.: x	~~~			XXX	xxx
3.	2023	xxx	XXX	xxx	×		ίΧ	∞	1	\downarrow	XXX	xxx		XXX	xxx
			•									•	•	•	

SCHEDULE P - PART 3T - WARRANTY

2. 2022XXXXXX	
3. 2023 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	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
NONE

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

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2 **NONE**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3 **NONE**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3 **NONE**

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE SECTION 1A

			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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
110.0		2011	20.0	20.0	2011	20.0	20.0				2020
1.	Prior	17	2	4	3	4	4	4	0	0	1
2.	2014	1	1	2	2	4	4	5	5	5	5
3.	2015	XXX	0	0	0	0	1	1	3	3	4
4.	2016	XXX	XXX	0	0	0	0	0	0	2	2
5.	2017	XXX	XXX	XXX	0	0	0	1	1	1	2
6.	2018	XXX	XXX	XXX	XXX	0	2	2	2	2	2
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

					JL	CHON 2	_				
				NUMBE	R OF CLAIMS O	UTSTANDING I	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	42	36	29	20	12	5	4	4	4	1
2.	2014	1	6	17	16	9	7	6	3	3	0
3.	2015	XXX	5	4	11	12	9	9	7	7	2
4.	2016	XXX	XXX	3	2	13	10	10	10	7	6
5.	2017	XXX	XXX	XXX	5	8	8	5	4	4	1
6.	2018	XXX	XXX	XXX	XXX	2	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	1	2	1	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	3	1	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3A

						CHON 3					
				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	21	14	3	4	3	2	9	0	0	
2.	2014	4	10	24	25	26	27	31	30	30	3
3.	2015	XXX	8	18	26	29	29	29	29	29	2
4.	2016	XXX	XXX	5	12	28	29	30	30	31	
5.	2017	XXX	XXX	XXX	10	19	22	23	23	23	
6.	2018	XXX	XXX	XXX	XXX	3	5	5	6	6	
7.	2019	XXX	XXX	XXX	XXX	XXX	1	2	4	4	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11	2023	xxx	xxx	XXX	xxx	xxx	XXX	xxx	XXX	xxx	

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE SECTION 1B

			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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	<u> </u>	F.4	0	0	7		0	4	0	0	0
1.	Prior	54	9	3	1	2	2	4	2	0	2
2.	2014	1	1	2	7	8	8	9	9	9	9
3.	2015	XXX	0	1	1	4	4	4	5	5	5
4.	2016	XXX	XXX	2	5	9	10	11	11	11	11
5.	2017	XXX	XXX	XXX	1	4	4	4	4	5	5
6.	2018	XXX	XXX	XXX	XXX	0	1	1	1	1	2
7.	2019	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2B

					<u> </u>	-C11014 Z						
		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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1.	Prior	80	49	41	19	16	9	6	4	4	2	
2.	2014	32	22	16	11	8	5	4	2	2	2	
3.	2015	XXX	29	17	13	6	6	1	1	0	0	
4.	2016	XXX	XXX	30	15	5	3	1	3	3	2	
5.	2017	XXX	XXX	XXX	26	8	8	4	7	4	2	
6.	2018	XXX	XXX	XXX	XXX	8	5	4	1	1	0	
7.	2019	XXX	XXX	XXX	XXX	XXX	6	1	0	0	0	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	4	0	1	1	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	C	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	(
11.	2023	XXX	XXX	xxx	XXX	XXX	xxx	XXX	XXX	XXX	0	

SECTION 3B

				CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
	in Which	1	2	3	4	5	6	7	8	9	10
Were	miums Earned Losses										
	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	23	5	4	4	3	0	6	3	0	1
2.	2014	49	50	49	50	50	50	54	54	54	54
3.	2015	XXX	42	42	42	42	43	45	47	47	47
4.	2016	XXX	XXX	58	58	58	58	59	61	61	61
5.	2017	XXX	XXX	XXX	45	44	44	44	48	48	48
6.	2018	XXX	XXX	XXX	XXX	10	14	13	10	10	10
7.	2019	XXX	XXX	XXX	XXX	XXX	7	7	8	8	8
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX			2	2
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX			3	3
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX			2	2
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

			CUMULA	ATIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT	DIRECT AND AS	SSUMED AT YE	AR END	
Years	in Which	1	2	3	4	5	6	7	8	9	10
	miums										
	Earned										
	Losses	0044	2215	22.42	22.4	0040	00.40	0000	2224		0000
Were	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	1	0	0	0	0	1	1	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

					36	CHON 2	A				
				NUMBER	R OF CLAIMS O	UTSTANDING I	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	1	1	1	1	1	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

					JL	CHON 3	<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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	2	0	0	0	0	0	1	0	0	
2.	2014	0	0	0	0	0	0	0	0	0	
3.	2015	XXX	0	0	0	0	0	0	0	0	
4.	2016	XXX	XXX	0	0	0	0	0	0	0	
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11.	2023	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	XXX	

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

			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
Were	miums Earned Losses										
Were	Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	6	2	1	1	1	1	2	1	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

					O L	<u>-011014 2</u>					
				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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	6	5	4	2	2	1	0	0	0	0
2.	2014	0	1	1	0	0	0	0	0	0	0
3.	2015	XXX	1	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	1	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

			CUMULATIVE	NUMBER OF C	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	AT YEAR END		
Years in Which	1	2	3	4	5	6	7	8	9	10
Premiums Were Earned and Losses										
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	2	1	1	1	1	0	1	1	0	0
2. 2014	2	3	3	3	3	3	3	3	3	3
3. 2015	XXX	1	1	1	1	1	1	1	1	1
4. 2016	XXX	XXX	1	1	1	1	1	1	1	1
5. 2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

			CUMULA	ATIVE 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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
*****	inounca	2011	2010	2010	2011	2010	2010	2020	2021	LOLL	2020
1.	Prior	8	1	3	1	2	2	2	0	0	0
2.	2014	0	1	1	1	1	1	1	1	1	1
3.	2015	XXX	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

NUMBER OF CLAIMS OUTSTAND				_011011 2	_						
				NUMBE	R OF CLAIMS O	UTSTANDING I	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	9	9	6	4	2	0	0	0	0	0
2.	2014	1	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

					J.	CHONS	A				
				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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Prior	5	1	1	0	0	0	2	0	0	(
2.	2014	1	1	1	1	1	1	1	1	1	
3.	2015	XXX	0	0	0	0	0	0	0	0	
4.	2016	XXX	XXX	0	0	0	0	0	0	0	
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11.	2023	xxx	xxx	xxx	XXX	xxx	xxx	XXX	XXX	XXX	

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

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

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

Υe	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
V	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	xxx										
4.	2016	xxx	XXX				<u> </u>					
5.	2017	XXX										
6	2018	XXX			VV1							
7	2019	XXX	XXX		xx	×						
8	2020	XXX			VV	√						
0.	2021	XXX	XXX		XXX		💸					
10.	2027	XXX	XXX	XXX	XXX	XXX	XX	XXX	XXX			
10.	2023	XXX	XXX	XXX		XXX	XXX	XXX		XXX		
11.												
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											1001
	(Sch P-Pt. 1)											XXX

SECTION 2

					•		1 4					
Υe	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
	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017	XXX	XXX									
6.	2018	XXX	XXX	X	XX							
7.	2019	XXX	XXX	X (xx	×						
8.	2020	XXX	XXX		XX	×						
9.	2021	XXX	XXX)	XXX.	<i>X</i>	xx					
10.	2022	xxx	xxx	XXX	XXX	XXX	xxx	XXX	xxx			
11.	2023	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 6H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	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
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	50	50	50	50	50	50	50	50	50	50	0
3.	2015	XXX	58	58	58	58	58	58	58	58	58	0
4.	2016	XXX	XXX	55	55	55	55	55	55	55	55	0
5.	2017	XXX	XXX	XXX	38	38	38	38	38	38	38	0
6.	2018	XXX	XXX	XXX	XXX	11	11	11	11	11	11	0
7.	2019	XXX	XXX	XXX	XXX	XXX	13	13	13	13	13	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15
13.	Earned Premiums											
	(Sch P-Pt. 1)	50	58	55	38	11	13	16	16	16	15	XXX

SECTION 2A

					S	FCHON	2A					
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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	50	50	50	50	50	50	50	50	50	50	0
3.	2015	XXX	58	58	58	58	58	58	58	58	58	0
4.	2016	XXX	XXX	55	55	55	55	55	55	55	55	0
5.	2017	XXX	xxx	XXX	38	38	38	38	38	38	38	0
6.	2018	XXX	xxx	XXX	XXX	11	11	11	11	11	11	0
7.	2019	XXX	xxx	XXX	XXX	xxx	13	13	13	13	13	0
8.	2020	xxx	xxx	XXX	XXX	xxx	xxx	16	16	16	16	0
9.	2021	xxx	xxx	XXX	XXX	xxx	xxx	xxx	16	16	16	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16	0
11	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15
13.	Earned	7000		7000	7000		7000					
13.	Premiums											
	(Sch P-Pt. 1)	50	58	55	38	11	13	16	16	16	15	XXX

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	97	97	97	97	97	97	97	97	97	97	0
3.	2015	XXX	108	108	108	108	108	108	108	108	108	0
4.	2016	XXX	XXX	105	105	105	105	105	105	105	105	0
5.	2017	XXX	XXX	XXX	71	71	71	71	71	71	71	0
6.	2018	XXX	XXX	XXX	XXX	8	8	8	8	8	8	0
7.	2019	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	5	5	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	4	4
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13.	Earned											
	Premiums					_	_	_	_	_	_	
	(Sch P-Pt. 1)	97	108	105	71	8	6	5	5	5	4	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
a	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	97	97	97	97	97	97	97	97	97	97	0
3.	2015	XXX	108	108	108	108	108	108	108	108	108	0
4.	2016	XXX	XXX	105	105	105	105	105	105	105	105	0
5.	2017	XXX	XXX	XXX	71	71	71	71	71	71	71	0
6.	2018	XXX	XXX	xxx	XXX	8	8	8	8	8	8	0
7.	2019	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	0
8.	2020	XXX	XXX	XXX	XXX	XXX		5	5	5	5	0
9.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	0
10.	2022	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	5	5	0
11.	2023	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	4	4
12.	Totals	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	4
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	97	108	105	71	8	6	5	5	5	4	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
V	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017	xxx	XXX									
6.	2018	xxx	XXX		VV							
7	2019	XXX	XXX		xx	×						
8.	2020	XXX	XXX		~~	×						
a.	2021	XXX	XXX	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XXX		×					
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX		XXX	XXX	XXX		XXX		
11.		XXX	XXX	XXX				XXX			vvv	
12.	Totals		****	****		XXX	****	****	****	***	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											xxx
	(OGITI FL. I)	l										^^^

SECTION 2

					5	SECTION	N 2					
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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017	XXX	XXX									
6.	2018	XXX	XXX		XX							
7.	2019	XXX	XXX		XX	X						
8.	2020	xxx	xxx		××	×						
9.	2021	xxx			XXX.	X	×					
10.	2022	XXX		XXX	XXX	XXX	XXX	XXX	XXX			
11	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
.0.	Premiums											
	(Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY SECTION 1

Years in Which		CUMU	ILATIVE 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
Were Earned											Year
and Losses											Premiums
Were Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1. Prior											
2. 2014											
3. 2015	xxx										
4. 2016		xxx									
5. 2017		XXX	,								
6. 2018		XXX		XX							
7. 2019	XXX	XXX		XX	~						
		XXX		XX							
0. 2020											
9. 2021	XXX	XXX		XXX.	Χ	X					
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023	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

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
Vere Earned											Year
and Losses											Premiums
ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
Prior											
2014											
2015	XXX										
2016	XXX	XXX									
2017	XXX	xxx									
2018	XXX	XXX		XX							
2019			3	XX	×						
			> (XX	×						
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
						_		YYY			
									YYY		
			*********************************		********************************		^^	*********************************			
											xxx
	Premiums //ere Earned and Losses //ere Incurred Prior	Premiums 1 /ere Earned and Losses / ere lncurred 2014 Prior 2014 2014 2015 2016 XXX 2017 XXX 2018 XXX 2020 XXX 2020 XXX 2021 XXX 2022 XXX 2023 XXX Totals XXX Earned Premiums	Premiums	Premiums //ere Earned and Losses (ere Incurred 2014 2015 2016 Prior	Premiums	Premiums	Premiums 1	Premiums /ere Earned and Losses (ere Incurred) 1 2 3 4 5 6 7 Prior	Premiums 1	Premiums	Premiums Premiums

SCHEDULE P - PART 60 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY 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
V	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	XXX									
5.	2017	xxx	XXX									
6.	2018	xxx	XXX		VV							
7	2019	XXX	XXX		xx	×						
8.	2020	XXX	XXX		~~	×						
a.	2021	XXX	XXX	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XXX		×					
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX		XXX	XXX	XXX		XXX		
11.		XXX	XXX	XXX				XXX			vvv	
12.	Totals		****	****		XXX	****	****	****	***	XXX	
13.	Earned											
	Premiums (Sch P-Pt. 1)											xxx
	(OGITI FL. I)	l										^^^

SECTION 2

					3	SECTIO	N 2					
Υe	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums Vere Earned	1	2	3	4	5	6	7	8	9	10	Current Year
	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior											
2.	2014											
3.	2015	XXX										
4.	2016	XXX	xxx									
5.	2017	XXX	xxx	X								
6.	2018	XXX	xxx		XX							
7.	2019		xxx		xx	×						
8.	2020	xxx	xxx		XX	×						
9.	2021	xxx	xxx) K	XXX.	X	xx					
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx			
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	
13.	Earned											
/0.	Premiums											
	(Sch P-Pt. 1)											XXX

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

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS 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
	Vere Earned											Year
	and Losses											Premiums
W	/ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	127	127	127	127	127	127	127	127	127	127	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	1	1	1	1	1	1	1	1	0
5.	2017	XXX	XXX	XXX	2	2	2	2	2	2	2	0
6.	2018	XXX	XXX	XXX	XXX	2	2	2	2	2	2	0
7.	2019	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	0
8.	2020	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9.	2021	XXX	xxx	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
11.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	127	0	1	2	2	2	2	2	2	2	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
a	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	127	127	127	127	127	127	127	127	127	127	0
3.	2015	xxx	0	0	0	0	0	0	0	0	0	0
4.	2016	xxx	xxx	1	1	1	1	1	1	1	1	0
5.	2017	xxx	xxx	XXX	2	2	2	2	2	2	2	0
6.	2018	xxx	xxx	XXX	XXX	2	2	2	2	2	2	0
7.	2019	xxx	xxx	XXX	XXX	xxx	2	2	2	2	2	0
8.	2020	xxx	xxx	XXX	XXX	XXX	XXX	2	2	2	2	0
9.	2021	xxx	xxx	XXX	XXX	XXX	xxx	XXX	2	2	2	0
10.	2022	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	2	2	0
11.	2023	xxx	xxx	XXX	XXX	xxx	xxx	XXX	XXX	XXX	2	2
12.	Totals	xxx	xxx	XXX	XXX	xxx	xxx	XXX	XXX	XXX	XXX	2
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	127	0	1	2	2	2	2	2	2	2	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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0
5.	2017	xxx	XXX	XXX	0	0	0	0	0	0	0	0
6.	2018	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7.	2019	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8.	2020	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9.	2021	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10.	2022	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11.	2023	xxx	xxx	XXX	XXX	xxx	XXX	XXX	XXX	xxx	0	0
12.	Totals	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	0
13.	Earned											
	Premiums											
	(Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

					5	FCHON	1 2B					
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
V	/ere Earned											Year
	and Losses											Premiums
W	ere Incurred	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2014	0	0	0	0	0	0	0	0	0	0	0
3.	2015	XXX	0	0	0	0	0	0	0	0	0	0
4.	2016	XXX	XXX	0	0	0	0	0	0	0	0	0
5.	2017	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6.	2018	xxx	xxx	XXX	XXX	0	0	0	0	0	0	0
7.	2019	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0	0
8.	2020	xxx	xxx	XXX	XXX	xxx	xxx	0	0	0	0	0
9.	2021	xxx	xxx	xxx	XXX	xxx	xxx	xxx	0	0	0	0
10.	2022	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0	0	0
11.	2023	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	0	0
12.	Totals	xxx	xxx	xxx	XXX	xxx	xxx	XXX	xxx	XXX	xxx	0
13.	Earned											
.0.	Premiums											ļ
	(Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	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.	Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR at		(A) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide to endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced of the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 questions:	charge or at no additional cost?	
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not dollars)?		(
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes [] No [X]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		. Yes [] No [X]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the fig Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2	ure on the Underwriting and ??	[] No [] N/A [X
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the in Schedule P:	e following table corresponding to where	these reserves are reported
		DDR Reserve I Schedule P, Part 1F, Medic Column 24: Total Net Losse:	al Professional Liability s and Expenses Unpaid
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
	Prior		
	2014		
	2015 2016		
	2017		
	2018		
	2019		
.608	2020		
	2022		
	2023		
.612	Totals	0	(
 3. 	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustmeffective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these defining the Adjusting and Other expense payments and reserves should be allocated to the years in which the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense should be allocated in the same percentage used	these expenses (now reported as " iitions in this statement? ne losses were incurred based on the other expense between companies in a for the loss amounts and the claim	. Yes [X] No []
	counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the Other expense incurred by reinsurers, or in those situations where suitable claim count information is expense should be allocated by a reasonable method determined by the company and described in reported in this Statement?	s not available, Adjusting and Other Interrogatory 7, below. Are they so	. Yes [X] No []
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of such discounts on Page 10?		
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instrure ported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-trelating 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 Annibeing filed.	abular discounting. Work papers	
5.	What were the net premiums in force at the end of the year for:		
	(in thousands of dollars) 5.	1 Fidelity	0
	5.2	2 Surety	0
6. 7.1	Claim count information is reported per claim or per claimant (Indicate which)	e current loss and expense reserves,	er claimant
7.2	considered when making such analyses?		
			•

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 2 3 5 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and Individual) (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Contracts Totals Alabama AL 1. 3. 4. 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. LA Louisiana ... 20. Maine 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 NC 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 UT 45. Utah VT 46. Vermont 47. Virginia VA 48. Washington 49. WV 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. Canada CAN Aggregate Other Alien OT 59. Total

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If		1	
											of Control	Control		1	
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management.	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
	The Hanover Insurance Group		80-0266582				440 Lincoln Street Holding Company LLC	MA	NI A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		84-3300049				AIXHI LLC	MA	NI A	Nova Casualty Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		20-3051651				AIX, Inc	DE	NI A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	10212	04-3272695				Allmerica Financial Alliance Insurance Co	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co	MI	I A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		04-3194493				Allmerica Plus Insurance Agency, Inc	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group						Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc	Management	100.000	The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		54-1632456				Campania Holding Company, Inc	VA	NIA	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group		52-1827116				Campmed Casualty & Indemnity Co. Inc	NH	RE	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	31534	38-0421730				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Ohio	0H	IA	The Hanover Insurance Company	Ownership, Board, Management .		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	10395	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management .		The Hanover Insurance Group, Inc	N0	
	The Hanover Insurance Group		27-1652700				CitySquare II Development Co., L.L.C	MA	NI A	Opus Investment Management, Inc	Ownership, Board, Management .		The Hanover Insurance Group, Inc	N0	
	The Hanover Insurance Group		27-2400275				Educators Insurance Agency, Inc	MA	NI A	The Hanover Insurance Group, Inc	Ownership, Board, Management .		The Hanover Insurance Group, Inc	N0	
	The Hanover Insurance Group		52-1172293				Hanover Specialty Insurance Brokers, Inc	VA	NI A	Verlan Holdings, Inc	Ownership, Board, Management .		The Hanover Insurance Group, Inc	N0	
. 0088	The Hanover Insurance Group	22306	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management .		The Hanover Insurance Group, Inc	N0	
	The Hanover Insurance Group		84-3309673				NAG Merger LLC	MA	NI A	AIXHI LLC	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	I A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	
	The Hanover Insurance Group		04-2854021				Opus Investment Management, Inc	MA	UIP	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		38-3324634				Professionals Direct, Inc.	MI	NI A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	36064	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	I A	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	YES	
. 0088	The Hanover Insurance Group	41602	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	22292	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group		04-3263626			New York Stock Exchange .	The Hanover Insurance Group, Inc	DE	UIP			0.000		NO	
. 0088	The Hanover Insurance Group	13147	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		04-2448927				VeraVest Investments, Inc.	MA	NI A	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
. 0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management		The Hanover Insurance Group, Inc	NO	
	The Hanover Insurance Group		52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc	Ownership, Board, Management		The Hanover Insurance Group, Inc	N0	
	<u> </u>		<u> </u>	I	L								<u> </u>		

Asterisk			EX	Na n	
	-		- 1	Y	
	· ·			.	

SCHEDULE Y

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

				VI OI 1140	DUNEN 3		110110 11					
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
NAIC					Loans, Securities, Real Estate.	Guarantees or Undertakings for	Management	(Disbursements) Incurred Under		Activity Not in the 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	425,147,018
10212	04-3272695	. Allmerica Financial Alliance Ins Co			0	0	0	0			5,000,000	
		. Allmerica Financial Benefit Ins Co			0	0	0	(56,932,891)		0	, ,	
12260	. 52-1827116	Campmed Casualty & Indemnity Company						. , , ,			, , , , , ,	,,,
		Inc.	(350,000)	0		0				0	(350,000)	4,670,758
31534	. 38-0421730	Citizens Insurance Co. of America	(10,000,000)	0	(9,883,036)	0	164,577,949	(118,012,219)		0	26,682,694	(385,345,954)
10714	. 36-4123481	Citizens Insurance Co. of Illinois	0	2,000,000	0	0	0	0		0		62,176,786
		Citizens Insurance Co. of Ohio						0				8,553,921
		. Citizens Insurance Co. of the Midwest	0	16,000,000	0	0	0	0		0		1,356,711,618
36064	. 04–3063898	The Hanover American Insurance Co	0	0	0	0	0	(70,501,795)		0	(70,501,795)	530,576,585
	. 98–1300399	. The Hanover Atlantic Insurance Company	0	0	0	0	0	0			0	132,647,091
	. 13–5129825	. The Hanover Insurance Company	(87,150,000)	(35,998,909)	(88,738,500)	0	(112,479,809)					(5,303,660,199)
41602		The Hanover Casualty Company	(800,000)	0	0	0	0	0		0	(800,000)	99,680,531
22306	. 04–2217600	. Massachusetts Bay Insurance Company										1,044,382,452
42552	. 16–1140177	NOVA Casualty Co	0	0	0	0	0	0		0	0	590,645,246
	. 04–3263626	. The Hanover İnsurance Group, Inc	100,000,000	0								0
	. 74–3242673	The Hanover National Insurance Company	(200,000)	0	0			0			(200,000)	0
	. 52-0903682	. Verlan Fire Insurance Co	(500,000)	0	0	0	0	(59,063,163)				113,477,189
	. 04–2854021	Opus Investment Management, Inc				0				0		0
9999999 C	ontrol Totals	. [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

LING PARTT AND LISTING OF U	INEK U.S. INS	UKANC	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING F	ARITSCON	IKUL
2	3	4	5	6	7	8
		Granted				Granted
						Disclaimer
						of Control\
						Affiliation of
						Column 5
				110 1 O F. (8) O to H I		Over
Owners with Creater Than 10% Ownership			Liltimate Centralling Party			Column 6
		\ /				(Yes/No)
The Heaven Language Organia	100.000					
	100.000					
				The Hanover Insurance Group	100.000	
		NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	
			The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	
The Hanover Insurance Company			The Hanover Insurance Group, Inc	The Hanover Insurance Group		
The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	NO
	100.000	NO	The Hanover Insurance Group, Inc	The Hanover Insurance Group	100.000	NO
The Hanover Insurance Company	100.000	NO	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO
The Hanover Insurance Company	100.000	NO				NO
The Hanover Insurance Company			The Hanover Insurance Group. Inc.	The Hanover Insurance Group		
The Hanover Insurance Company	100.000		The Hanover Insurance Group. Inc.	The Hanover Insurance Group	100.000	
			The Hanover Insurance Group Inc	The Hanover Insurance Group	100 000	
The Hanover Insurance Company	100 000	NO.				NO
The harlover mod and company	100.000		The handver mourance droup, me.	The harlover mourance droup	100.000	
					• • • • • • • • • • • • • • • • • • • •	
					•	
	Owners with Greater Than 10% Ownership NOVA Casualty Company	Ownership Percentage Column 2 of Column 1	2 3 4 Granted Disclaimer of Control Affiliation of Control Affiliation of Column 2 Percentage Column 2 of Column 1 (Yes/No) NOVA Casualty Company 100.000 NO NO NO NO NO NO NO	2 3 4 Granted Disclaimer of Controll Affiliation of Column 2 Over Column 2 of Column 1 (Yes/No) Ultimate Controlling Party NOVA Casual ty Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The Hanover Insurance Company 100.000 NO. The Hanover Insurance Group, Inc. The	2 3 4 Granted Disclaimer of Control. Ownership Column 2 of Column 2 of Column 1 (Yes/No) Owners with Greater Than 10% Ownership Column 1 (Yes/No) Over Column 2 of Column 2 of Column 1 (Yes/No) Over Column 2 of Column 2 of Column 1 (Yes/No) No. The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover Insurance Company 100.000 No. The Hanover Insurance Group, Inc. The Hanover Insurance Group The Hanover	Disclaiment of Control Affiliation of Column 2 of Column 2 of Column 2 of Column 2 of Column 3 of Column 2 of Column 4 of Column 5 of Column 5 of Column 5 of Column 5 of Column 5 of Column 5 of Column 5 of Column 5 of Column 6 of Column 5 of Column 5 of Column 6 of Colu

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

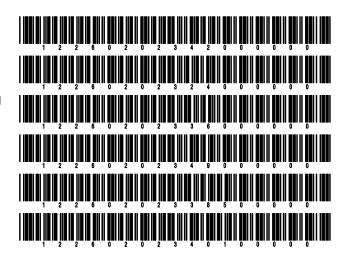
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	YE
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	N
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	N
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YE
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	N
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	N
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	N
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N
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	
	electronically with the NAIC by March 1?	N
25.		
	electronically with the NAIC by March 1?	N
26.		
	with the NAIC by March 1?	N
27.		
	of domicile and the NAIC by March 1?	N
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	Υ
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by	
	March 1?	N
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	N
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	N
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	N
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	N
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	
	NAIC by April 1?	N
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	
37.	• • • • • • • • • • • • • • • • • • • •	
٠	AUGUST FILING	
38.		Υ
50.	Explanations:	

Bar Codes:

11. 12. 13. 15. 16. 17. 18. 20. 21. 22. 23. 24. 25. 26. 27. 29. 30. 31. 32. 33. 34. 35.

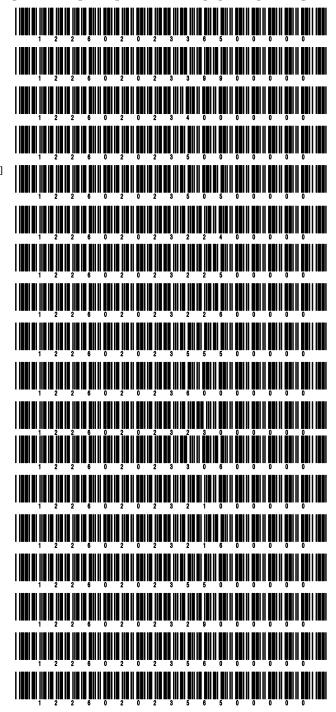
36. 37.

- 1. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 15. Trusteed Surplus Statement [Document Identifier 490]
- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
- 17. 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]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 24. 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]
- 29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]
- 30. Credit Insurance Experience Exhibit [Document Identifier 230]
- 31. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 32. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]
- Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 [Document Identifier 290]
- 36. Private Flood Insurance Supplement [Document Identifier 560]
- 37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



OVERFLOW PAGE FOR WRITE-INS

NONE



Designate the type of health care providers reported on this page: Physicians, including surgeons $and\ osteopaths$

| | | | 1 | 2 | Direct Los | sses Paid | 5 | Direct Los | ses Unpaid | 8 |
|--------|--|---------------|--------------------|--------------------|------------|--------------|------------------|------------|------------|---------------------|
| | | | | | 3 | 4 | | 6 | 7 | Direct |
| | | | Direct | Direct | | Number | Direct | | Number | Losses |
| | | | Direct
Premiums | Direct
Premiums | | Number
of | Direct
Losses | Amount | of | Incurred
But Not |
| | States, etc. | | Written | Earned | Amount | Claims | Incurred | Reported | Claims | Reported |
| 1. | Alabama | AL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | Alaska | AK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Arizona | AZ | 13,045 | 13,442 | 0 | 0 | 3,312 | 0 | 0 | 21,654 |
| 4. | Arkansas | AR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | California | CA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Colorado | CO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | Connecticut | CT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Delaware | DE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | District of Columbia | DC | 13 , 134 | 8,560 | 0 | 0 | 54,106 | 0 | 0 | 74,959 |
| 10. | Florida | FL | 0 | 0 | 250,000 | 1 | 100,000 | 0 | 0 | 0 |
| 11. | Georgia | GA | 6,075 | 5,989 | 0 | 0 | (236) | 0 | 0 | 9,788 |
| 12. | Hawaii | HI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Idaho | ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. | Illinois | IL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. | Indiana | IN | 19,912 | 19,295 | 0 | 0 | 29,895 | 0 | 0 | 63,868 |
| 16. | lowa | IA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. | Kansas | KS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. | Kentucky | KY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Louisiana | LA | 8,274 | 8,227 | 0 | 0 | (586) | 0 | 0 | 16,940 |
| 20. | Maine | ME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. | Maryland | MD | 27,355 | 23,458 | 0 | 0 | 137,662 | 0 | 0 | 167,257 |
| 22. | Massachusetts | MA | 0 | 0 | 0 | 0 | (21,825) | 0 | 0 | (6,250) |
| 23. | Michigan | MI | 0 | 6,568 | 0 | 0 | 47,580 | 0 | 0 | 81,795 |
| 24. | Minnesota | MN | 2,430 | 5,281 | 0 | 0 | 33 , 135 | 0 | 0 | 49,153 |
| 25. | Mississippi | MS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. | Missouri | MO | 0 | 0 | 0 | 0 | (2.525) | 0 | 0 | 6.330 |
| 27. | Montana | MT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. | Nebraska | NE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. | Nevada | NV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | New Hampshire | NH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | New Jersey | NJ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. | New Mexico | NM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | New York | NY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | North Carolina | NC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. | North Dakota | ND | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36. | Ohio | OH | 0 | 1.637 | 0 | | 11.048 | 0 | 0 | 15.822 |
| 37. | Oklahoma | OK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 38. | Oregon | OR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Pennsylvania | PA | 15,552 | 15,515 | 0 | 0 | 92,773 | 25.000 | 1 | 138,306 |
| | Rhode Island | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 00,000 |
| | South Carolina | | 0 | • | 0 | 0 | • | 0 | 0 | |
| | South Dakota | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Tennessee | | 0 | 0 | | 0 | _ | 0 | | |
| 44. | Texas | | 0 | 0 | 0 | 0 | 8,000 | | | 0 |
| | Utah | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| | Vermont | | | ٥ | | 0 | _ | 0 | 0 | 0 |
| | Virginia | | 13,010 | 0 | 0 | 0
0 | | | | 45.663 |
| | Washington | | 0 | 0 | 0 | 0 | (442)
0 | 0 | I | |
| | West Virginia | | 0 | _ | 0 | 0 | _ | 0 | 0 | 0 |
| | Wisconsin | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Wyoming | | | 0 | 0 | | | 0 | | |
| | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | American Samoa | | | | | | 0 | | | 0 |
| | Guam | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Puerto Rico | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | U.S. Virgin Islands | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Northern Mariana Islands | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Canada | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Total | | 118,787 | 127,859 | 250,000 | 1 | 491,897 | 25,000 | 1 | 685,285 |
| | DETAILS OF WRITE-INS | | | | | | | | | |
| 58001. | | | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | ļ | | |
| 58998. | Summary of remaining write- | -ins for Line | | • | _ | ^ | _ | _ | _ | _ |
| 50000 | 58 from overflow page | | U | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JU333. | Totals (Lines 58001 thru 580 58998)(Line 58 above) | oo pius | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| l | 58998)(Line 58 above) | | ı U | U | ı U | U | 1 0 | 1 0 | | |



Designate the type of health care providers reported on this page: Hospitals

| | | | 1 | 2 | Direct Lo | sses Paid | 5 | Direct Los | ses Unpaid | 8 |
|-----------|---|-----------------|----------|----------|-----------|-----------|----------|------------|------------|--------------------|
| | | | | | 3 | 4 | | 6 | 7 | Direct |
| | | | Direct | Direct | | Number | Direct | | Number | Losses
Incurred |
| | | | Premiums | Premiums | | of | Losses | Amount | of | But Not |
| | States, etc. | | Written | Earned | Amount | Claims | Incurred | Reported | Claims | Reported |
| 1. | Alabama | AL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | Alaska | AK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Arizona | AZ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Arkansas | AR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | California | CA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Colorado | CO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | Connecticut | CT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | Delaware | DE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | District of Columbia | DC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Florida | FL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. | Georgia | GA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Hawaii | HI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Idaho | ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. | Illinois | IL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. | Indiana | IN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. | lowa | IA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. | Kansas | KS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. | Kentucky | KY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Louisiana | LA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. | Maine | ME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. | Maryland | MD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. | Massachusetts | MA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. | Michigan | MI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. | Minnesota | MN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. | Mississippi | MS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. | Missouri | МО | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. | Montana | MT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. | Nebraska | NE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. | Nevada | NV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. | New Hampshire | NH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. | New Jersey | NJ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. | New Mexico | NM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33. | New York | NY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. | North Carolina | NC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. | North Dakota | ND | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36. | Ohio | OH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37. | Oklahoma | OK | 0 | | 0 | n | 0 | 0 | n | 0 |
| | Oregon | OR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 39. | Pennsylvania | PA | 0 | 0 | 0 | 0 | 5.000 | 0 | 0 | 28.823 |
| 40. | Rhode Island | | 0 | 0 | 0 | 0 | 0 | | 0 | 20,023 |
| | South Carolina | | 0 | | 0 | | 0 | 0 | _ | |
| 42. | | | 0 | 0 | 0 | ^ | 0 | | 0 | |
| 42. | South Dakota Tennessee | | | | 0 | | 0 | 0
0 | 0 | |
| | | | 0 | 0 | | 0 | | | | 1 000 |
| 44.
45 | Texas | | 0
0 | 0 | 0 | 0 | (4,000) | | 0 | 1,000 |
| 45.
46 | Utah | ٥. | | | | | 0 | 0 | | 0 |
| 46. | Vermont | • • | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 47. | Virginia | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48. | Washington | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49. | West Virginia | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50. | Wisconsin | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51. | Wyoming | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52. | American Samoa | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53. | Guam | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54. | Puerto Rico | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | U.S. Virgin Islands | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56. | Northern Mariana Islands | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57. | Canada | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58. | Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | | 0 | 0 | 0 | 0 | 1,000 | 0 | 0 | 29,823 |
| | DETAILS OF WRITE-INS | | | · | | | | | | |
| 58001. | | | | | | | | | ļ | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| 58998. | Summary of remaining writ 58 from overflow page | te-ins for Line | | | n | 0 | n | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 thru 58 | | | | | | | | | |
| | 58998)(Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



Designate the type of health care providers reported on this page: 0ther health care professionals, including dentists, chiropractors, and podiatrists $% \left(1\right) =\left(1\right) \left(

| | | 1 | 2 | Direct Lo | sses Paid
4 | 5 | Direct Loss | ses Unpaid
7 | 8
Direct |
|---------|---|---------------------|--------------------|---------------|----------------|--------------------|--------------------|-----------------|---------------------|
| | | | | 3 | 4 | | O | , | Losses |
| | | Direct | Direct | | Number
of | Direct | Amount | Number
of | Incurred
But Not |
| | States, etc. | Premiums
Written | Premiums
Earned | Amount | Claims | Losses
Incurred | Amount
Reported | Claims | Reported |
| 1. | AlabamaAL | 282 | 330 | 0 | 0 | (59) | 0 | 0 | 870 |
| 2. | Alaska AK | 0 | 0 | 0 | 0 | (22) | 0 | 0 | 12 |
| | ArizonaAZ | 30,592 | 24,089 | 0 | 0 | 15,435 | 0 | 0 | 28,544 |
| | ArkansasAR | 2,810 | 3,414 | 0 | 0 | 1,119 | 0 | 0 | 5,484 |
| | CaliforniaCA | 135,952 | 132,688 | 0 | 0 | 46,289 | 22 | 1 | 202,738 |
| | ColoradoCO | 861 | 1,064 | 0 | 0 | 329 | 0 | 0 | 1,789 |
| | ConnecticutCT DelawareDF | 794
0 | 771 | 0 | 0 | (26) | 0 | 0 | 2,530 |
| | DelawareDE District of ColumbiaDC | 0 | 0 | 0 | 0 | (14) | 0 | 0 | 85 |
| | FloridaFl | 662 | 845 | 0 | 0 | (143) | 0 | 0 | 2 . 120 |
| | Georgia | 0 | 22 | 0 | 0 | (234) | 0 | 0 | 335 |
| | Hawaii HI | 0 | 18 | 0 | 0 | (32) | 0 | 0 | 191 |
| 13. | IdahoID | 476 | 470 | 0 | 0 | 184 | 0 | 0 | 751 |
| 14. | IllinoisL | 0 | 0 | 0 | 0 | (67) | 0 | 0 | 83 |
| 15. | IndianaIN | 6, 172 | 5,941 | 0 | 0 | 2,657 | 0 | 0 | 8,432 |
| 16. | lowaIA | 0 | 0 | 0 | 0 | (231) | 0 | 0 | 244 |
| | KansasKS | 661 | 588 | 0 | 0 | 412 | 0 | 0 | 805 |
| | Kentucky KY | 0 | 0 | 0 | 0 | (18) | 0 | 0 | 10 |
| | Louisiana LA | 463 | 463 | 0 | 0 | 149 | 0 | 0 | 772 |
| | Maine ME Maryland MD | 216 | 207 | 0 | 0 | 88 | 0 | 0 | 365 |
| | · / · · | 8,376 | 9,832
1.928 | 0 | 0 | (60,687) | 0 | 0
0 | (50, 138) |
| | Massachusetts MA MichiganMI | | | 0 | 0 | (2,031) | 0 | 0 | (30.328) |
| | Minnesota MN | 4.170 | 34,280 | 0 | 0 | 1,250 | 0 | 0 | 4 . 107 |
| | Mississippi MS | 1,159 | 1.147 | 0 | 0 | 794 | | 0 | 1 443 |
| | MissouriMO | 495 | 495 | 0 | 0 | 8 | 0 | 0 | 1.075 |
| | MontanaMT | 0 | 0 | 0 | 0 | (133) | 0 | 0 | 188 |
| | Nebraska NE | 171 | 163 | 0 | 0 | 53 | 0 | 0 | 237 |
| 29. | Nevada NV | 0 | 0 | 0 | 0 | (97) | 0 | 0 | 108 |
| 30. | New HampshireNH | 233 | 229 | 0 | 0 | 22 | 0 | 0 | 419 |
| 31. | New JerseyNJ | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 26 |
| | New Mexico NM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | New YorkNY | 1,429 | 2,536 | 0 | 0 | 1,235 | 0 | 0 | 4,480 |
| | North CarolinaNC | 9,886 | 12,686 | 0 | 0 | (824) | 0 | 0 | 18,127 |
| | North DakotaND OhioOH | | | 0 | 0 | 66 | 0 | 0
0 | 263 |
| | Ohio OH Oklahoma OK | 1.271 | 1,269 | 0 | 0 | 535 | 0 | 0 | |
| | Oregon OR | 0 | 1,269 | 0 | 0 | (2,021) | 0 | 0 | (1.432) |
| | PennsylvaniaPA | 2,123 | 2,490 | 1 . 120 . 250 | 3 | (357,665) | 827.214 | 16 | 3.502 |
| | Rhode IslandRI | 213 | | 0 | 0 | 15 | 027,214 | 0 | 368 |
| | South CarolinaSC | 2,650 | 1,534 | 0 | 0 | | 0 | 0 | 1.774 |
| | South DakotaSD | 0 | 143 | 0 | 0 | 78 | 0 | | 529 |
| 43. | TennesseeTN | 952 | 1,036 | 0 | 0 | 222 | 0 | 0 | 2,165 |
| 44. | TexasTX | 535,438 | 532 , 124 | 150,000 | 2 | (81,973) | 0 | 0 | 514,479 |
| | UtahUT | 340 | 326 | 0 | 0 | 25 | 0 | 0 | 619 |
| | VermontVT | 0 | 27 | 0 | 0 | (154) | | 0 | 564 |
| | VirginiaVA | 20,484 | 21,632 | 0 | 0 | (45,465) | | 1 | (17,567) |
| | WashingtonWA | 3,181 | 3,344 | 0 | 0 | | 0 | 0 | 6,094 |
| | West Virginia WV | 351 | 340
1,606 | 0 | 0 | 151 | 0 | 0 | 519 |
| | Wisconsin WI WyomingWY | 711
0 | ٠ _ | 0 | 0 | (2) | 0 | 0
0 | 3,633 |
| | American Samoa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | GuamGU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Puerto Rico PR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | o |
| | U.S. Virgin IslandsVI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Northern Mariana IslandsMP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57. | Canada CAN | 00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58. | Aggregate other alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | 808,730 | 804,862 | 1,270,250 | 5 | (548,826) | 827,258 | 18 | 730,687 |
| | DETAILS OF WRITE-INS | | | | | | | | |
| 58001. | | | | | | | | | |
| 58002. | | | | | | | | | |
| 58003. | | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 thru 58003 plus | | | | | | | | |
| <u></u> | 58998)(Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



Designate the type of health care providers reported on this page: Other health care facilities

| | | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | . 8 |
|------------------|---|--------------------|--------------------|--------------------|-------------------|------------------|----------------------|-------------------|---|
| | | Direct
Premiums | Direct
Premiums | 3 | 4
Number
of | Direct
Losses | 6
Amount | 7
Number
of | Direct
Losses
Incurred
But Not |
| | States, etc. | Written | Earned | Amount | Claims | Incurred | Reported | Claims | Reported |
| 1.
2. | AlabamaAL AlaskaAK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | AlaskaAK ArizonaAZ | 0 | 0 | | 0
n | | 0
n | | |
| 4. | ArkansasAR | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | CaliforniaCA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Colorado CO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. | ConnecticutCT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. | DelawareDE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | District of ColumbiaDC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | FloridaFL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. | GeorgiaGA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Hawaii HI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13.
14. | IdahoID | ٥ | 0 | 0 | 0 | 0 | 0 | | |
| 15. | IndianaIN | 0 | | 0 | 0 | 0 | 0 | | 0 |
| 16. | lowa IA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. | KansasKS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. | Kentucky KY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Louisiana LA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. | Maine ME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. | Maryland MD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. | Massachusetts MA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. | MichiganMI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. | Minnesota MN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. | Mississippi MS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26.
27. | MissouriMO MontanaMT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 28. | Nebraska NE | 0 | 0 | 0 | 0
n | 0 | 0 | | |
| 29. | NevadaNV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. | New HampshireNH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. | New JerseyNJ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. | New Mexico NM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33. | New YorkNY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. | North CarolinaNC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. | North DakotaND | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ohio OH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37.
38. | Oklahoma OK Oregon OR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 39. | PennsylvaniaPA | 0 | 0 | 0 | 0 | 6,436 | 0 | 0 | 6,855 |
| 40. | Rhode IslandRI | 0 | 0 | 0 | 0 | 0,400 | 0 | 0 | 0,000 |
| 41. | South CarolinaSC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42. | South DakotaSD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 43. | TennesseeTN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44. | TexasTX | 0 | 0 | 0 | 0 | (8, 178) | 0 | 0 | 0 |
| 45. | UtahUT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46. | VermontVT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 47. | VirginiaVA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48.
49. | Washington WA West Virginia WV | 0
0 | 0 | 0 | 0
0 | 0 | 0
0 | 0 | 0 |
| 50. | Wisconsin WI | 0 | 0
0 | 0 | 0 | 0 | 0 | 0
0 | 0 |
| 51. | Wyoming | 0 | 0 | 0 | 0 | 0 | 0 | 0 | n |
| 52. | American Samoa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | GuamGU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54. | Puerto RicoPR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55. | U.S. Virgin IslandsVI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56. | Northern Mariana IslandsMP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57. | Canada CAN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58. | Aggregate other alien OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total DETAILS OF WRITE-INS | 0 | 0 | 0 | 0 | (1,742) | 0 | 0 | 6,855 |
| 58001. | | | | | | | | | |
| 58002.
58003. | | | ••••• | | | | | | |
| | Summary of remaining write-ins for Line 58 from overflow page | | | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above) | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| | // | | · | <u> </u> | | | · | | |



.0

0

.0

0

SUPPLEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY. INC.

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

12260 NAIC Group Code 8800 NAIC Company Code Direct Business Only Prior Year Current Year Losses Paid Losses Unpaid Written Premium (deducting salvage) (Case Base) .0 .0 23 .0 Completed operations .. 0 0 2. Errors & omissions (E&O) .. 3. Directors & officers (D&O) 0 0 0 0 . 0 .0 . 0 . 0 4. Environmental liability0 0 0 5. Excess workers' compensation0 .0 0 .0 6. Commercial excess & umbrella .. .0 .0 .0 0 7. Personal umbrella0 .0 .0 .0 .8.315 .8.072 .0 .0 9. Aggregate write-ins for facilities & premises (CGL) 0 0 10. Internet & cyber liability 11. Aggregate write-ins for other 11.422 11.034 0 0 0 19,760 19,106 0 Total ASL 17 - other liability (sum of Lines 1 through 11) 12 **DETAILS OF WRITE-INS** 0901. Premises and operations liability .8,315 8,072 0 0 0902 0903.00 0998. Summary of remaining write-ins for Line 9 from overflow page 0 .0 0 0 0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above) 8,315 8,072 1101. Other general liability 11,422 11,034 .0 .0 1102.

.....0

11,422

....0

11,034

1103.

1199.

1198. Summary of remaining write-ins for Line 11 from overflow page

Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)