



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 0088 NAIC Company Code 12260 Employer's ID Number 52-1827116  
(Current) (Prior)

Organized under the Laws of New Hampshire, State of Domicile or Port of Entry NH  
Country of Domicile United States of America

Incorporated/Organized 01/01/2011 Commenced Business 07/19/1993

Statutory Home Office 4 Bedford Farms Drive, Suite 107, Bedford, NH, US 031105905  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 440 Lincoln Street  
(Street and Number) Worcester, MA, US 01653-0002  
(City or Town, State, Country and Zip Code) 508-853-7200  
(Area Code) (Telephone Number)

Mail Address 440 Lincoln Street, Worcester, MA, US 01653-0002  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 440 Lincoln Street  
(Street and Number) Worcester, MA, US 01653-0002  
(City or Town, State, Country and Zip Code) 508-853-7200-8557928  
(Area Code) (Telephone Number)

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Dennis M. Hazelwood, 508-853-7200-8557928  
(Name) (Area Code) (Telephone Number)  
DHAZELWOOD@HANOVER.COM, 508-853-6332  
(E-mail Address) (FAX Number)

### OFFICERS

President John Conner Roche Vice President & Treasurer Nathaniel William Clarkin  
Senior Vice President & Secretary Charles Frederick Cronin

### OTHER

Jeffrey Mark Farber, Executive Vice President & CFO Dennis Francis Kerrigan Jr., Executive Vice President & Chief Legal Officer Willard Ty-Lunn Lee, Executive Vice President  
Denise Maureen Lowsley, Executive Vice President Bryan James Salvatore, Executive Vice President

### DIRECTORS OR TRUSTEES

Warren Ellison Barnes Jeffrey Mark Farber Lindsay France Greenfield  
Dennis Francis Kerrigan Jr. Willard Ty-Lunn Lee David John Lovely #  
Denise Maureen Lowsley John Conner Roche Bryan James Salvatore

State of Massachusetts SS  
County of Worcester

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Conner Roche  
President

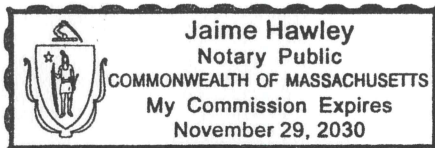
Charles Frederick Cronin  
Senior Vice President & Secretary

Nathaniel William Clarkin  
Vice President & Treasurer

Subscribed and sworn to before me this 2nd day of February, 2024

Jaime L. Hawley  
Notary  
November 29, 2030

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



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

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	19,820,469	0	19,820,469	19,254,825
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....295,919 , Schedule E - Part 1), cash equivalents (\$ .....0 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	295,919	0	295,919	543,874
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivable for securities .....	0	0	0	285,000
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	20,116,388	0	20,116,388	20,083,699
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	135,614	0	135,614	118,019
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
18.2 Net deferred tax asset .....	0	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	20,252,002	0	20,252,002	20,201,718
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	20,252,002	0	20,252,002	20,201,718
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	0	0
4. Commissions payable, contingent commissions and other similar charges .....	0	0
5. Other expenses (excluding taxes, licenses and fees) .....	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	0	0
7.1 Current federal and foreign income taxes (including \$ .....0 on realized capital gains (losses)) .....	2,812	501
7.2 Net deferred tax liability .....	15,899	14,863
8. Borrowed money \$ .....0 and interest thereon \$ .....0 .....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....465,045 and including warranty reserves of \$ .....0 and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....	0	0
10. Advance premium .....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders .....	0	0
11.2 Policyholders .....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	246	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	0	0
14. Amounts withheld or retained by company for account of others .....	0	0
15. Remittances and items not allocated .....	0	0
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 3, Column 78) .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0
18. Drafts outstanding .....	0	0
19. Payable to parent, subsidiaries and affiliates .....	1,995	1,612
20. Derivatives .....	0	0
21. Payable for securities .....	0	0
22. Payable for securities lending .....	0	0
23. Liability for amounts held under uninsured plans .....	0	0
24. Capital notes \$ .....0 and interest thereon \$ .....0 .....	0	0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	20,952	16,976
27. Protected cell liabilities .....	0	0
28. Total liabilities (Lines 26 and 27) .....	20,952	16,976
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	3,000,000	3,000,000
31. Preferred capital stock .....	0	0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....	0	0
34. Gross paid in and contributed surplus .....	7,000,000	7,000,000
35. Unassigned funds (surplus) .....	10,231,050	10,184,742
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$ .....0 ) .....	0	0
36.2 .....0 shares preferred (value included in Line 31 \$ .....0 ) .....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	20,231,050	20,184,742
38. TOTALS (Page 2, Line 28, Col. 3) .....	20,252,002	20,201,718
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above) .....	0	0

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	0	0
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7) .....	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	0	0
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	0	0
7. Net income of protected cells .....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	0	0
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	502,007	447,769
10. Net realized capital gains (losses) less capital gains tax of \$ ..... 1,229 (Exhibit of Capital Gains (Losses) ) .....	(1,580)	(1,595)
11. Net investment gain (loss) (Lines 9 + 10) .....	500,427	446,174
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ .....0 amount charged off \$ .....0 ) .....	0	0
13. Finance and service charges not included in premiums .....	0	0
14. Aggregate write-ins for miscellaneous income .....	0	0
15. Total other income (Lines 12 through 14) .....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	500,427	446,174
17. Dividends to policyholders .....	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....	500,427	446,174
19. Federal and foreign income taxes incurred .....	103,083	91,095
20. Net income (Line 18 minus Line 19)(to Line 22) .....	397,344	355,079
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	20,184,742	20,230,981
22. Net income (from Line 20) .....	397,344	355,079
23. Net transfers (to) from Protected Cell accounts .....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....0 .....	0	0
25. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
26. Change in net deferred income tax .....	(1,036)	(1,319)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....	0	1
30. Surplus (contributed to) withdrawn from protected cells .....	0	0
31. Cumulative effect of changes in accounting principles .....	0	0
32. Capital changes:		
32.1 Paid in .....	0	0
32.2 Transferred from surplus (Stock Dividend) .....	0	0
32.3 Transferred to surplus .....	0	0
33. Surplus adjustments:		
33.1 Paid in .....	0	0
33.2 Transferred to capital (Stock Dividend) .....	0	0
33.3 Transferred from capital .....	0	0
34. Net remittances from or (to) Home Office .....	0	0
35. Dividends to stockholders .....	(350,000)	(400,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	46,308	(46,239)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	20,231,050	20,184,742
<b>DETAILS OF WRITE-INS</b>		
0501. ....		
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above) .....	0	0
1401. ....		
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above) .....	0	0

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

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	246	0
2. Net investment income .....	468,223	428,787
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	468,469	428,787
5. Benefit and loss related payments .....	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 1,229 tax on capital gains (losses) .....	102,001	88,999
10. Total (Lines 5 through 9) .....	102,001	88,999
11. Net cash from operations (Line 4 minus Line 10) .....	366,468	339,788
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	2,337,114	2,614,203
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(1)	0
12.7 Miscellaneous proceeds .....	285,000	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,622,113	2,614,203
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	2,886,919	2,226,339
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,886,919	2,226,339
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(264,806)	387,864
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	350,000	400,000
16.6 Other cash provided (applied) .....	383	(160)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(349,617)	(400,160)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(247,955)	327,492
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	543,874	216,381
19.2 End of period (Line 18 plus Line 19.1) .....	295,919	543,874

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	794,883	0	0	794,883	0	0
11.2 Medical professional liability - claims-made	132,634	0	0	132,634	0	0
12. Earthquake	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0
13.2 Comprehensive (hospital and medical) group	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0
15.1 Vision only	0	0	0	0	0	0
15.2 Dental only	0	0	0	0	0	0
15.3 Disability income	0	0	0	0	0	0
15.4 Medicare supplement	0	0	0	0	0	0
15.5 Medicaid Title XIX	0	0	0	0	0	0
15.6 Medicare Title XVIII	0	0	0	0	0	0
15.7 Long-term care	0	0	0	0	0	0
15.8 Federal employees health benefits plan	0	0	0	0	0	0
15.9 Other health	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0
17.1 Other liability - occurrence	14,796	0	0	14,796	0	0
17.2 Other liability - claims-made	4,310	0	0	4,310	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0
18.1 Products liability - occurrence	2,020	0	0	2,020	0	0
18.2 Products liability - claims-made	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0
29. International	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	948,643	0	0	948,643	0	0
<b>DETAILS OF WRITE-INS</b>						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ 0

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ 0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A , Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	0	0	0	0	0	0	0	0.0
2.1 Allied lines .....	0	0	0	0	0	0	0	0.0
2.2 Multiple peril crop .....	0	0	0	0	0	0	0	0.0
2.3 Federal flood .....	0	0	0	0	0	0	0	0.0
2.4 Private crop .....	0	0	0	0	0	0	0	0.0
2.5 Private flood .....	0	0	0	0	0	0	0	0.0
3. 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
5.2 Commercial multiple peril (liability portion) .....	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty .....	0	0	0	0	0	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
10. Financial guaranty .....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence .....	1,120,000	0	1,120,000	0	0	0	0	0.0
11.2 Medical professional liability - claims-made .....	400,250	0	400,250	0	0	0	0	0.0
12. Earthquake .....	0	0	0	0	0	0	0	0.0
13.1 Comprehensive (hospital and medical) individual .....	0	0	0	0	0	0	0	0.0
13.2 Comprehensive (hospital and medical) group .....	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0.0
15.1 Vision only .....	0	0	0	0	0	0	0	0.0
15.2 Dental only .....	0	0	0	0	0	0	0	0.0
15.3 Disability income .....	0	0	0	0	0	0	0	0.0
15.4 Medicare supplement .....	0	0	0	0	0	0	0	0.0
15.5 Medicaid Title XIX .....	0	0	0	0	0	0	0	0.0
15.6 Medicare Title XVIII .....	0	0	0	0	0	0	0	0.0
15.7 Long-term care .....	0	0	0	0	0	0	0	0.0
15.8 Federal employees health benefits plan .....	0	0	0	0	0	0	0	0.0
15.9 Other health .....	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	0.0
17.2 Other liability - claims-made .....	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation .....	0	0	0	0	0	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) .....	0	0	0	0	0	0	0	0.0
19.2 Other private passenger auto liability .....	0	0	0	0	0	0	0	0.0
19.3 Commercial auto no-fault (personal injury protection) .....	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	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	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	0	0	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
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35. TOTALS .....	1,520,250	0	1,520,250	0	0	0	0	0.0
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
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



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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0
2.4 Private crop	0	0	0	0	0	0	0	0	0
2.5 Private flood	0	0	0	0	0	0	0	0	0
3. 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
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	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
10. Financial guaranty	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence	391,374	0	391,374	0	1,239,738	0	1,239,738	0	0
11.2 Medical professional liability - claims-made	460,884	0	460,884	0	212,911	0	212,911	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0
13.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0	0	(a)	0
13.2 Comprehensive (hospital and medical) group	0	0	0	0	0	0	0	(a)	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0
15.1 Vision only	0	0	0	0	0	0	0	(a)	0
15.2 Dental only	0	0	0	0	0	0	0	(a)	0
15.3 Disability income	0	0	0	0	0	0	0	(a)	0
15.4 Medicare supplement	0	0	0	0	0	0	0	(a)	0
15.5 Medicaid Title XIX	0	0	0	0	0	0	0	(a)	0
15.6 Medicare Title XVIII	0	0	0	0	0	0	0	(a)	0
15.7 Long-term care	0	0	0	0	0	0	0	(a)	0
15.8 Federal employees health benefits plan	0	0	0	0	0	0	0	(a)	0
15.9 Other health	0	0	0	0	0	0	0	(a)	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence	0	0	0	0	(10,710)	0	(10,710)	0	0
17.2 Other liability - claims-made	0	0	0	0	137,469	0	137,469	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0	(53,842)	0	(53,842)	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	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	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	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	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	0	0	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
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	XXX	0	0	0	0
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	XXX	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	852,258	0	852,258	0	1,525,566	0	1,525,566	0	0
<b>DETAILS OF WRITE-INS</b>									
3401.									
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

(a) Including \$ 0 for present value of life indemnity claims reported in Lines 13 and 15.

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	(689,206)	0	0	(689,206)
1.2 Reinsurance assumed .....	0	0	0	0
1.3 Reinsurance ceded .....	(689,206)	0	0	(689,206)
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct excluding contingent .....	0	131,022	0	131,022
2.2 Reinsurance assumed, excluding contingent .....	0	0	0	0
2.3 Reinsurance ceded, excluding contingent .....	0	131,022	0	131,022
2.4 Contingent - direct .....	0	0	0	0
2.5 Contingent - reinsurance assumed .....	0	0	0	0
2.6 Contingent - reinsurance ceded .....	0	0	0	0
2.7 Policy and membership fees .....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) ..	0	0	0	0
3. Allowances to managers and agents .....	0	0	0	0
4. Advertising .....	0	0	4	4
5. Boards, bureaus and associations .....	0	0	0	0
6. Surveys and underwriting reports .....	0	0	0	0
7. Audit of assureds' records .....	0	0	0	0
8. Salary and related items:				
8.1 Salaries .....	0	0	11,042	11,042
8.2 Payroll taxes .....	0	0	0	0
9. Employee relations and welfare .....	0	0	2,235	2,235
10. Insurance .....	0	0	0	0
11. Directors' fees .....	0	0	0	0
12. Travel and travel items .....	0	0	157	157
13. Rent and rent items .....	0	0	365	365
14. Equipment .....	0	0	2,219	2,219
15. Cost or depreciation of EDP equipment and software .....	0	0	0	0
16. Printing and stationery .....	0	0	19	19
17. Postage, telephone and telegraph, exchange and express .....	0	0	29	29
18. Legal and auditing .....	0	0	207	207
19. Totals (Lines 3 to 18) .....	0	0	16,277	16,277
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	0	0	0	0
20.2 Insurance department licenses and fees .....	0	0	0	0
20.3 Gross guaranty association assessments .....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate) .....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	0	0	0
21. Real estate expenses .....	0	0	0	0
22. Real estate taxes .....	0	0	0	0
23. Reimbursements by uninsured plans .....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses .....	0	0	13,612	13,612
25. Total expenses incurred .....	0	0	29,889 (a)	29,889
26. Less unpaid expenses - current year .....	0	0	0	0
27. Add unpaid expenses - prior year .....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	29,889	29,889
<b>DETAILS OF WRITE-INS</b>				
2401. Custodial Fees .....	0	0	7,093	7,093
2402. Outside Data Processing .....	0	0	5,777	5,777
2403. Miscellaneous .....	0	0	742	742
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	13,612	13,612

(a) Includes management fees of \$ 22,796 to affiliates and \$ 0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds .....	(a) ..... 154,469	..... 153,617
1.1 Bonds exempt from U.S. tax .....	(a) ..... 0	..... 0
1.2 Other bonds (unaffiliated) .....	(a) ..... 343,657	..... 362,697
1.3 Bonds of affiliates .....	(a) ..... 0	..... 0
2.1 Preferred stocks (unaffiliated) .....	(b) ..... 0	..... 0
2.11 Preferred stocks of affiliates .....	(b) ..... 0	..... 0
2.2 Common stocks (unaffiliated) .....	..... 0	..... 0
2.21 Common stocks of affiliates .....	..... 0	..... 0
3. Mortgage loans .....	(c) ..... 0	..... 0
4. Real estate .....	(d) ..... 0	..... 0
5. Contract loans .....	..... 0	..... 0
6. Cash, cash equivalents and short-term investments .....	(e) ..... 15,659	..... 15,067
7. Derivative instruments .....	(f) ..... 0	..... 0
8. Other invested assets .....	..... 0	..... 0
9. Aggregate write-ins for investment income .....	..... 516	..... 516
10. Total gross investment income .....	514,301	531,896
11. Investment expenses .....		(g) ..... 29,889
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g) ..... 0
13. Interest expense .....		(h) ..... 0
14. Depreciation on real estate and other invested assets .....		(i) ..... 0
15. Aggregate write-ins for deductions from investment income .....		..... 0
16. Total deductions (Lines 11 through 15) .....		..... 29,889
17. Net investment income (Line 10 minus Line 16) .....		502,007
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income .....	516	516
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	516	516
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0

- (a) Includes \$ .....28,958 accrual of discount less \$ .....12,769 amortization of premium and less \$ .....7,730 paid for accrued interest on purchases.
- (b) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.
- (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (d) Includes \$ ..... 0 for company's occupancy of its own buildings; and excludes \$ ..... 0 interest on encumbrances.
- (e) Includes \$ .....1,977 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (f) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium.
- (g) Includes \$ ..... 0 investment expenses and \$ ..... 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... 0 interest on surplus notes and \$ ..... 0 interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	(350)	0	(350)	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	(1)	0	(1)	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	(351)	0	(351)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27)			
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)			

NONE

## NOTES TO FINANCIAL STATEMENTS

### NOTE 1 Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Campmed Casualty & Indemnity Company, Inc. ("the Company") are presented on the basis of accounting practices prescribed or permitted by the State of New Hampshire Insurance Department.

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

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

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 397,344	\$ 355,079
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 397,344</u>	<u>\$ 355,079</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 20,231,050	\$ 20,184,742
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 20,231,050</u>	<u>\$ 20,184,742</u>

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

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

#### C. Accounting Policy

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

#### D. Going Concern

Not applicable

### NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

### NOTE 3 Business Combinations and Goodwill

Not applicable

## NOTES TO FINANCIAL STATEMENTS

**NOTE 4 Discontinued Operations**

Not applicable

**NOTE 5 Investments****A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company does not own any mortgage loans.

**B. Debt Restructuring**

The Company did not have any restructured debt.

**C. Reverse Mortgages**

The Company does not own any reverse mortgages.

**D. Loan-Backed Securities**

(1) Prepayment assumptions for loan-backed and structured securities were obtained from prepayment models that are sensitive to refinancing, turnover, equity take-out and other relevant factors. These assumptions are consistent with the current interest rate and economic environment.

(2) Not applicable

(3) The Company had no securities with a recognized other-than-temporary impairment.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	112,777

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

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	981,034

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

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

Not applicable

**NOTES TO FINANCIAL STATEMENTS**

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						
	Current Year					6	7
	1	2	3	4	5		
Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
j. On deposit with states	\$ 8,145,922	\$ -	\$ -	\$ -	\$ 8,145,922	\$ 8,308,103	\$ (162,181)
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>\$ 8,145,922</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,145,922</b>	<b>\$ 8,308,103</b>	<b>\$ (162,181)</b>

(a) Subset of Column 1  
(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)	
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ -	\$ 8,145,922	40.223%	40.223%
k. On deposit with other regulatory bodies	\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -	0.000%	0.000%
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>\$ -</b>	<b>\$ 8,145,922</b>	<b>40.223%</b>	<b>40.223%</b>

(c) Column 5 divided by Asset Page, Column 1, Line 28  
(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

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

Not applicable

## NOTES TO FINANCIAL STATEMENTS

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable

**NOTE 7 Investment Income**

A., B.

Not applicable

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 135,614
2. Nonadmitted	\$ -
3. Admitted	\$ 135,614

D., E.

Not applicable

**NOTE 8 Derivative Instruments**

Not applicable

**NOTE 9 Income Taxes**

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities	\$ -	\$ 15,899	\$ 15,899	\$ -	\$ 14,863	\$ 14,863	\$ -	\$ 1,036	\$ 1,036
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ (15,899)	\$ (15,899)	\$ -	\$ (14,863)	\$ (14,863)	\$ -	\$ (1,036)	\$ (1,036)

2.

	As of End of Current Period			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$3,037,042	XXX	XXX	\$3,029,941	XXX	XXX	\$ 7,101
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

3.

	2023	2022
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	11058%	11168%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 20,231,050	\$ 20,184,742

4. Tax Planning Strategies

a. There is no financial impact of the Company's tax planning strategies.

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [ ] No [X]

B. The Company does not have any deferred tax liabilities that are not recognized for amounts described in Accounting Standards Codification 740, Income Tax.



## NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2022	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 103,083	\$ 91,095	\$ 11,988
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal (1a+1b)	\$ 103,083	\$ 91,095	\$ 11,988
(d) Federal income tax on net capital gains	\$ 1,229	\$ 1,624	\$ (395)
(e) Utilization of capital loss carry-forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 104,312	\$ 92,719	\$ 11,593
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ -	\$ -	\$ -
(2) Unearned premium reserve	\$ -	\$ -	\$ -
(3) Policyholder reserves	\$ -	\$ -	\$ -
(4) Investments	\$ -	\$ -	\$ -
(5) Deferred acquisition costs	\$ -	\$ -	\$ -
(6) Policyholder dividends accrual	\$ -	\$ -	\$ -
(7) Fixed assets	\$ -	\$ -	\$ -
(8) Compensation and benefits accrual	\$ -	\$ -	\$ -
(9) Pension accrual	\$ -	\$ -	\$ -
(10) Receivables - nonadmitted	\$ -	\$ -	\$ -
(11) Net operating loss carry-forward	\$ -	\$ -	\$ -
(12) Tax credit carry-forward	\$ -	\$ -	\$ -
(13) Other	\$ -	\$ -	\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments	\$ -	\$ -	\$ -
(2) Net capital loss carry-forward	\$ -	\$ -	\$ -
(3) Real estate	\$ -	\$ -	\$ -
(4) Other	\$ -	\$ -	\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -

3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	\$ -	\$ -	\$ -
(2) Fixed assets	\$ -	\$ -	\$ -
(3) Deferred and uncollected premium	\$ -	\$ -	\$ -
(4) Policyholder reserves	\$ -	\$ -	\$ -
(5) Other	\$ -	\$ -	\$ -
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ -	\$ -	\$ -
(b) Capital:			
(1) Investments	\$ 15,899	\$ 14,863	\$ 1,036
(2) Real estate	\$ -	\$ -	\$ -
(3) Other	\$ -	\$ -	\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ 15,899	\$ 14,863	\$ 1,036
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 15,899	\$ 14,863	\$ 1,036
4. Net deferred tax assets/liabilities (2i - 3c)	\$ (15,899)	\$ (14,863)	\$ (1,036)

The change in net deferred income taxes is comprised of the following, exclusive of non-admitted assets:

	(1) As of End of Current Period	(2) 12/31/2022	(3) (Col. 1 - 2) Change
Adjusted gross deferred tax assets	\$ -	\$ -	\$ -
Total deferred tax liabilities	\$ 15,899	\$ 14,863	\$ 1,036
Net deferred tax assets (liabilities)	\$ (15,899)	\$ (14,863)	\$ (1,036)
Change in net deferred income tax			<u>\$ (1,036)</u>

D. Reconciliation of Federal Income Tax Rate to Actual Effective Tax Rate

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	As of End of Current Period	
	Tax	Rate
Tax provision at statutory rate	\$ 105,348	21.0%
Total	<u>\$ 105,348</u>	<u>21.0%</u>

## NOTES TO FINANCIAL STATEMENTS

	As of End of Current Period	
	Tax	Rate
Federal income taxes incurred	\$ 103,083	20.5%
Realized capital gains tax	\$ 1,229	0.2%
Change in net deferred income taxes	\$ 1,036	0.3%
Total statutory income taxes	\$ 105,348	21.0%

**E. Operating Loss and Tax Credit Carryforwards**

1. At the end of the current reporting period, the Company has no net operating loss carryforwards and no capital loss carryforwards.
2. The Company has the following federal income taxes which are available for recoupment in the event of future losses:

For the tax year 2022:	\$	79,353
For the tax year 2023:	\$	54,581

3. At the end of the current reporting period, the Company has no deposits under section 6603 of the Internal Revenue Service Code.

**F. Consolidated Federal Income Tax Return**

1. The Company's Federal Income Tax Return is consolidated with the following affiliated companies:

440 Lincoln Street Holding Company LLC AIX, Inc. AIX Specialty Insurance Company Allmerica Financial Alliance Insurance Company Allmerica Financial Benefit Insurance Company Allmerica Plus Insurance Agency, Inc. Campania Holding Company, Inc. Citizens Insurance Company of America Citizens Insurance Company of Illinois Citizens Insurance Company of Ohio Citizens Insurance Company of the Midwest Educators Insurance Agency, Inc. Hanover Specialty Insurance Brokers, Inc. Massachusetts Bay Insurance Company	NOVA Casualty Company Opus Investment Management, Inc. Professionals Direct, Inc. The Hanover American Insurance Company The Hanover Atlantic Insurance Company Ltd. The Hanover Casualty Company The Hanover Insurance Company The Hanover Insurance Group, Inc. The Hanover National Insurance Company The Hanover New Jersey Insurance Company VeraVest Investments, Inc. Verlan Fire Insurance Company Verlan Holdings, Inc.
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2. The Board of Directors has delegated to Company Management, the development and maintenance of appropriate Federal Income Tax allocation policies and procedures, which are subject to written agreement between the companies. The Federal Income tax for all subsidiaries in the consolidated return of The Hanover Insurance Group, Inc. ("THG") is calculated on a separate return basis. Any current tax liability is paid to THG. Tax benefits resulting from taxable operating losses or credits of THG's subsidiaries are reimbursed to the subsidiary when such losses or credits can be utilized on a consolidated return basis.

- G. The Company has no federal or foreign income tax loss contingencies, for which it is reasonably possible that the total liability will significantly increase within 12 months of the reporting date.

**H. Repatriation Transition Tax (RTT)**

Not applicable

**I. Alternative Minimum Tax (AMT) Credit**

Not applicable

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

**A. Nature of Relationships**

The Company is a wholly-owned subsidiary of The Hanover Insurance Company ("Hanover") which, in turn, is a wholly-owned subsidiary of Opus Investment Management, Inc. ("Opus"), which, in turn, is a wholly-owned non-insurance subsidiary of THG, a publicly traded company incorporated in Delaware.

**B. Detail of Transactions Greater than 1/2% of Admitted Assets**

The Company declared an ordinary common stock dividend to the Parent Company, Hanover, on November 6, 2023, totaling \$350,000, which was settled in cash on November 20, 2023.

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

Not applicable

**D. Change in Terms of Intercompany Arrangements**

Not applicable

**E. Amounts Due to or from Related Parties**

At the end of the current reporting period, the Company reported \$1,995 as amounts due to an affiliate company. These arrangements require that intercompany balances be settled within 30 days.

**F. Guarantees or Contingencies for Related Parties**

Not applicable

**G. Management, Service Contracts, Cost Sharing Arrangements**

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

## NOTES TO FINANCIAL STATEMENTS

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### H. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

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

Not applicable

### NOTE 11 Debt

Not applicable

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

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

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

Not applicable

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

#### A. Outstanding Shares

The Company has 3,000 shares of \$1,000 par value common stock authorized, issued and outstanding.

#### B. Dividend Rate of Preferred Stock

Not applicable

#### (C-F) Dividend Restrictions

Pursuant to New Hampshire's statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the New Hampshire Insurance Commissioner, is limited to the lesser of 10% of statutory policyholder surplus as of the preceding December 31, or net income. The Company declared an ordinary dividend of \$350,000 to Hanover on November 6, 2023. Accordingly, the maximum dividend that may be paid at January 1, 2024, without further approval, is \$65,264, and the Company can not declare a further dividend without further approval until November 6, 2024, at which time, the maximum dividend is \$415,264.

#### (G-M)

Not applicable

### NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

#### G. All Other Contingencies

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

### NOTE 15 Leases

#### A. Lessee Operating Lease:

Not applicable

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

Not applicable

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

#### A., B.

Not applicable

#### C. Wash Sales

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

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

Not applicable

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

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### NOTE 20 Fair Value Measurements

A.

## (1) Fair Value Measurements at Reporting Date

- (a) There were no assets carried at fair value at the end of the reporting period.
- (b) There were no liabilities carried at fair value at the end of the reporting period.

(2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.

(3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

(4) For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

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

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

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

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

(5) Not applicable

B. Not applicable

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 18,298,322	\$ 19,820,469	\$ 5,785,221	\$ 12,513,101	\$ -	\$ -	\$ -
Cash and Short-Term Investments	\$ 295,919	\$ 295,919	\$ 295,919	\$ -	\$ -	\$ -	\$ -

D., E.

Not applicable

### NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### C. Other Disclosures

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

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

### D. Business Interruption Insurance Recoveries

Not applicable

### E. State Transferable and Non-transferable Tax Credits

Not applicable

### F. Subprime Mortgage Related Risk Exposure

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

### G. Insurance-Linked Securities (ILS) Contracts

Not applicable

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

Not applicable

### NOTE 22 Events Subsequent

Not applicable

### NOTE 23 Reinsurance

#### A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
0088	13-5129825	THE HANOVER INSURANCE COMPANY	\$ 4,530,000

#### B. Reinsurance Recoverable in Dispute

Not applicable

#### C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ -	\$ -	\$ 465,045	\$ -	\$ (465,045)	\$ -
b. All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Total (a+b)	\$ -	\$ -	\$ 465,045	\$ -	\$ (465,045)	\$ -
d. Direct Unearned Premium Reserve						\$ 465,045

(2) Not applicable

(3) Not applicable

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

Not applicable

### NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

### NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

### NOTE 26 Intercompany Pooling Arrangements

Not applicable

### NOTE 27 Structured Settlements

Not applicable

### NOTE 28 Health Care Receivables

Not applicable

## NOTES TO FINANCIAL STATEMENTS

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**NOTE 29 Participating Policies**

Not applicable

**NOTE 30 Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability		12/31/2023
3. Was anticipated investment income utilized in the calculation?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**NOTE 31 High Deductibles**

Not applicable

**NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not applicable

**NOTE 33 Asbestos/Environmental Reserves**

Not applicable

**NOTE 34 Subscriber Savings Accounts**

Not applicable

**NOTE 35 Multiple Peril Crop Insurance**

Not applicable

**NOTE 36 Financial Guaranty Insurance**

Not applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... NH
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000944695
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2019
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2019
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 04/01/2021
- 3.4 By what department or departments?  
New Hampshire Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Opus Investment Management, Inc .....	Worcester, MA .....	NO	NO	NO	YES

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain.  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Julie Frechette, Assitant Vice President and Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved ..... 0
- 12.13 Total book/adjusted carrying value ..... \$ .....0
- 12.2 If yes, provide explanation  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....



## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	0

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |           |
|---|-----------|
| 20.11 To directors or other officers.....               | \$ .....0 |
| 20.12 To stockholders not officers.....                 | \$ .....0 |
| 20.13 Trustees, supreme or grand (Fraternal Only) ..... | \$ .....0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |           |
|---|-----------|
| 20.21 To directors or other officers.....               | \$ .....0 |
| 20.22 To stockholders not officers.....                 | \$ .....0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) ..... | \$ .....0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- |                                 |           |
|---------------------------------|-----------|
| 21.21 Rented from others.....   | \$ .....0 |
| 21.22 Borrowed from others..... | \$ .....0 |
| 21.23 Leased from others .....  | \$ .....0 |
| 21.24 Other .....               | \$ .....0 |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- |   |           |
|---|-----------|
| 22.21 Amount paid as losses or risk adjustment \$ ..... | 0         |
| 22.22 Amount paid as expenses .....                     | \$ .....0 |
| 22.23 Other amounts paid .....                          | \$ .....0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

### INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

## GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
None- SEC lending program has been discontinued .....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 25.093 Total payable for securities lending reported on the liability page. .... \$ .....0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....0
- 26.22 Subject to reverse repurchase agreements ..... \$ .....0
- 26.23 Subject to dollar repurchase agreements ..... \$ .....0
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....0
- 26.25 Placed under option agreements ..... \$ .....0
- 26.26 Letter stock or securities restricted as to sale -  
excluding FHLB Capital Stock ..... \$ .....0
- 26.27 FHLB Capital Stock ..... \$ .....0
- 26.28 On deposit with states ..... \$ .....8,145,922
- 26.29 On deposit with other regulatory bodies ..... \$ .....0
- 26.30 Pledged as collateral - excluding collateral pledged to  
an FHLB ..... \$ .....0
- 26.31 Pledged as collateral to FHLB - including assets  
backing funding agreements ..... \$ .....0
- 26.32 Other ..... \$ .....0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	0

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....0
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [ X ] No [ ]
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon .....	225 Liberty Street, New York, NY 10286 .....

## GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Opus Investment Management, Inc .....	A.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107569 .....	Opus Investment Management, Inc. ....	549300UFGZJWL1MOS85 .....	Securities Exchange Commission .....	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	0
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	.....	0	.....

## GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	19,820,469	18,298,322	(1,522,147)
31.2 Preferred stocks .....	0	0	0
31.3 Totals	19,820,469	18,298,322	(1,522,147)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analysis. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

33.2 If no, list exceptions:  
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ X ] No [ ] N/A [ ]

## GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

### OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

41.1 Amount of payments for legal expenses, if any? .....\$ .....0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only. ....\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....\$ 0  
 1.31 Reason for excluding  
 .....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. ....\$ 0

1.6 Individual policies:

	Most current three years:	
1.61 Total premium earned .....	\$	0
1.62 Total incurred claims .....	\$	0
1.63 Number of covered lives .....		0
	All years prior to most current three years	
1.64 Total premium earned .....	\$	0
1.65 Total incurred claims .....	\$	0
1.66 Number of covered lives .....		0

1.7 Group policies:

	Most current three years:	
1.71 Total premium earned .....	\$	0
1.72 Total incurred claims .....	\$	0
1.73 Number of covered lives .....		0
	All years prior to most current three years	
1.74 Total premium earned .....	\$	0
1.75 Total incurred claims .....	\$	0
1.76 Number of covered lives .....		0

2. Health Test:

	1	2	
	Current Year	Prior Year	
2.1 Premium Numerator .....	0	0	
2.2 Premium Denominator .....	0	0	
2.3 Premium Ratio (2.1/2.2) .....	0.000	0.000	
2.4 Reserve Numerator .....	0	0	
2.5 Reserve Denominator .....	0	0	
2.6 Reserve Ratio (2.4/2.5) .....	0.000	0.000	

3.1 Did the reporting entity issue participating policies during the calendar year? ..... Yes [ ] No [ X ]

3.2 If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:

3.21 Participating policies .....	\$	0
3.22 Non-participating policies .....	\$	0

4. For mutual reporting Entities and Reciprocal Exchanges Only:

4.1 Does the reporting entity issue assessable policies? ..... Yes [ ] No [ ]

4.2 Does the reporting entity issue non-assessable policies? ..... Yes [ ] No [ ]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? ..... % 0.0

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....\$ 0

5. For Reciprocal Exchanges Only:

5.1 Does the Exchange appoint local agents? ..... Yes [ ] No [ ]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation.....	Yes [ ]	No [ ]	N/A [ ]
5.22 As a direct expense of the exchange.....	Yes [ ]	No [ ]	N/A [ ]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?  
 .....

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? ..... Yes [ ] No [ ]

5.5 If yes, give full information  
 .....

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
Not applicable. The Company does not write worker's compensation coverage. ....
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
Not applicable .....
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
Not applicable. The Company does not write property coverage. ....
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? ..... Yes [ ] No [ X ]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.  
The Company does not write property coverage. ....
- 7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?..... Yes [ ] No [ X ]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions: ..... 0
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?..... Yes [ ] No [ ]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]
- 8.2 If yes, give full information  
.....
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. .... Yes [ ] No [ X ]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. .... Yes [ ] No [ X ]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? ..... Yes [ ] No [ X ]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, ..... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or ..... Yes [ X ] No [ ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. .... Yes [ ] No [ X ]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? ..... Yes [ ] No [ ] N/A [ X ]

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]
- 11.2 If yes, give full information  
.....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- 12.11 Unpaid losses .....\$ .....0
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses) .....\$ .....0
- 12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds .....\$ .....0
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ X ] N/A [ ]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- 12.41 From .....0.0 %
- 12.42 To.....0.0 %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- 12.61 Letters of credit .....\$ .....0
- 12.62 Collateral and other funds.....\$ .....0
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): .....\$ .....0
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....0
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]
- 14.5 If the answer to 14.4 is no, please explain:  
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]
- 15.2 If yes, give full information  
.....
- 16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	0	0	0	0	0
16.12 Products .....	0	0	0	0	0
16.13 Automobile .....	0	0	0	0	0
16.14 Other* .....	0	0	0	0	0

\* Disclose type of coverage:  
.....



# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance .....	\$ .....	0
17.12 Unfunded portion of Interrogatory 17.11 .....	\$ .....	0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11.....	\$ .....	0
17.14 Case reserves portion of Interrogatory 17.11 .....	\$ .....	0
17.15 Incurred but not reported portion of Interrogatory 17.11 .....	\$ .....	0
17.16 Unearned premium portion of Interrogatory 17.11 .....	\$ .....	0
17.17 Contingent commission portion of Interrogatory 17.11 .....	\$ .....	0

18.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ ..... 0

18.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

18.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ ..... 0

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

## FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11, 16, 17, 18 & 19) .....	948,643	976,966	992,916	987,416	996,110
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	948,643	976,966	992,916	987,416	996,110
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11, 16, 17, 18 & 19) .....	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	0	0	0	0	0
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8) .....	0	0	0	0	0
14. Net investment gain (loss) (Line 11) .....	500,427	446,174	501,699	545,564	565,878
15. Total other income (Line 15) .....	0	0	0	0	0
16. Dividends to policyholders (Line 17) .....	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19) .....	103,083	91,095	96,110	115,649	119,035
18. Net income (Line 20) .....	397,344	355,079	405,589	429,915	446,843
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	20,252,002	20,201,718	20,246,297	20,241,371	20,417,719
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2) .....	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	20,952	16,976	15,316	12,579	220,335
22. Losses (Page 3, Line 1) .....	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3) .....	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9) .....	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31) .....	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
26. Surplus as regards policyholders (Page 3, Line 37) .....	20,231,050	20,184,742	20,230,981	20,228,792	20,197,384
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11) .....	366,468	339,788	410,099	441,393	459,068
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	20,231,050	20,184,742	20,230,981	20,228,792	20,197,384
29. Authorized control level risk-based capital .....	182,949	180,736	182,701	107,145	108,886
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1) .....	98.5	95.9	97.5	96.6	98.4
31. Stocks (Lines 2.1 & 2.2) .....	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5) .....	1.5	2.7	1.1	2.0	1.6
35. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7) .....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9) .....	0.0	1.4	1.4	1.4	0.0
39. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1) .....	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1) .....	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1) .....	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
46. Affiliated mortgage loans on real estate .....	0	0	0	0	0
47. All other affiliated .....	0	0	0	0	0
48. Total of above Lines 42 to 47 .....	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above .....	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

## FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	0	0	0	0	0
52. Dividends to stockholders (Line 35) .....	(350,000)	(400,000)	(400,000)	(400,000)	(500,000)
53. Change in surplus as regards policyholders for the year (Line 38) .....	46,308	(46,239)	2,189	31,408	(54,707)
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11, 16, 17, 18 & 19) .....	1,520,250	1,680,000	1,275,000	448,000	836,261
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	1,520,250	1,680,000	1,275,000	448,000	836,261
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11, 16, 17, 18 & 19) .....	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	0	0	0	0	0
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3) .....	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4) .....	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8) .....	0.0	0.0	0.0	0.0	0.0
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0).....	0.0	0.0	0.0	0.0	0.0
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? ..... Yes [    ] No [    ]  
 If no, please explain: .....



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 Alabama

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19AL

(a) Finance and service charges not included in Lines 1 to 35 \$ 66
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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 Alaska

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19AK

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Arizona

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Medical Professional Liability, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....2

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19AZ



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 50

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 AR



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 California

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,454

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CA





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 Colorado

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Medical Professional Liability, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 50
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CO



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 Connecticut

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ 80

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 CT



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 Delaware

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril, Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 DE



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.DC



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 Florida

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied Lines, Multiple Peril Crop, Federal Flood, Private Crop, Private Flood, Farmowners Multiple Peril, Homeowners Multiple Peril, Commercial Multiple Peril (Non-Liability Portion), Commercial Multiple Peril (Liability Portion), Mortgage Guaranty, Ocean Marine, Inland Marine, Financial Guaranty, Medical Professional Liability - Occurrence, Medical Professional Liability - Claims-Made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (Group and Individual), Vision Only (b), Dental Only (b), Disability Income (b), Medicare Supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-Term Care (b), Federal Employees Health Benefits Plan (b), Other Health (b), Workers' Compensation, Other Liability - Occurrence, Other Liability - Claims-Made, Excess Workers' Compensation, Products Liability - Occurrence, Products Liability - Claims-Made, Private Passenger Auto No-Fault (Personal Injury Protection), Other Private Passenger Auto Liability, Commercial Auto No-Fault (Personal Injury Protection), Other Commercial Auto Liability, Private Passenger Auto Physical Damage, Commercial Auto Physical Damage, Aircraft (all perils), Fidelity, Surety, Burglary and Theft, Boiler and Machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate Write-Ins for Other Lines of Business, Total (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

19 FL

(a) Finance and service charges not included in Lines 1 to 35 \$ 30

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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 Georgia

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....2

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 GA



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

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.HI



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 Idaho

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.1D





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 Illinois

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.1L



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 Indiana

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Medical Professional Liability, Workers' Compensation, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 25

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.1N



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 Iowa

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

191A

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Kansas

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

19 KS

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril, Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 KY

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Louisiana

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

191A

(a) Finance and service charges not included in Lines 1 to 35 \$ 49
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ 20

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 ME



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 Maryland

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ 40

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MD





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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Medical Professional Liability, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 MA



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

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Medical Professional Liability, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 138

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.MI



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 Minnesota

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'Total (a)' row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 114

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 JUN



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 Mississippi

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 68

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MS



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

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ 74

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 MO



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 Montana

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 MT



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 Nebraska

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 NIE

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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NAIC Group Code 0088

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 NV

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .





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 Hampshire

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 NH

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Jersey

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total row and a DETAILS OF WRITE-INS section.

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NJ



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 Mexico

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....

19 NM



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

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	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	0	0
2.2 Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood	0	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	0
4. Homeowners Multiple Peril	0	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	0
5.2 Commercial Multiple Peril (Liability Portion)	0	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	0
8. Ocean Marine	0	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
10. Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence	1,429	2,536	0	652	0	1,235	4,480	0	(1,527)	2,641	200	285
11.2 Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	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	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	200
14. Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b)	0	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	0
15.3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b)	0	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	0
16. Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence	74	61	0	13	0	202	202	0	(108)	(108)	10	15
17.2 Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1 Products Liability - Occurrence	18	15	0	3	0	(450)	(450)	0	(82)	(82)	3	4
18.2 Products Liability - Claims-Made	0	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	0
19.2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	0	0	0	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	0
21.2 Commercial Auto Physical Damage	0	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	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	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	0
27. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	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	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	0	0	0
35. Total (a)	1,521	2,612	0	668	0	987	4,232	0	(1,717)	2,451	213	504
<b>DETAILS OF WRITE-INS</b>												
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	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 113

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.NY



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 Carolina

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 223

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 NC



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 ND

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Ohio

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'TOTAL (a)' row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 OH



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 Oklahoma

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

19 OK

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .





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 Oregon

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 OR



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 Pennsylvania

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 347

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 PA



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 Rhode Island

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.RI



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 South Carolina

DURING THE YEAR 2023

NAIC Company Code 12260

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	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	0	0
2.2 Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private Flood	0	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	0
4. Homeowners Multiple Peril	0	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	0
5.2 Commercial Multiple Peril (Liability Portion)	0	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	0
8. Ocean Marine	0	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
10. Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1 Medical Professional Liability - Occurrence	2,650	1,534	0	1,488	0	907	1,774	0	(69)	1,046	390	1,076
11.2 Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	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	0	0
13.2 Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Vision Only (b)	0	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	0
15.3 Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.7 Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal Employees Health Benefits Plan (b)	0	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	0
16. Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation	0	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	0
18.2 Products Liability - Claims-Made	0	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	0
19.2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	0	0	0	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	0
21.2 Commercial Auto Physical Damage	0	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	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	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	0
27. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
29. International	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	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	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	0	0	0
35. Total (a)	2,650	1,534	0	1,488	0	907	1,774	0	(69)	1,046	390	1,076
<b>DETAILS OF WRITE-INS</b>												
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	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 70

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 SC



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 South Dakota

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 SD

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Tennessee

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'TOTAL (a)' row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 68
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TN



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 Texas

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Medical Professional Liability, and Auto.

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19.TX



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 Utah

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'TOTAL (a)' row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 UT





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 Vermont

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril, Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19.VT

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Virginia

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

19 VA

(a) Finance and service charges not included in Lines 1 to 35 \$ 167
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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 Washington

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 298

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19/WA



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 West Virginia

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

19.WV

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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 Wisconsin

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row and a DETAILS OF WRITE-INS section.

19.WI

(a) Finance and service charges not included in Lines 1 to 35 \$ ..... 22
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....



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 Wyoming

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19.WV



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 Grand Total

DURING THE YEAR 2023

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Medical Professional Liability, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 13,183

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

19 GT

Schedule F - Part 1 - Assumed Reinsurance

**N O N E**

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

**N O N E**



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)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
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
0399999		Total Authorized - Affiliates - U.S. Non-Pool - Other			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
0499999		Total 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		Total Authorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999		Total Authorized - Affiliates			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999		Total Certified - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999		Total Certified - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999		Total Certified - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999		Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999		Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999		Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999		Total Reciprocal Jurisdiction - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999		Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999		Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999		Totals			949	0	0	852	325	1,526	1,362	465	0	4,530	0	0	0	4,530	0

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

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-5129825	THE HANOVER INSURANCE COMPANY	0	0		0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	0	XXX	0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	4,530	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	
0899999	Total Authorized - Affiliates	0	0	XXX	0	4,530	0	0	0	0	0	0	0	0	XXX	0	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	4,530	0	0	0	0	0	0	0	0	XXX	0	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2299999	Total Unauthorized - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3299999	Total Certified - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3699999	Total Certified - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5099999	Total Reciprocal Jurisdiction - Affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	4,530	0	0	0	0	0	0	0	0	XXX	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999	Totals	0	0	XXX	0	4,530	0	0	0	0	0	0	0	0	XXX	0	

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

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	38 Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
13-5129825 ... THE HANOVER INSURANCE COMPANY		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999. Total 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
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - 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
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 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 Totals		0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0

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

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
13-5129825	THE HANOVER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total Authorized - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total Unauthorized - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
3699999	Total Certified - Affiliates	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
9999999	Totals	XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	

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**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
13-5129825	THE HANOVER INSURANCE COMPANY	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999	Total Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	0	0	0	0	0	0	0	0

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

**SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
<b>NONE</b>				
Total				

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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <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

	1 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 .....	135,614	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) .....	18,711	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) .....	246	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 .....	1,995	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 ] No [ ]

If yes, give full explanation: The Company Ceded 100% of its insurance business to The Hanover Insurance Company, an affiliated insurer. ....



Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	362	362	132	132	13	13	0	0	XXX
2. 2014.....	4,943	4,943	0	2,070	2,070	2,303	2,303	151	151	0	0	XXX
3. 2015.....	4,073	4,073	0	2,295	2,295	1,722	1,722	171	171	0	0	XXX
4. 2016.....	4,142	4,142	0	2,047	2,047	1,361	1,361	170	170	0	0	XXX
5. 2017.....	3,285	3,285	0	827	827	723	723	126	126	0	0	XXX
6. 2018.....	1,036	1,036	0	112	112	228	228	68	68	0	0	XXX
7. 2019.....	1,002	1,002	0	73	73	88	88	65	65	0	0	XXX
8. 2020.....	980	980	0	575	575	107	107	65	65	0	0	XXX
9. 2021.....	1,012	1,012	0	0	0	20	20	72	72	0	0	XXX
10. 2022.....	979	979	0	0	0	0	0	49	49	0	0	XXX
11. 2023.....	954	954	0	75	75	41	41	42	42	0	0	XXX
12. Totals	XXX	XXX	XXX	8,435	8,435	6,726	6,726	992	992	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	(59)	(59)	74	74	27	27	125	125	32	32	0	0	XXX
2. 2014.....	260	260	26	26	(7)	(7)	34	34	12	12	0	0	XXX
3. 2015.....	75	75	35	35	32	32	42	42	39	39	0	0	XXX
4. 2016.....	315	315	47	47	95	95	51	51	130	130	0	0	XXX
5. 2017.....	1	1	62	62	111	111	61	61	32	32	0	0	XXX
6. 2018.....	145	145	83	83	0	0	75	75	0	0	0	0	XXX
7. 2019.....	85	85	113	113	0	0	91	91	0	0	0	0	XXX
8. 2020.....	30	30	154	154	20	20	111	111	6	6	0	0	XXX
9. 2021.....	0	0	215	215	0	0	136	136	0	0	0	0	XXX
10. 2022.....	0	0	246	246	0	0	142	142	0	0	0	0	XXX
11. 2023.....	0	0	470	470	47	47	205	205	39	39	0	0	XXX
12. Totals	852	852	1,526	1,526	325	325	1,072	1,072	290	290	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2014.....	4,849	4,849	0	98.1	98.1	0.0	0	0	0.0	0	0
3. 2015.....	4,411	4,411	0	108.3	108.3	0.0	0	0	0.0	0	0
4. 2016.....	4,215	4,215	0	101.8	101.8	0.0	0	0	0.0	0	0
5. 2017.....	1,943	1,943	0	59.1	59.1	0.0	0	0	0.0	0	0
6. 2018.....	711	711	0	68.6	68.6	0.0	0	0	0.0	0	0
7. 2019.....	515	515	0	51.4	51.4	0.0	0	0	0.0	0	0
8. 2020.....	1,068	1,068	0	109.0	109.0	0.0	0	0	0.0	0	0
9. 2021.....	443	443	0	43.8	43.8	0.0	0	0	0.0	0	0
10. 2022.....	437	437	0	44.7	44.7	0.0	0	0	0.0	0	0
11. 2023.....	920	920	0	96.4	96.4	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary

**N O N E**

Schedule P - Part 3 - Summary

**N O N E**

Schedule P - Part 4 - Summary

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**N O N E**

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

**N O N E**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**N O N E**

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

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
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 Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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.....

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
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				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
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 Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		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.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
 BOILER AND MACHINERY)**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2014.....												XXX
3. 2015.....												XXX
4. 2016.....												XXX
5. 2017.....												XXX
6. 2018.....												XXX
7. 2019.....												XXX
8. 2020.....												XXX
9. 2021.....												XXX
10. 2022.....												XXX
11. 2023.....												XXX
12. Totals	XXX	XXX	XXX									XXX

**NONE**

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2014.....													
3. 2015.....													
4. 2016.....													
5. 2017.....													
6. 2018.....													
7. 2019.....													
8. 2020.....													
9. 2021.....													
10. 2022.....													
11. 2023.....													
12. Totals													

**NONE**

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses 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		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
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 Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
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 Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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 1O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
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 Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX
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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses 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

**N O N E**

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023			
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	22.....	0.....
2. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	25.....
3. 2015.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....	23.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	23.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	20.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	4.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	1.....	4.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	6.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	1.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	2.....

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

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

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

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.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					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.....	XXX.....

NONE

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

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



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**

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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023			
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	11.....	0.....
2. 2014.....	0.....	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.....	0.....
4. 2016.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2017.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	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.....	XXX.....									
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2020.....	XXX.....	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.....				

**NONE**

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

**NONE**

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

**NONE**

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

**NONE**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	21	14	3	4	3	2	9	0	0	0
2. 2014.....	4	10	24	25	26	27	31	30	30	30
3. 2015.....	XXX	8	18	26	29	29	29	29	29	29
4. 2016.....	XXX	XXX	5	12	28	29	30	30	31	31
5. 2017.....	XXX	XXX	XXX	10	19	22	23	23	23	23
6. 2018.....	XXX	XXX	XXX	XXX	3	5	5	6	6	6
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	2	4	4	4
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	6
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior	54	9	3	7	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**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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	0
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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	4	1	2	2
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

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



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

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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

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

**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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**

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

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

**NONE**

Schedule P - Part 5T - Warranty - Section 3

**NONE**

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**

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**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XXX								
6. 2018.....	XXX	XXX	XXX	XXX							
7. 2019.....	XXX	XXX	XXX	XXX	XXX						
8. 2020.....	XXX	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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX	XXX								
6. 2018.....	XXX	XXX	XXX	XXX							
7. 2019.....	XXX	XXX	XXX	XXX	XXX						
8. 2020.....	XXX	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		
12. Totals.....	XXX	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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
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

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**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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

**SCHEDULE P - PART 6M - INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX									
11. 2023.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX									
11. 2023.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
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	XXX
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
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	XXX
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
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	XXX
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
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	XXX
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
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

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

**NONE**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**NONE**



## SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes  No   
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? .....\$ .....0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes  No
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes  No
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes  No  N/A
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	0	0
1.602 2014 .....	0	0
1.603 2015 .....	0	0
1.604 2016 .....	0	0
1.605 2017 .....	0	0
1.606 2018 .....	0	0
1.607 2019 .....	0	0
1.608 2020 .....	0	0
1.609 2021 .....	0	0
1.610 2022 .....	0	0
1.611 2023 .....	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes  No

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes  No

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes  No

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

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 Surety .....0

6. Claim count information is reported per claim or per claimant (Indicate which) .....per claimant.....  
 If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes  No

7.2 (An extended statement may be attached.)  
 .....

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)	
		2 Direct Premiums Written	3 Direct Premiums Earned							
1. Alabama	AL	L	282	330	0	0	(59)	870	66	0
2. Alaska	AK	L	0	0	0	0	(22)	12	0	0
3. Arizona	AZ	L	43,637	37,532	0	0	18,785	50,252	2	0
4. Arkansas	AR	L	2,810	3,414	0	0	1,119	5,484	50	0
5. California	CA	L	136,136	132,872	0	0	43,386	198,975	1,454	0
6. Colorado	CO	L	732	1,067	0	0	503	1,742	50	0
7. Connecticut	CT	L	794	771	0	0	(26)	2,530	80	0
8. Delaware	DE	L	0	0	0	0	(14)	85	0	0
9. District of Columbia	DC	L	13,533	8,813	0	0	56,177	83,171	0	0
10. Florida	FL	L	662	845	0	250,000	99,857	2,120	30	0
11. Georgia	GA	L	6,075	6,011	0	0	(470)	10,123	2	0
12. Hawaii	HI	L	0	18	0	0	(32)	191	0	0
13. Idaho	ID	L	476	470	0	0	184	751	0	0
14. Illinois	IL	L	0	0	0	0	(67)	83	0	0
15. Indiana	IN	L	26,565	25,667	0	0	35,168	81,156	25	0
16. Iowa	IA	L	0	0	0	0	(231)	244	0	0
17. Kansas	KS	L	661	588	0	0	412	805	0	0
18. Kentucky	KY	L	0	0	0	0	(18)	10	0	0
19. Louisiana	LA	L	8,737	8,690	0	0	(438)	17,712	49	0
20. Maine	ME	L	216	207	0	0	88	365	20	0
21. Maryland	MD	L	35,731	33,290	0	0	76,976	117,119	40	0
22. Massachusetts	MA	L	1,389	2,011	0	0	(23,579)	489	0	0
23. Michigan	MI	L	36,698	43,350	0	0	(27,134)	53,141	138	0
24. Minnesota	MN	L	6,977	9,526	0	0	36,372	61,282	114	0
25. Mississippi	MS	L	1,159	1,147	0	0	794	1,443	68	0
26. Missouri	MO	L	495	495	0	0	(2,517)	7,405	74	0
27. Montana	MT	L	0	0	0	0	(133)	188	0	0
28. Nebraska	NE	L	171	163	0	0	53	237	0	0
29. Nevada	NV	L	0	0	0	0	37	(176)	0	0
30. New Hampshire	NH	L	233	229	0	0	22	419	0	0
31. New Jersey	NJ	L	0	0	0	0	97	290	0	0
32. New Mexico	NM	L	0	0	0	0	0	0	0	0
33. New York	NY	L	1,521	2,612	0	0	987	4,232	113	0
34. North Carolina	NC	L	11,821	15,423	0	0	(26,415)	3,545	223	0
35. North Dakota	ND	L	167	162	0	0	66	263	0	0
36. Ohio	OH	L	334	1,969	0	0	10,923	16,548	0	0
37. Oklahoma	OK	L	1,271	1,269	0	0	469	2,106	0	0
38. Oregon	OR	L	0	224	0	0	(1,938)	545	0	0
39. Pennsylvania	PA	L	18,348	18,675	0	1,120,250	(250,792)	1,044,535	347	0
40. Rhode Island	RI	L	213	204	0	0	15	368	0	0
41. South Carolina	SC	L	2,650	1,534	0	0	907	1,774	70	0
42. South Dakota	SD	L	0	143	0	0	78	529	0	0
43. Tennessee	TN	L	952	1,036	0	0	290	4,175	68	0
44. Texas	TX	L	547,570	544,330	0	150,000	(43,191)	553,013	9,613	0
45. Utah	UT	L	340	326	0	0	25	619	0	0
46. Vermont	VT	L	0	27	0	0	(154)	564	0	0
47. Virginia	VA	L	35,044	43,316	0	0	(44,135)	36,150	167	0
48. Washington	WA	L	3,181	3,344	0	0	1,069	6,094	298	0
49. West Virginia	WV	L	351	340	0	0	151	519	0	0
50. Wisconsin	WI	L	711	1,606	0	0	100	3,681	22	0
51. Wyoming	WY	L	0	0	0	0	(2)	48	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Totals	XXX		948,643	954,046	0	1,520,250	(36,257)	2,377,826	13,183	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 51
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... 0
- 6. N - None of the above - Not allowed to write business in the state..... 6

(b) Explanation of basis of allocation of premiums by states, etc.

Premiums are allocated to those states where the insured risks are located.

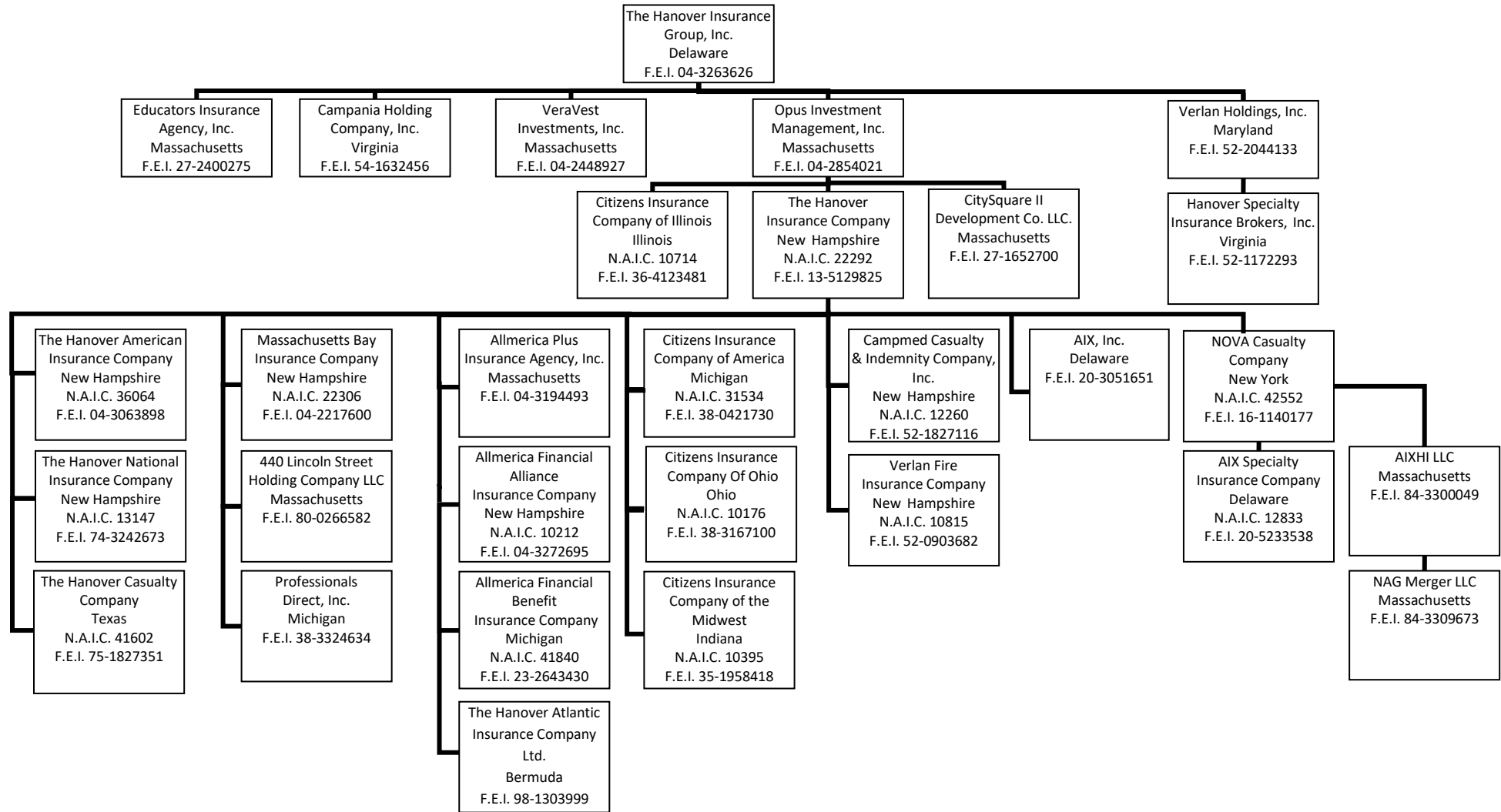
**SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

**NONE**

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



Note: All Companies are wholly-owned.

Affiliated Investment Management Company

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12833	84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	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	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10212	20-3051651				AIX, Inc.	NE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12260	04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12260	54-1632456				Allmerica Securities Trust	MA	NIA	The Hanover Insurance Group, Inc.	Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	31534	52-1827116				Campania Holding Company, Inc.	VA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10714	38-0421730				Campmed Casualty & Indemnity Co. Inc.	NH	RE	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10714	36-4123481				Citizens Insurance Company of America	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10176	38-3167100				Citizens Insurance Company of Illinois	IL	IA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10395	38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41602	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22292	98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMU	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	YES	
0088	The Hanover Insurance Group	22292	75-1827351				The Hanover Casualty Company	TX	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	13147	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	04-3263626				The Hanover Insurance Group, Inc.	DE	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	0.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	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	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	

**NONE**

Asterisk	.....
	.....

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	425,147,018
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	5,000,000	0	0	0	0		0	5,000,000	258,181,555
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	14,998,909	0	0	0	(56,932,891)		0	(41,933,982)	1,062,155,403
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(350,000)	0	0	0	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	2,000,000	62,176,786
10176	38-3167100	Citizens Insurance Co. of Ohio	(1,000,000)	0	0	0	0	0		0	(1,000,000)	8,553,921
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	16,000,000	0	0	0	0		0	16,000,000	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	0	132,647,091
22292	13-5129825	The Hanover Insurance Company	(87,150,000)	(35,998,909)	(88,738,500)	0	(112,479,809)	414,427,742		(125,000,000)	(34,939,476)	(5,303,660,199)
41602	75-1827351	The Hanover Casualty Company	(800,000)	0	0	0	0	0		0	(800,000)	99,680,531
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	(109,917,674)		0	(109,917,674)	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 Insurance Group, Inc.	100,000,000	0	98,621,536	0	(52,098,140)	0		125,000,000	271,523,396	0
13147	74-3242673	The Hanover National Insurance Company	(200,000)	0	0	0	0	0		0	(200,000)	0
10815	52-0903682	Verlan Fire Insurance Co.	(500,000)	0	0	0	0	(59,063,163)		0	(59,563,163)	113,477,189
	04-2854021	Opus Investment Management, Inc.	0	(2,000,000)	0	0	0	0		0	(2,000,000)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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

**SCHEDULE Y**

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
AIX Specialty Insurance Insurance Company .....	NOVA Casualty Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Allmerica Financial Allience Insurance Co. ....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Allmerican Financial Benefit Insurance Co. ....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Campmed Casualty & Indemnity Co. Inc. ....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Citizens Insurance Company of America .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Citizens Insurance Company of Illinois .....	Opus Investment Management, Inc. ....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Citizens Insurance Company of Ohio .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Citizens Insurance Company of the Midwest .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Massachusetts Bay Insurance Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
NOVA Casualty Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
The Hanover American Insurance Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
The Hanover Atlantic Insurance Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
The Hanover Casualty Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
The Hanover Insurance Company .....	Opus Investment Management, Inc. ....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
The Hanover National Insurance Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
Verlan Fire Insurance Company .....	The Hanover Insurance Company .....	100.000	NO	The Hanover Insurance Group, Inc. ....	The Hanover Insurance Group .....	100.000	NO
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**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.

	<u>Responses</u>
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
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.

<b>MARCH FILING</b>	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	YES
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? ...	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	NO
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
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? .....	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	YES
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	NO
<b>APRIL FILING</b>	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
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? .....	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES

**Explanations:**

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**Bar Codes:**

11. 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]



34. 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**

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments .....	6,973,059	34.664	6,973,059	0	6,973,059	34.664
1.02 All other governments .....	0	0.000	0	0	0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed .....	3,055,189	15.188	3,055,189	0	3,055,189	15.188
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....	1,531,863	7.615	1,531,863	0	1,531,863	7.615
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....	3,775,811	18.770	3,775,811	0	3,775,811	18.770
1.06 Industrial and miscellaneous .....	4,484,547	22.293	4,484,547	0	4,484,547	22.293
1.07 Hybrid securities .....	0	0.000	0	0	0	0.000
1.08 Parent, subsidiaries and affiliates .....	0	0.000	0	0	0	0.000
1.09 SVO identified funds .....	0	0.000	0	0	0	0.000
1.10 Unaffiliated bank loans .....	0	0.000	0	0	0	0.000
1.11 Unaffiliated certificates of deposit .....	0	0.000	0	0	0	0.000
1.12 Total long-term bonds .....	19,820,469	98.529	19,820,469	0	19,820,469	98.529
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....	0	0.000	0	0	0	0.000
2.02 Parent, subsidiaries and affiliates .....	0	0.000	0	0	0	0.000
2.03 Total preferred stocks .....	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) .....	0	0.000	0	0	0	0.000
3.02 Industrial and miscellaneous Other (Unaffiliated) .....	0	0.000	0	0	0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded .....	0	0.000	0	0	0	0.000
3.04 Parent, subsidiaries and affiliates Other .....	0	0.000	0	0	0	0.000
3.05 Mutual funds .....	0	0.000	0	0	0	0.000
3.06 Unit investment trusts .....	0	0.000	0	0	0	0.000
3.07 Closed-end funds .....	0	0.000	0	0	0	0.000
3.08 Exchange traded funds .....	0	0.000	0	0	0	0.000
3.09 Total common stocks .....	0	0.000	0	0	0	0.000
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages .....	0	0.000	0	0	0	0.000
4.02 Residential mortgages .....	0	0.000	0	0	0	0.000
4.03 Commercial mortgages .....	0	0.000	0	0	0	0.000
4.04 Mezzanine real estate loans .....	0	0.000	0	0	0	0.000
4.05 Total valuation allowance .....	0	0.000	0	0	0	0.000
4.06 Total mortgage loans .....	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company .....	0	0.000	0	0	0	0.000
5.02 Properties held for production of income .....	0	0.000	0	0	0	0.000
5.03 Properties held for sale .....	0	0.000	0	0	0	0.000
5.04 Total real estate .....	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1) .....	295,919	1.471	295,919	0	295,919	1.471
6.02 Cash equivalents (Schedule E, Part 2) .....	0	0.000	0	0	0	0.000
6.03 Short-term investments (Schedule DA) .....	0	0.000	0	0	0	0.000
6.04 Total cash, cash equivalents and short-term investments .....	295,919	1.471	295,919	0	295,919	1.471
7. Contract loans .....	0	0.000	0	0	0	0.000
8. Derivatives (Schedule DB) .....	0	0.000	0	0	0	0.000
9. Other invested assets (Schedule BA) .....	0	0.000	0	0	0	0.000
10. Receivables for securities .....	0	0.000	0	0	0	0.000
11. Securities Lending (Schedule DL, Part 1).....	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11) .....	0	0.000	0	0	0	0.000
13. Total invested assets	20,116,388	100.000	20,116,388	0	20,116,388	100.000

## SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year .....
2. Cost of acquired:
  - 2.1 Actual cost at time of acquisition (Part 2, Column 6) .....
  - 2.2 Additional investment made after acquisition (Part 2, Column 9) .....
3. Current year change in encumbrances:
  - 3.1 Totals, Part 1, Column 13 .....
  - 3.2 Totals, Part 3, Column 11 .....
4. Total gain (loss) on disposals, Part 3, Column 18 .....
5. Deduct amounts received on disposals, Part 3, Column 15 .....
6. Total foreign exchange change in book/adjusted carrying value:
  - 6.1 Totals, Part 1, Column 15 .....
  - 6.2 Totals, Part 3, Column 13 .....
7. Deduct current year's other than temporary impairment recognized:
  - 7.1 Totals, Part 1, Column 12 .....
  - 7.2 Totals, Part 3, Column 10 .....
8. Deduct current year's depreciation:
  - 8.1 Totals, Part 1, Column 11 .....
  - 8.2 Totals, Part 3, Column 9 .....
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....
10. Deduct total nonadmitted amounts .....
11. Statement value at end of current period (Line 9 minus Line 10) .....

**NONE**

## SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....
2. Cost of acquired:
  - 2.1 Actual cost at time of acquisition (Part 2, Column 7) .....
  - 2.2 Additional investment made after acquisition (Part 2, Column 8) .....
3. Capitalized deferred interest and other:
  - 3.1 Totals, Part 1, Column 12 .....
  - 3.2 Totals, Part 3, Column 11 .....
4. Accrual of discount .....
5. Unrealized valuation increase/(decrease):
  - 5.1 Totals, Part 1, Column 9 .....
  - 5.2 Totals, Part 3, Column 8 .....
6. Total gain (loss) on disposals, Part 3, Column 18 .....
7. Deduct amounts received on disposals, Part 3, Column 15 .....
8. Deduct amortization of premium and mortgage interest points and commitment fees .....
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:
  - 9.1 Totals, Part 1, Column 13 .....
  - 9.2 Totals, Part 3, Column 13 .....
10. Deduct current year's other than temporary impairment recognized:
  - 10.1 Totals, Part 1, Column 11 .....
  - 10.2 Totals, Part 3, Column 10 .....
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....
12. Total valuation allowance .....
13. Subtotal (Line 11 plus 12) .....
14. Deduct total nonadmitted amounts .....
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14) .....

**NONE**

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year .....	
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8) .....	
	2.2 Additional investment made after acquisition (Part 2, Column 9) .....	
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16 .....	
	3.2 Totals, Part 3, Column 12 .....	
4.	Accrual of discount .....	
5.	Unrealized valuation increase/(decrease):	
	5.1 Totals, Part 1, Column 13 .....	
	5.2 Totals, Part 3, Column 9 .....	
6.	Total gain (loss) on disposals, Part 3, Column 19 .....	
7.	Deduct amounts received on disposals, Part 3, Column 16 .....	
8.	Deduct amortization of premium and depreciation .....	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17 .....	
	9.2 Totals, Part 3, Column 14 .....	
10.	Deduct current year's other than temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15 .....	
	10.2 Totals, Part 3, Column 11 .....	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	
12.	Deduct total nonadmitted amounts .....	
13.	Statement value at end of current period (Line 11 minus Line 12) .....	

**NONE**

## SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	19,254,825
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	2,886,919
3.	Accrual of discount .....	28,958
4.	Unrealized valuation increase/(decrease):	
	4.1. Part 1, Column 12 .....	0
	4.2. Part 2, Section 1, Column 15 .....	0
	4.3. Part 2, Section 2, Column 13 .....	0
	4.4. Part 4, Column 11 .....	0
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	(350)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	2,337,114
7.	Deduct amortization of premium .....	12,769
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15 .....	0
	8.2. Part 2, Section 1, Column 19 .....	0
	8.3. Part 2, Section 2, Column 16 .....	0
	8.4. Part 4, Column 15 .....	0
9.	Deduct current year's other than temporary impairment recognized:	
	9.1. Part 1, Column 14 .....	0
	9.2. Part 2, Section 1, Column 17 .....	0
	9.3. Part 2, Section 2, Column 14 .....	0
	9.4. Part 4, Column 13 .....	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2 .....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	19,820,469
12.	Deduct total nonadmitted amounts .....	0
13.	Statement value at end of current period (Line 11 minus Line 12) .....	19,820,469

**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	6,973,059	6,371,765	6,925,378	7,018,617
	2. Canada .....	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	6,973,059	6,371,765	6,925,378	7,018,617
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	3,055,189	2,745,409	3,068,606	3,035,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	1,531,863	1,354,987	1,533,784	1,530,000
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	3,775,811	3,451,223	3,767,038	3,798,547
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States .....	4,185,984	4,075,907	4,188,204	4,200,000
	9. Canada .....	0	0	0	0
	10. Other Countries	298,563	299,032	297,732	300,000
	11. Totals	4,484,547	4,374,939	4,485,936	4,500,000
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	19,820,469	18,298,322	19,780,742	19,882,164
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....	0	0	0	
	15. Canada .....	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States .....	0	0	0	
	21. Canada .....	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	19,820,469	18,298,322	19,780,742	

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

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	227,011	3,642,633	2,781,974	237,027	84,413	XXX	6,973,059	35.2	7,551,897	39.2	6,973,059	0
1.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	227,011	3,642,633	2,781,974	237,027	84,413	XXX	6,973,059	35.2	7,551,897	39.2	6,973,059	0
<b>2. All Other Governments</b>												
2.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1	184,967	700,296	1,661,949	507,977	0	XXX	3,055,189	15.4	2,597,910	13.5	3,055,189	0
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.7 Totals	184,967	700,296	1,661,949	507,977	0	XXX	3,055,189	15.4	2,597,910	13.5	3,055,189	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1	100,000	426,436	1,005,427	0	0	XXX	1,531,863	7.7	1,243,084	6.5	1,531,863	0
4.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.7 Totals	100,000	426,436	1,005,427	0	0	XXX	1,531,863	7.7	1,243,084	6.5	1,531,863	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	44,418	1,453,724	2,208,721	65,975	2,972	XXX	3,775,811	19.1	3,664,639	19.0	3,775,811	0
5.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.7 Totals	44,418	1,453,724	2,208,721	65,975	2,972	XXX	3,775,811	19.1	3,664,639	19.0	3,775,811	0

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

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
6.1 NAIC 1	600,320	1,945,817	737,958	0	0	XXX	3,284,096	16.6	2,697,358	14.0	3,234,098	49,997
6.2 NAIC 2	299,918	900,534	0	0	0	XXX	1,200,452	6.1	1,499,937	7.8	1,100,465	99,987
6.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>6.7 Totals</b>	<b>900,238</b>	<b>2,846,351</b>	<b>737,958</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>4,484,547</b>	<b>22.6</b>	<b>4,197,295</b>	<b>21.8</b>	<b>4,334,563</b>	<b>149,984</b>
<b>7. Hybrid Securities</b>												
7.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
<b>9.7 Totals</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>10. Unaffiliated Bank Loans</b>												
10.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>10.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>11. Unaffiliated Certificates of Deposit</b>												
11.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>11.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>



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

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>12. Total Bonds Current Year</b>												
12.1 NAIC 1	(d) ..... 1,156,716	..... 8,168,907	..... 8,396,029	..... 810,980	..... 87,385	..... 0	..... 18,620,017	..... 93.9	..... XXX	..... XXX	..... 18,570,019	..... 49,997
12.2 NAIC 2	(d) ..... 299,918	..... 900,534	..... 0	..... 0	..... 0	..... 0	..... 1,200,452	..... 6.1	..... XXX	..... XXX	..... 1,100,465	..... 99,987
12.3 NAIC 3	(d) ..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... XXX	..... XXX	..... 0	..... 0
12.4 NAIC 4	(d) ..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... XXX	..... XXX	..... 0	..... 0
12.5 NAIC 5	(d) ..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... XXX	..... XXX	..... 0	..... 0
12.6 NAIC 6	(d) ..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... XXX	..... XXX	..... 0	..... 0
12.7 Totals	..... 1,456,634	..... 9,069,441	..... 8,396,029	..... 810,980	..... 87,385	..... 0	(b) ..... 19,820,469	..... 100.0	..... XXX	..... XXX	..... 19,670,484	..... 149,984
12.8 Line 12.7 as a % of Col. 7	..... 7.3	..... 45.8	..... 42.4	..... 4.1	..... 0.4	..... 0.0	..... 100.0	..... XXX	..... XXX	..... XXX	..... 99.2	..... 0.8
<b>13. Total Bonds Prior Year</b>												
13.1 NAIC 1	..... 1,980,667	..... 6,077,995	..... 7,778,389	..... 1,887,776	..... 30,061	..... 0	..... XXX	..... XXX	..... 17,754,888	..... 92.2	..... 17,704,897	..... 49,992
13.2 NAIC 2	..... 299,566	..... 1,100,694	..... 99,677	..... 0	..... 0	..... 0	..... XXX	..... XXX	..... 1,499,937	..... 7.8	..... 1,399,971	..... 99,966
13.3 NAIC 3	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... XXX	..... XXX	..... 0	..... 0.0	..... 0	..... 0
13.4 NAIC 4	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... XXX	..... XXX	..... 0	..... 0.0	..... 0	..... 0
13.5 NAIC 5	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... XXX	..... XXX	(c) ..... 0	..... 0.0	..... 0	..... 0
13.6 NAIC 6	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... XXX	..... XXX	(c) ..... 0	..... 0.0	..... 0	..... 0
13.7 Totals	..... 2,280,234	..... 7,178,689	..... 7,878,066	..... 1,887,776	..... 30,061	..... 0	..... XXX	..... XXX	(b) ..... 19,254,825	..... 100.0	..... 19,104,868	..... 149,957
13.8 Line 13.7 as a % of Col. 9	..... 11.8	..... 37.3	..... 40.9	..... 9.8	..... 0.2	..... 0.0	..... XXX	..... XXX	..... 100.0	..... XXX	..... 99.2	..... 0.8
<b>14. Total Publicly Traded Bonds</b>												
14.1 NAIC 1	..... 1,106,718	..... 8,168,907	..... 8,396,029	..... 810,980	..... 87,385	..... 0	..... 18,570,019	..... 93.7	..... 17,704,897	..... 92.0	..... 18,570,019	..... XXX
14.2 NAIC 2	..... 199,931	..... 900,534	..... 0	..... 0	..... 0	..... 0	..... 1,100,465	..... 5.6	..... 1,399,971	..... 7.3	..... 1,100,465	..... XXX
14.3 NAIC 3	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... 0	..... XXX
14.4 NAIC 4	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... 0	..... XXX
14.5 NAIC 5	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... 0	..... XXX
14.6 NAIC 6	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... 0	..... XXX
14.7 Totals	..... 1,306,650	..... 9,069,441	..... 8,396,029	..... 810,980	..... 87,385	..... 0	..... 19,670,484	..... 99.2	..... 19,104,868	..... 99.2	..... 19,670,484	..... XXX
14.8 Line 14.7 as a % of Col. 7	..... 6.6	..... 46.1	..... 42.7	..... 4.1	..... 0.4	..... 0.0	..... 100.0	..... XXX	..... XXX	..... XXX	..... 100.0	..... XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	..... 6.6	..... 45.8	..... 42.4	..... 4.1	..... 0.4	..... 0.0	..... 99.2	..... XXX	..... XXX	..... XXX	..... 99.2	..... XXX
<b>15. Total Privately Placed Bonds</b>												
15.1 NAIC 1	..... 49,997	..... 0	..... 0	..... 0	..... 0	..... 0	..... 49,997	..... 0.3	..... 49,992	..... 0.3	..... XXX	..... 49,997
15.2 NAIC 2	..... 99,987	..... 0	..... 0	..... 0	..... 0	..... 0	..... 99,987	..... 0.5	..... 99,966	..... 0.5	..... XXX	..... 99,987
15.3 NAIC 3	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... XXX	..... 0
15.4 NAIC 4	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... XXX	..... 0
15.5 NAIC 5	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... XXX	..... 0
15.6 NAIC 6	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0.0	..... 0	..... 0.0	..... XXX	..... 0
15.7 Totals	..... 149,984	..... 0	..... 0	..... 0	..... 0	..... 0	..... 149,984	..... 0.8	..... 149,957	..... 0.8	..... XXX	..... 149,984
15.8 Line 15.7 as a % of Col. 7	..... 100.0	..... 0.0	..... 0.0	..... 0.0	..... 0.0	..... 0.0	..... 100.0	..... XXX	..... XXX	..... XXX	..... XXX	..... 100.0
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	..... 0.8	..... 0.0	..... 0.0	..... 0.0	..... 0.0	..... 0.0	..... 0.8	..... XXX	..... XXX	..... XXX	..... XXX	..... 0.8

(a) Includes \$ ..... 149,984 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ ..... 0 current year of bonds with Z designations and \$ ..... 0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

(c) Includes \$ ..... 0 current year, \$ ..... 0 prior year of bonds with 5GI designations and \$ ..... 0 current year, \$ ..... 0 prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... 0 ; NAIC 2 \$ ..... 0 ; NAIC 3 \$ ..... 0 ; NAIC 4 \$ ..... 0 ; NAIC 5 \$ ..... 0 ; NAIC 6 \$ ..... 0

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

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations	174,774	3,521,071	2,617,145	0	0	XXX	6,312,990	31.9	7,016,909	36.4	6,312,990	0
1.02 Residential Mortgage-Backed Securities	52,237	121,562	164,829	237,027	84,413	XXX	660,069	3.3	534,988	2.8	660,069	0
1.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.05 Totals	227,011	3,642,633	2,781,974	237,027	84,413	XXX	6,973,059	35.2	7,551,897	39.2	6,973,059	0
<b>2. All Other Governments</b>												
2.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations	184,967	700,296	1,661,949	507,977	0	XXX	3,055,189	15.4	2,597,910	13.5	3,055,189	0
3.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.05 Totals	184,967	700,296	1,661,949	507,977	0	XXX	3,055,189	15.4	2,597,910	13.5	3,055,189	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations	100,000	426,436	1,005,427	0	0	XXX	1,531,863	7.7	1,243,084	6.5	1,531,863	0
4.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.05 Totals	100,000	426,436	1,005,427	0	0	XXX	1,531,863	7.7	1,243,084	6.5	1,531,863	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.01 Issuer Obligations	0	1,262,262	2,081,192	0	0	XXX	3,343,453	16.9	3,196,832	16.6	3,343,453	0
5.02 Residential Mortgage-Backed Securities	44,418	191,463	127,529	65,975	2,972	XXX	432,357	2.2	467,807	2.4	432,357	0
5.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.05 Totals	44,418	1,453,724	2,208,721	65,975	2,972	XXX	3,775,811	19.1	3,664,639	19.0	3,775,811	0
<b>6. Industrial and Miscellaneous</b>												
6.01 Issuer Obligations	700,050	2,846,351	737,958	0	0	XXX	4,284,359	21.6	3,996,377	20.8	4,134,375	149,984
6.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.03 Commercial Mortgage-Backed Securities	200,188	0	0	0	0	XXX	200,188	1.0	200,918	1.0	200,188	0
6.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.05 Totals	900,238	2,846,351	737,958	0	0	XXX	4,484,547	22.6	4,197,295	21.8	4,334,563	149,984
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.05 Affiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.06 Affiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.02 Unaffiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Unaffiliated Certificates of Deposit												
11.01 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
12. Total Bonds Current Year												
12.01 Issuer Obligations	1,159,791	8,756,416	8,103,670	507,977	0	XXX	18,527,855	93.5	XXX	XXX	18,377,871	149,984
12.02 Residential Mortgage-Backed Securities	96,655	313,025	292,359	303,002	87,385	XXX	1,092,426	5.5	XXX	XXX	1,092,426	0
12.03 Commercial Mortgage-Backed Securities	200,188	0	0	0	0	XXX	200,188	1.0	XXX	XXX	200,188	0
12.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.09 Totals	1,456,634	9,069,441	8,396,029	810,980	87,385	0	19,820,469	100.0	XXX	XXX	19,670,484	149,984
12.10 Line 12.09 as a % of Col. 7	7.3	45.8	42.4	4.1	0.4	0.0	100.0	XXX	XXX	XXX	99.2	0.8
13. Total Bonds Prior Year												
13.01 Issuer Obligations	2,134,478	6,590,379	7,609,701	1,716,554	0	XXX	XXX	XXX	18,051,113	93.7	17,901,155	149,957
13.02 Residential Mortgage-Backed Securities	145,755	387,391	268,365	171,222	30,061	XXX	XXX	XXX	1,002,795	5.2	1,002,795	0
13.03 Commercial Mortgage-Backed Securities	0	200,918	0	0	0	XXX	XXX	XXX	200,918	1.0	200,918	0
13.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	0	0
13.06 Affiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
13.09 Totals	2,280,234	7,178,689	7,878,066	1,887,776	30,061	0	XXX	XXX	19,254,825	100.0	19,104,868	149,957
13.10 Line 13.09 as a % of Col. 9	11.8	37.3	40.9	9.8	0.2	0.0	XXX	XXX	100.0	XXX	99.2	0.8
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	1,009,807	8,756,416	8,103,670	507,977	0	XXX	18,377,871	92.7	17,901,155	93.0	18,377,871	XXX
14.02 Residential Mortgage-Backed Securities	96,655	313,025	292,359	303,002	87,385	XXX	1,092,426	5.5	1,002,795	5.2	1,092,426	XXX
14.03 Commercial Mortgage-Backed Securities	200,188	0	0	0	0	XXX	200,188	1.0	200,918	1.0	200,188	XXX
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.09 Totals	1,306,650	9,069,441	8,396,029	810,980	87,385	0	19,670,484	99.2	19,104,868	99.2	19,670,484	XXX
14.10 Line 14.09 as a % of Col. 7	6.6	46.1	42.7	4.1	0.4	0.0	100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	6.6	45.8	42.4	4.1	0.4	0.0	99.2	XXX	XXX	XXX	99.2	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations	149,984	0	0	0	0	XXX	149,984	0.8	149,957	0.8	XXX	149,984
15.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
15.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.09 Totals	149,984	0	0	0	0	0	149,984	0.8	149,957	0.8	XXX	149,984
15.10 Line 15.09 as a % of Col. 7	100.0	0.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12	0.8	0.0	0.0	0.0	0.0	0.0	0.8	XXX	XXX	XXX	XXX	0.8

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Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	0	0	0	0
2. Cost of cash equivalents acquired .....	791,599	547,658	243,941	0
3. Accrual of discount .....	1,977	1,977	0	0
4. Unrealized valuation increase/(decrease) .....	0	0	0	0
5. Total gain (loss) on disposals .....	(1)	(1)	0	0
6. Deduct consideration received on disposals .....	793,575	549,634	243,941	0
7. Deduct amortization of premium .....	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5- 7+8-9) .....	0	0	0	0
11. Deduct total nonadmitted amounts .....	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0	0	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

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

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-2A-7	UNITED STATES TREASURY	..SD	.....	.....	1.A	193,884	..93.5938	187,188	200,000	198,255	..0	644	..0	..0	1.500	1.842	FA	1,133	3,000	10/27/2016	08/15/2026
912828-2R-0	UNITED STATES TREASURY	.....	.....	.....	1.A	249,926	..94.3125	235,781	250,000	249,973	..0	7	..0	..0	2.250	2.253	FA	2,125	5,625	09/28/2017	08/15/2027
912828-2Y-5	UNITED STATES TREASURY	.....	.....	.....	1.A	124,102	..97.9492	122,437	125,000	124,896	..0	136	..0	..0	2.125	2.238	MS	675	2,656	11/16/2017	09/30/2024
912828-3F-5	UNITED STATES TREASURY	.....	.....	.....	1.A	342,795	..94.0234	329,082	350,000	346,973	..0	736	..0	..0	2.250	2.486	MN	1,017	7,875	12/22/2017	11/15/2027
912828-3F-5	UNITED STATES TREASURY	..SD	.....	.....	1.A	196,123	..94.0234	188,047	200,000	198,375	..0	395	..0	..0	2.250	2.471	MN	581	4,500	12/22/2017	11/15/2027
912828-6X-3	UNITED STATES TREASURY	.....	.....	.....	1.A	190,930	..95.4727	190,945	200,000	194,027	..0	2,335	..0	..0	2.125	3.426	MN	372	4,250	08/31/2022	05/31/2026
912828-J2-7	UNITED STATES TREASURY	.....	.....	.....	1.A	486,543	..97.0586	485,293	500,000	497,731	..0	1,972	..0	..0	2.000	2.412	FA	3,777	10,000	12/22/2017	02/15/2025
912828-U2-4	UNITED STATES TREASURY	..SD	.....	.....	1.A	190,320	..94.5391	189,078	200,000	196,940	..0	1,014	..0	..0	2.000	2.556	MN	516	4,000	12/22/2016	11/15/2026
912828-V9-8	UNITED STATES TREASURY	.....	.....	.....	1.A	192,883	..94.9297	189,859	200,000	195,146	..0	1,460	..0	..0	2.250	3.071	FA	1,700	4,500	06/08/2022	02/15/2027
912828-X7-0	UNITED STATES TREASURY	..SD	.....	.....	1.A	47,877	..98.9531	49,477	50,000	49,878	..0	365	..0	..0	2.000	2.752	AO	170	1,000	02/27/2018	04/30/2024
91282C-AV-3	UNITED STATES TREASURY	.....	.....	.....	1.A	736,855	..82.1523	616,143	750,000	740,676	..0	1,300	..0	..0	0.875	1.063	MN	847	6,563	01/21/2021	11/15/2030
91282C-BL-4	UNITED STATES TREASURY	..SD	.....	.....	1.A	397,500	..83.4727	393,891	400,000	398,190	..0	242	..0	..0	1.125	1.191	FA	1,700	4,500	02/12/2021	02/15/2031
91282C-CB-5	UNITED STATES TREASURY	..SD	.....	.....	1.A	300,813	..85.7773	257,332	300,000	300,623	..0	(78)	..0	..0	1.625	1.595	MN	629	4,875	06/28/2021	05/15/2031
91282C-CS-8	UNITED STATES TREASURY	..SD	.....	.....	1.A	488,238	..82.7461	413,730	500,000	490,685	..0	1,143	..0	..0	1.250	1.509	FA	2,361	6,250	11/22/2021	08/15/2031
91282C-DJ-7	UNITED STATES TREASURY	.....	.....	.....	1.A	148,576	..83.0234	124,535	150,000	148,850	..0	137	..0	..0	1.375	1.479	MN	266	2,063	12/27/2021	11/15/2031
91282C-DJ-7	UNITED STATES TREASURY	..SD	.....	.....	1.A	148,576	..83.0234	124,535	150,000	148,850	..0	137	..0	..0	1.375	1.479	MN	266	2,063	12/27/2021	11/15/2031
91282C-DL-2	UNITED STATES TREASURY	..SD	.....	.....	1.A	453,867	..89.4258	402,416	450,000	452,767	..0	(541)	..0	..0	1.500	1.370	MN	590	6,750	12/16/2021	11/30/2028
91282C-DY-4	UNITED STATES TREASURY	..SD	.....	.....	1.A	198,031	..85.9727	171,945	200,000	198,365	..0	184	..0	..0	1.875	1.416	FA	1,416	3,750	07/21/2023	08/31/2029
91282C-EN-7	UNITED STATES TREASURY	..SD	.....	.....	1.A	248,438	..96.1914	240,479	250,000	248,931	..0	302	..0	..0	2.750	2.886	AO	1,171	6,875	05/13/2022	04/30/2027
91282C-FE-6	UNITED STATES TREASURY	.....	.....	.....	1.A	198,492	..98.0078	196,016	200,000	199,159	..0	497	..0	..0	3.125	3.394	FA	2,361	6,250	08/24/2022	08/15/2025
91282C-FJ-5	UNITED STATES TREASURY	.....	.....	.....	1.A	190,281	..96.0430	192,086	200,000	190,907	..0	626	..0	..0	3.125	4.032	FA	3,125	3,125	07/21/2023	08/31/2029
91282C-GC-9	UNITED STATES TREASURY	.....	.....	.....	1.A	198,727	..99.8359	199,672	200,000	198,943	..0	217	..0	..0	3.875	4.019	JD	3,896	3,875	02/14/2023	12/31/2027
91282C-GH-8	UNITED STATES TREASURY	.....	.....	.....	1.A	194,109	..98.4219	196,844	200,000	195,050	..0	940	..0	..0	3.500	4.166	JJ	2,929	3,500	02/21/2023	01/31/2028
91282C-HE-4	UNITED STATES TREASURY	.....	.....	.....	1.A	148,658	..98.9414	148,412	150,000	148,800	..0	142	..0	..0	3.625	3.824	MN	475	2,719	06/05/2023	05/31/2028
0019999999	Subtotal - Bonds - U.S. Governments - Issuer Obligations					6,266,544	XXX	5,785,222	6,375,000	6,312,990	0	14,310	0	0	XXX	XXX	XXX	33,087	110,563	XXX	XXX
36179V-HF-0	G2 MA6530 - RMBS	.....	.....	4	1.A	11,803	..85.9280	10,132	11,792	11,874	..0	9	..0	..0	2.500	2.408	MON	25	295	03/12/2020	03/20/2050
36179V-ZQ-6	G2 MA7051 - RMBS	.....	.....	4	1.A	143,531	..84.6744	116,510	137,598	143,903	..0	226	..0	..0	2.000	1.455	MON	229	2,752	12/17/2020	12/20/2050
36179W-BY-3	G2 MA7255 - RMBS	.....	.....	4	1.A	206,363	..87.4511	173,872	198,822	207,322	..0	315	..0	..0	2.500	1.957	MON	414	4,971	05/25/2021	03/20/2051
36179W-NE-4	G2 MA7589 - RMBS	.....	.....	4	1.A	84,029	..87.4515	71,048	81,243	83,996	..0	52	..0	..0	2.500	2.078	MON	169	2,031	09/23/2021	09/20/2051
38380T-PZ-3	GNR 2016-173 CT - CMO/RMBS	.....	.....	4	1.A	14,327	..98.8111	13,995	14,163	14,170	..0	(27)	..0	..0	3.000	2.483	MON	35	425	12/18/2019	10/20/2045
38384A-GU-1	GNR 2023-065 HL - CMO/RMBS	.....	.....	4	1.A	198,781	..100.4933	200,987	200,000	198,803	..0	22	..0	..0	5.000	5.087	MON	833	5,833	05/11/2023	01/20/2053
0029999999	Subtotal - Bonds - U.S. Governments - Residential Mortgage-Backed Securities					658,834	XXX	586,543	643,617	660,069	0	596	0	0	XXX	XXX	XXX	1,706	16,307	XXX	XXX
0109999999	Total - U.S. Government Bonds					6,925,378	XXX	6,371,765	7,018,617	6,973,059	0	14,906	0	0	XXX	XXX	XXX	34,793	126,869	XXX	XXX
0309999999	Total - All Other Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
130630-3Q-9	CALIFORNIA ST	.....	.....	1	1.C FE	211,294	..107.9150	215,830	200,000	210,184	..0	(1,110)	..0	..0	6.000	5.029	MS	4,000	5,533	03/09/2023	03/01/2030
20772K-TM-1	CONNECTICUT ST	.....	.....	1	1.D FE	100,000	..101.3660	101,366	100,000	100,000	..0	0	..0	..0	4.657	4.658	MN	595	1,850	06/01/2023	05/15/2030
373385-CB-7	GEORGIA ST	..SD	.....	1,2	1.A FE	318,311	..89.1900	267,570	300,000	307,977	..0	(2,463)	..0	..0	3.300	2.400	FA	4,125	9,900	08/14/2019	02/01/2037
373385-FX-6	GEORGIA ST	.....	.....	1,2	1.A FE	50,419	..78.8370	39,419	50,000	50,283	..0	(41)	..0	..0	1.350	1.260	FA	281	675	08/19/2020	08/01/2032
373385-FZ-6	GEORGIA ST	..SD	.....	1,2	1.A FE	252,093	..78.8370	197,093	250,000	251,417	..0	(205)	..0	..0	1.350	1.260	FA	1,406	3,375	08/19/2020	08/01/2032
419792-M5-2	HAWAII ST	.....	.....	1	1.C FE	100,000	..102.3710	102,371	100,000	100,000	..0	0	..0	..0	4.806	4.807	AO	160	0	12/07/2023	10/01/2030
605581-MH-7	MISSISSIPPI ST	.....	.....	1	1.C FE	40,000	..91.4550	36,582	40,000	40,000	..0	0	..0	..0	2.215	2.214	AO	222	886	09/27/2019	10/01/2028
605581-MH-7	MISSISSIPPI ST	..SD	.....	1	1.C FE	160,000	..91.4550	146,328	160,000	160,000	..0	0	..0	..0	2.215	2.214	AO	886	3,544	09/27/2019	10/01/2028
649791-PY-0	NEW YORK ST	..SD	.....	1,2	1.B FE	200,108	..87.7240	175,448	200,000	200,064	..0	(11)	..0	..0	2.900	2.893	FA	2,191	5,800	10/29/2019	02/15/2033
677522-4J-0	OHIO ST	.....	.....	1	1.A FE	50,000	..82.9980	41,499	50,000	50,000	..0	0	..0	..0	1.730	1.730	FA	360	865	06/18/2020	08/01/2031

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

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest				Dates			
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date	
677522-4J-0	OHIO ST	SD		1	1.A FE	200,000	82.9980	165,996	200,000	200,000	0	0	0	0	1.730	1.730	FA	1,442	3,460	06/18/2020	08/01/2031	
677522-SR-6	OHIO ST			1	1.A FE	149,508	98.0200	147,030	150,000	149,923	0	90	0	0	2.450	2.513	MN	613	3,675	03/28/2019	11/01/2024	
68609T-7H-5	OREGON	SD		1	1.B FE	200,000	96.9980	193,996	200,000	200,000	0	0	0	0	3.492	3.492	MN	1,164	6,984	05/11/2022	05/01/2028	
68609T-WH-7	OREGON	SD		1	1.B FE	100,000	87.2510	87,251	100,000	100,000	0	0	0	0	1.572	1.572	MN	262	1,572	06/10/2020	05/01/2029	
762223-PZ-2	RHODE ISLAND ST			1	1.C FE	100,000	102.6320	102,632	100,000	100,000	0	0	0	0	5.199	5.197	JD	852	0	10/25/2023	12/01/2026	
76222R-YC-0	RHODE ISLAND ST			1	1.C FE	35,620	99.2820	34,749	35,000	35,044	0	(129)	0	0	3.000	2.620	MN	175	1,050	04/17/2019	05/01/2024	
76222R-YD-8	RHODE ISLAND ST			1	1.C FE	66,255	97.7670	63,549	65,000	65,296	0	(215)	0	0	3.000	2.650	MN	325	1,950	04/17/2019	05/01/2025	
880541-XZ-5	TENNESSEE ST	SD		1,2	1.A FE	100,000	93.5240	93,524	100,000	100,000	0	0	0	0	2.166	2.166	FA	903	2,166	07/27/2016	08/01/2027	
882724-QN-0	TEXAS ST	SD		2	1.A FE	175,000	86.8520	151,991	175,000	175,000	0	0	0	0	2.964	2.964	AO	1,297	5,187	11/14/2019	04/01/2034	
882724-QN-0	TEXAS ST			2	1.A FE	25,000	86.8520	21,713	25,000	25,000	0	0	0	0	2.964	2.964	AO	185	741	11/14/2019	04/01/2034	
882724-RC-3	TEXAS ST				1.A FE	35,000	93.2580	32,640	35,000	35,000	0	0	0	0	2.182	2.182	AO	191	764	04/08/2020	10/01/2027	
97705M-SC-0	WISCONSIN ST	SD		1,2	1.B FE	50,000	81.0260	40,513	50,000	50,000	0	0	0	0	1.736	1.736	MN	145	868	06/25/2020	05/01/2032	
97705M-SC-0	WISCONSIN ST	SD		1,2	1.B FE	150,000	81.0260	121,539	150,000	150,000	0	0	0	0	1.736	1.736	MN	434	2,604	06/25/2020	05/01/2032	
97705M-ZE-8	WISCONSIN ST	SD		2	1.B FE	95,000	79.6680	75,685	95,000	95,000	0	0	0	0	2.531	2.531	MN	401	2,404	10/02/2019	05/01/2033	
97705M-ZN-8	WISCONSIN ST	SD			1.B FE	105,000	84.8540	89,097	105,000	105,000	0	0	0	0	2.531	2.531	MN	443	2,658	10/02/2019	05/01/2033	
0419999999	Subtotal - Bonds - U.S. States, Territories and Possessions - Issuer Obligations					3,068,606	XXX	2,745,409	3,035,000	3,055,189	0	(4,085)	0	0	XXX	XXX	XXX		23,057	68,511	XXX	XXX
0509999999	Total - U.S. States, Territories and Possessions Bonds					3,068,606	XXX	2,745,409	3,035,000	3,055,189	0	(4,085)	0	0	XXX	XXX	XXX		23,057	68,511	XXX	XXX
033162-JF-6	ANCHORAGE ALASKA	SD		1	1.C FE	89,157	89.1880	89,188	100,000	90,481	0	1,324	0	0	1.896	4.163	MS	632	948	04/06/2023	09/01/2028	
100853-D6-4	BOSTON MASS	SD		1	1.A FE	200,000	77.0160	154,032	200,000	200,000	0	0	0	0	1.638	1.638	MN	546	3,276	12/10/2020	11/01/2033	
137087-PB-2	CANAL WINCHESTER OHIO LOC SCH DIST				1.D FE	100,000	98.2110	98,211	100,000	100,000	0	0	0	0	2.782	2.782	JD	232	2,782	03/02/2016	12/01/2024	
212204-JP-7	CONTRA COSTA CALIF CMNTY COLLEGE DIST			1,2	1.B FE	10,000	84.4820	8,448	10,000	10,000	0	0	0	0	2.563	2.563	FA	107	256	08/29/2019	08/01/2033	
212204-JP-7	CONTRA COSTA CALIF CMNTY COLLEGE DIST	SD		1,2	1.B FE	190,000	84.4820	160,516	190,000	190,000	0	0	0	0	2.563	2.563	FA	2,029	4,870	08/29/2019	08/01/2033	
54438C-YQ-9	LOS ANGELES CALIF CMNTY COLLEGE DIST	SD		1,2	1.B FE	157,499	81.8470	122,771	150,000	155,287	0	(751)	0	0	2.336	1.767	FA	1,460	3,504	12/28/2020	08/01/2033	
649660-7H-7	NEW YORK N Y			1	1.C FE	100,000	101.0210	101,021	100,000	100,000	0	0	0	0	5.366	5.367	AO	1,178	0	10/05/2023	10/01/2025	
758449-SC-7	REEDY CREEK IMPT DIST FLA			1	1.D FE	100,205	84.8940	84,894	100,000	100,140	0	(17)	0	0	2.297	2.276	JD	191	2,297	02/12/2020	06/01/2031	
869257-PL-3	SUSSEX CNTY DEL	SD		2	1.A FE	50,000	78.4340	39,217	50,000	50,000	0	0	0	0	1.674	1.674	MS	246	837	09/24/2020	03/15/2033	
869257-PL-3	SUSSEX CNTY DEL			2	1.A FE	200,000	78.4340	156,868	200,000	200,000	0	0	0	0	1.674	1.674	MS	986	3,348	09/24/2020	03/15/2033	
880541-K8-9	TENNESSEE ST			1	1.A FE	100,000	102.1670	102,167	100,000	100,000	0	0	0	0	4.640	4.638	MN	1,560	0	08/16/2023	05/01/2030	
95736V-FA-5	WESTCHESTER CNTY N Y				1.B FE	236,923	103.3280	237,654	230,000	235,955	0	(935)	0	0	5.600	4.412	JD	511	11,500	12/15/2022	05/01/2028	
0619999999	Subtotal - Bonds - U.S. Political Subdivisions - Issuer Obligations					1,533,784	XXX	1,354,987	1,530,000	1,531,863	0	(378)	0	0	XXX	XXX	XXX		9,678	33,618	XXX	XXX
0709999999	Total - U.S. Political Subdivisions Bonds					1,533,784	XXX	1,354,987	1,530,000	1,531,863	0	(378)	0	0	XXX	XXX	XXX		9,678	33,618	XXX	XXX
052414-RX-9	AUSTIN TEX ELEC UTIL SYS REV	SD		1	1.D FE	150,000	91.2480	136,872	150,000	150,000	0	0	0	0	3.087	3.087	MN	592	4,631	05/23/2019	11/15/2031	
052414-RX-9	AUSTIN TEX ELEC UTIL SYS REV			1	1.D FE	25,000	91.2480	22,812	25,000	25,000	0	0	0	0	3.087	3.087	MN	99	772	05/23/2019	11/15/2031	
052414-TD-1	AUSTIN TEX ELEC UTIL SYS REV			1,2	1.D FE	65,000	90.2940	58,691	65,000	65,000	0	0	0	0	2.685	2.685	MN	223	1,745	07/31/2019	11/15/2030	
059231-X8-8	BALTIMORE MD REV	SD		1	1.E FE	200,000	84.3100	168,620	200,000	200,000	0	0	0	0	1.775	1.775	JJ	1,775	3,550	11/19/2020	07/01/2030	
072024-WS-7	BAY AREA TOLL AUTH CALIF TOLL BRDG REV			1	1.C FE	50,000	91.4320	45,716	50,000	50,000	0	0	0	0	2.574	2.574	AO	322	1,287	09/20/2019	04/01/2031	
072024-WS-7	BAY AREA TOLL AUTH CALIF TOLL BRDG REV	SD		1	1.C FE	100,000	91.4320	91,432	100,000	100,000	0	0	0	0	2.574	2.574	AO	644	2,574	09/20/2019	04/01/2031	
20775C-W6-7	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN				1.A FE	40,000	92.1830	36,873	40,000	40,000	0	0	0	0	3.600	3.600	MN	184	1,440	04/24/2019	11/15/2030	
20775C-Y6-5	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN				1.A FE	100,000	89.1360	89,136	100,000	100,000	0	0	0	0	3.200	3.200	MN	409	3,200	07/17/2019	05/15/2031	
25477G-UJ-9	DISTRICT COLUMBIA INCOME TAX REV			1	1.B FE	150,000	97.2050	145,808	150,000	150,000	0	0	0	0	3.499	3.499	JJ	2,624	4,869	07/13/2022	07/01/2027	
38611T-DC-8	GRAND PARKWAY TRANSP CORP TEX SYS TOLL R	SD		1,2	1.C FE	100,000	86.4910	86,491	100,000	100,000	0	0	0	0	2.225	2.225	AO	556	2,225	02/12/2020	10/01/2030	
438701-Y9-9	HONOLULU HAWAII CITY & CNTY WASTEWR SYS			1	1.C FE	174,382	89.1810	178,362	200,000	181,629	0	4,816	0	0	0.998	3.827	JJ	998	1,998	06/22/2022	07/01/2027	
451174-AD-8	IDAHO ENERGY RES AUTH TRANSMISSION FACS			1	1.C FE	100,000	93.8010	93,801	100,000	100,000	0	0	0	0	2.952	2.952	MS	984	2,952	09/12/2017	09/01/2028	
47770V-AY-6	JOBSCHIO BEVERAGE SYS OHIO STATEWIDE LIQ			1	1.D FE	105,548	98.6250	98,625	100,000	103,072	0	(556)	0	0	3.985	3.313	JJ	1,993	3,985	04/03/2019	01/01/2029	

E10.1



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

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
495290-DT-2	KING CNTY WASH SHR REV	1			1.B FE	200,000	.84 5000	169,000	200,000	200,000	.0	.0	.0	.0	1.591	1.591	JJ	1,591	3,182	07/28/2021	07/01/2030
546475-TT-1	LOUISIANA ST GAS & FUELS TAX REV	1			1.D FE	150,000	.85 2640	127,896	150,000	150,000	.0	.0	.0	.0	1.748	1.748	MM	437	2,622	08/21/2020	05/01/2030
574297-DZ-7	MARYLAND ST STAD AUTH SPORTS FACLS LEASE	SD			1.B FE	25,000	.94 5980	23,650	25,000	25,000	.0	.0	.0	.0	3.181	3.181	MS	265	795	05/08/2019	03/01/2029
59447T-XS-7	MICHIGAN FIN AUTH REV	1			1.D FE	100,000	.93 3000	93,300	100,000	100,000	.0	.0	.0	.0	2.734	2.734	JD	228	2,734	12/05/2019	12/01/2027
594698-TB-8	MICHIGAN ST STRATEGIC FD LTD OBLIG REV	SD			1.C FE	200,000	.90 3420	180,684	200,000	200,000	.0	.0	.0	.0	2.770	2.769	AO	1,170	5,540	03/03/2022	10/15/2029
61212L-TA-7	MONTANA ST BRD REGENTS HIGHER ED REV	1			1.D FE	75,286	.87 5310	65,648	75,000	75,200	.0	(57)	.0	.0	1.521	1.464	MM	146	1,569	09/22/2021	11/15/2028
61212L-TA-7	MONTANA ST BRD REGENTS HIGHER ED REV	SD			1.D FE	225,857	.87 5310	196,945	225,000	225,602	.0	(99)	.0	.0	1.521	1.464	MM	437	2,994	09/22/2021	11/15/2028
64990F-S9-6	NEW YORK STATE DORMITORY AUTHORITY	2			1.B FE	236,260	.93 7470	234,368	250,000	239,830	.0	2,243	.0	.0	2.657	3.731	FA	2,509	6,643	05/19/2022	02/15/2028
68607V-AP-7	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE	1			1.A FE	175,000	.98 9230	173,115	175,000	175,000	.0	.0	.0	.0	4.171	4.172	AO	1,825	2,879	04/26/2023	04/01/2030
68607V-Z9-9	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE	1			1.C FE	15,000	.96 3310	14,450	15,000	15,000	.0	.0	.0	.0	2.715	2.715	AO	102	407	03/28/2019	04/01/2026
79771F-FJ-1	SAN FRANCISCO CALIF CITY & CNTY PUB UTIL	SD			1.D FE	200,000	.87 7390	175,478	200,000	200,000	.0	.0	.0	.0	2.803	2.803	MM	934	5,606	12/13/2019	11/01/2031
80168A-CA-3	SANTA CLARA VY CALIF WTR DIST WTR SYS RE	1			1.B FE	25,000	.96 2690	24,067	25,000	25,000	.0	.0	.0	.0	2.852	2.852	JD	59	713	04/10/2019	06/01/2026
80168A-CC-9	SANTA CLARA VY CALIF WTR DIST WTR SYS RE	1			1.B FE	50,000	.95 2380	47,619	50,000	50,000	.0	.0	.0	.0	3.114	3.114	JD	130	1,557	04/10/2019	06/01/2028
91412G-XB-6	UNIVERSITY CALIF REVS	1			1.C FE	100,000	.97 7780	97,778	100,000	100,000	.0	.0	.0	.0	3.159	3.158	MM	404	3,159	03/13/2015	05/15/2025
91412H-GG-2	UNIVERSITY CALIF REVS	1,2			1.C FE	97,418	.84 5350	84,535	100,000	98,120	.0	275	.0	.0	1.614	1.929	MM	206	1,614	05/26/2021	05/15/2030
91417K-3C-3	UNIVERSITY COLO ENTERPRISE SYS REV	SD			1.B FE	100,000	.89 2410	89,241	100,000	100,000	.0	.0	.0	.0	2.756	2.756	JD	230	2,756	07/10/2019	06/01/2031
0819999999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					3,334,751	XXX	3,051,012	3,370,000	3,343,453	0	6,621	0	0	XXX	XXX	XXX	22,074	79,996	XXX	XXX
3128PY-YP-3	FH J18818 - RMBS				1.A	17,193	.96 6762	16,269	16,828	16,921	.0	(29)	.0	.0	2.500	2.001	MON	35	421	04/26/2012	04/01/2027
3132IM-NJ-9	FH Q47592 - RMBS				1.A	48,221	.93 4528	43,958	47,038	49,353	.0	83	.0	.0	3.500	2.861	MON	137	1,646	04/10/2017	04/01/2047
31335A-BE-7	FH G60037 - RMBS				1.A	87,010	.92 0355	82,371	89,499	86,810	.0	31	.0	.0	3.000	3.508	MON	224	2,685	08/08/2018	10/01/2043
31335A-U3-0	FH G60602 - RMBS				1.A	45,319	.94 6756	40,639	42,924	46,267	.0	149	.0	.0	3.500	2.326	MON	125	1,502	07/26/2016	11/01/2043
3136AA-EK-7	FNR 2012-129 TD - CMO/RMBS				1.A	18,511	.87 8115	16,113	18,349	18,577	.0	.8	.0	.0	2.000	1.763	MON	31	367	03/26/2013	05/25/2040
3136AA-XU-4	FNR 2012-133 EB - CMO/RMBS				1.A	202,250	.94 0734	188,147	200,000	200,685	.0	(230)	.0	.0	3.000	2.866	MON	500	6,000	09/01/2017	12/25/2032
3136AH-H9-4	FNR 2013-130 A - CMO/RMBS				1.A	13,782	.91 4156	12,714	13,908	13,745	.0	(7)	.0	.0	3.000	3.187	MON	35	417	01/09/2014	01/25/2044
0829999999	Subtotal - Bonds - U.S. Special Revenues - Residential Mortgage-Backed Securities					432,287	XXX	400,211	428,547	432,357	0	5	0	0	XXX	XXX	XXX	1,087	13,039	XXX	XXX
0909999999	Total - U.S. Special Revenues Bonds					3,767,038	XXX	3,451,223	3,798,547	3,775,811	0	6,627	0	0	XXX	XXX	XXX	23,161	93,035	XXX	XXX
00185A-AF-1	AON PLC	C			1,2	99,239	.98 9992	98,999	100,000	99,959	.0	88	.0	.0	3.500	3.592	JD	165	3,500	08/12/2014	06/14/2024
025816-CP-2	AMERICAN EXPRESS CO	2			1.F FE	100,926	.95 6267	95,627	100,000	100,348	.0	(99)	.0	.0	3.300	3.187	MM	532	3,300	07/18/2017	05/03/2027
035240-AQ-3	ANHEUSER-BUSCH INBEV WORLDWIDE INC	1,2			1.G FE	97,823	.91 5541	101,554	100,000	97,923	.0	100	.0	.0	4.750	5.222	JJ	205	.0	09/22/2023	01/23/2029
04636N-AF-0	ASTRAZENECA FINANCE LLC	1,2			1.F FE	198,420	.91 9520	203,904	200,000	198,655	.0	235	.0	.0	4.875	5.056	MS	3,196	4,875	03/02/2023	03/03/2028
05348E-AV-1	AVALONBAY COMMUNITIES INC	1,2			1.G FE	105,352	.97 8682	97,868	100,000	100,807	.0	(667)	.0	.0	3.450	2.747	JD	288	3,450	07/22/2016	06/01/2025
053611-AJ-8	AVERY DENNISON CORP	1,2			2.B FE	99,500	.91 3455	101,345	100,000	99,725	.0	48	.0	.0	4.875	4.938	JD	339	4,875	11/29/2018	12/06/2028
06406H-CS-6	BANK OF NEW YORK MELLON CORP	SD			1.F FE	99,635	.99 7923	99,792	100,000	99,996	.0	43	.0	.0	3.650	3.694	FA	1,490	3,650	01/28/2014	02/04/2024
072863-AB-9	BAYLOR SCOTT & WHITE HOLDINGS	1,2			1.D FE	100,000	.96 6226	96,623	100,000	100,000	.0	.0	.0	.0	3.095	3.094	MM	395	3,095	04/16/2015	11/15/2025
125896-BP-4	CMS ENERGY CORP	SD			2.B FE	199,866	.97 0719	194,144	200,000	199,866	.0	68	.0	.0	3.600	3.637	MM	920	7,200	11/04/2015	11/15/2025
202740-KB-4	COMMONWEALTH BANK OF AUSTRALIA	C			1.D FE	49,971	.99 0714	49,536	50,000	49,997	.0	6	.0	.0	3.350	3.362	JD	126	1,675	02/25/2019	06/04/2024
224044-CH-8	COX COMMUNICATIONS INC	1,2			2.B FE	99,862	.98 3211	98,321	100,000	99,987	.0	21	.0	.0	3.150	3.172	FA	1,190	3,150	07/24/2017	08/15/2024
22822V-AG-6	CROWN CASTLE INC	1,2			2.B FE	99,721	.98 3538	98,354	100,000	99,972	.0	41	.0	.0	3.200	3.243	MS	1,967	3,200	07/25/2017	09/01/2024
24422E-XD-6	JOHN DEERE CAPITAL CORP				1.F FE	199,858	.91 8011	203,602	200,000	199,872	.0	14	.0	.0	5.150	5.176	MS	3,233	.0	09/05/2023	09/08/2026
26443C-AH-6	DUKE UNIVERSITY HEALTH SYSTEM INC	SD			1.D FE	100,000	.88 3654	88,365	100,000	100,000	.0	.0	.0	.0	2.552	2.552	JD	213	2,552	01/08/2020	06/01/2029
278265-AE-3	MORGAN STANLEY	1,2			1.G FE	99,632	.95 8333	95,833	100,000	99,867	.0	38	.0	.0	3.500	3.543	AO	826	3,500	04/03/2017	04/06/2027
29736R-AR-1	ESTEE LAUDER COMPANIES INC	1,2			1.F FE	198,680	.83 7584	167,517	200,000	199,026	.0	124	.0	.0	1.950	2.023	MS	1,148	3,900	03/01/2021	03/15/2031
30040W-AB-4	EVERSOURCE ENERGY	1,2			2.A FE	4,985	.96 1211	4,806	5,000	4,996	.0	.2	.0	.0	3.350	3.386	MS	49	168	03/07/2016	03/15/2026
30040W-AB-4	EVERSOURCE ENERGY	SD			2.A FE	194,407	.96 1211	187,436	195,000	194,855	.0	62	.0	.0	3.350	3.385	MS	1,923	6,533	03/07/2016	03/15/2026

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

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
31428X-BF-2	FEDEX CORP			1,2	2.B FE	99,796	.96 6276	96,628	100,000	99,950	0	21	0	0	3.250	3.273	AO	813	3,250	03/21/2016	04/01/2026
46625H-KC-3	JPMORGAN CHASE & CO	..SD.		2	1.F FE	199,308	.97 8973	195,795	200,000	199,916	0	77	0	0	3.125	3.166	JJ	2,743	6,250	03/27/2015	01/23/2025
494368-BU-6	KIMBERLY-CLARK CORP			1	1.F FE	18,870	.96 6375	19,328	20,000	19,646	0	158	0	0	2.750	3.624	FA	208	550	09/07/2018	02/15/2026
494368-BU-6	KIMBERLY-CLARK CORP	..SD.		1	1.F FE	28,305	.96 6375	28,991	30,000	29,469	0	236	0	0	2.750	3.624	FA	312	825	09/07/2018	02/15/2026
524901-AT-2	LEGG MASON INC	..SD.		1	1.F FE	101,552	.99 1427	99,143	100,000	100,131	0	(237)	0	0	3.950	3.702	JJ	1,821	3,950	04/26/2017	07/15/2024
58933Y-AX-3	MERCK & CO INC			1,2	1.E FE	91,530	.96 0615	96,062	100,000	91,869	0	339	0	0	3.400	5.211	MS	1,077	0	09/29/2023	03/07/2029
58156R-BH-0	METLIFE INC	..SD.		1	1.G FE	100,234	.99 4395	99,440	100,000	100,008	0	(28)	0	0	3.600	3.571	AO	810	3,600	04/08/2014	04/10/2024
594918-BY-9	MICROSOFT CORP			1,2	1.A FE	99,645	.97 3927	97,393	100,000	99,877	0	37	0	0	3.300	3.342	FA	1,329	3,300	01/31/2017	02/06/2027
606822-BD-5	MITSUBISHI UFJ FINANCIAL GROUP INC	C		1	1.G FE	50,000	.99 5868	49,793	50,000	50,000	0	0	0	0	3.407	3.406	MS	539	1,704	02/26/2019	03/07/2024
61746B-EF-9	MORGAN STANLEY			1	1.G FE	95,277	.96 9487	96,949	100,000	98,023	0	594	0	0	3.625	4.324	JJ	1,621	3,625	12/20/2018	01/20/2027
716973-AD-4	PFIZER INVESTMENT ENTERPRISES PTE LTD	C		1,2	1.F FE	98,522	100.7039	100,704	100,000	98,607	0	85	0	0	4.650	4.907	MM	543	2,325	07/27/2023	05/19/2030
74460D-AC-3	PUBLIC STORAGE OPERATING CO			1,2	1.F FE	100,000	.95 1622	95,162	100,000	100,000	0	0	0	0	3.094	3.094	MS	911	3,094	09/13/2017	09/15/2027
747525-AF-0	QUALCOMM INC			1,2	1.F FE	97,043	.98 1811	98,181	100,000	99,349	0	449	0	0	3.450	3.938	MM	393	3,450	05/30/2018	05/20/2025
808513-BW-4	CHARLES SCHWAB CORP			1,2	1.F FE	101,598	.95 1411	95,141	100,000	100,567	0	(177)	0	0	3.300	3.101	AO	825	3,300	08/21/2017	04/01/2027
824348-BF-2	SHERWIN-WILLIAMS CO	..SD.		1,2	2.B FE	199,269	.98 0449	196,090	200,000	199,803	0	91	0	0	3.950	4.001	JJ	3,643	7,900	08/09/2017	01/15/2026
85440K-AB-0	LELAND STANFORD JUNIOR UNIVERSITY			1,2	1.A FE	150,958	.93 5656	140,348	150,000	150,533	0	(95)	0	0	3.089	3.013	MM	772	4,634	03/22/2019	05/01/2029
89236T-KX-2	TOYOTA MOTOR CREDIT CORP			1,2	1.E FE	199,758	101.1969	202,394	200,000	199,787	0	29	0	0	5.000	5.044	FA	3,806	0	08/09/2023	08/14/2026
904764-BB-2	UNILEVER CAPITAL CORP	..SD.		1,2	1.E FE	98,308	.98 3068	98,307	100,000	99,671	0	259	0	0	3.375	3.653	MS	928	3,375	04/25/2018	03/22/2025
91153H-HM-5	US BANCORP			2	1.G FE	99,855	.95 8276	95,828	100,000	99,963	0	15	0	0	3.100	3.116	AO	551	3,100	04/26/2016	04/27/2026
96145D-AD-7	WRKCO INC			1,2	2.B FE	102,741	.94 3715	94,371	100,000	101,339	0	(361)	0	0	3.375	2.965	MS	994	3,525	12/10/2019	09/15/2027
1019999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					4,279,946	XXX	4,179,673	4,300,000	4,284,359	0	1,615	0	0	XXX	XXX	XXX	43,823	120,378	XXX	XXX
92939H-AY-1	WFRBS 2014-C23 A5 - CMBS			4	1.A	205,990	.97 6331	195,266	200,000	200,188	0	(730)	0	0	3.917	3.566	MON	653	7,834	09/18/2014	10/17/2057
1039999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities					205,990	XXX	195,266	200,000	200,188	0	(730)	0	0	XXX	XXX	XXX	653	7,834	XXX	XXX
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					4,485,936	XXX	4,374,939	4,500,000	4,484,547	0	885	0	0	XXX	XXX	XXX	44,476	128,212	XXX	XXX
1309999999	Total - Hybrid Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1909999999	Subtotal - Bonds - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2419999999	Total - Issuer Obligations					18,483,630	XXX	17,116,302	18,610,000	18,527,855	0	18,083	0	0	XXX	XXX	XXX	131,718	413,066	XXX	XXX
2429999999	Total - Residential Mortgage-Backed Securities					1,091,121	XXX	986,754	1,072,164	1,092,426	0	601	0	0	XXX	XXX	XXX	2,793	29,345	XXX	XXX
2439999999	Total - Commercial Mortgage-Backed Securities					205,990	XXX	195,266	200,000	200,188	0	(730)	0	0	XXX	XXX	XXX	653	7,834	XXX	XXX
2449999999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2459999999	Total - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2469999999	Total - Affiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2479999999	Total - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2489999999	Total - Unaffiliated Certificates of Deposit					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2509999999	Total Bonds					19,780,742	XXX	18,298,322	19,882,164	19,820,469	0	17,954	0	0	XXX	XXX	XXX	135,164	450,245	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ .....10,065,615 1B ..\$ .....2,281,137 1C ..\$ .....1,845,755 1D ..\$ .....1,644,011 1E ..\$ .....591,326 1F ..\$ .....1,545,581 1G ..\$ .....646,592  
 1B 2A ..\$ .....299,810 2B ..\$ .....900,641 2C ..\$ .....0  
 1C 3A ..\$ .....0 3B ..\$ .....0 3C ..\$ .....0

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

Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

Line Number	1A	1A ..\$ .....	10,065,615	1B ..\$ .....	2,281,137	1C ..\$ .....	1,845,755	1D ..\$ .....	1,644,011	1E ..\$ .....	591,326	1F ..\$ .....	1,545,581	1G ..\$ .....	646,592
	1B	2A ..\$ .....	299,810	2B ..\$ .....	900,641	2C ..\$ .....	0								
	1C	3A ..\$ .....	0	3B ..\$ .....	0	3C ..\$ .....	0								
	1D	4A ..\$ .....	0	4B ..\$ .....	0	4C ..\$ .....	0								
	1E	5A ..\$ .....	0	5B ..\$ .....	0	5C ..\$ .....	0								
	1F	6 ..\$ .....	0												

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

**N O N E**

Schedule D - Part 2 - Section 2 - Common Stocks Owned

**N O N E**

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

**SCHEDULE D - PART 3**

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
38384A-GU-1	GNR 2023-065 HL - CMO/RMBS		05/11/2023	PPS		198,781	200,000	806
91282C-FJ-5	UNITED STATES TREASURY		07/21/2023	Citigroup		190,281	200,000	2,497
91282C-GC-9	UNITED STATES TREASURY		02/14/2023	WELLS FARGO SECURITIES LLC		198,727	200,000	1,006
91282C-GH-8	UNITED STATES TREASURY		02/21/2023	Citigroup		194,109	200,000	445
91282C-HE-4	UNITED STATES TREASURY		06/05/2023	GOLDMAN		148,658	150,000	104
0109999999	Subtotal - Bonds - U.S. Governments					930,557	950,000	4,857
13063D-3Q-9	CALIFORNIA ST		03/09/2023	WELLS FARGO SECURITIES LLC		211,294	200,000	0
20772K-TM-1	CONNECTICUT ST		06/01/2023	MORGAN STANLEY CO		100,000	100,000	0
419792-M5-2	HAWAII ST		12/07/2023	MORGAN STANLEY CO		100,000	100,000	0
762223-PZ-2	RHODE ISLAND ST		10/25/2023	B.A. Securities Inc.		100,000	100,000	0
97705M-ZE-8	WISCONSIN ST		01/27/2023	GOLDMAN		95,000	95,000	574
0509999999	Subtotal - Bonds - U.S. States, Territories and Possessions					606,294	595,000	574
033162-JF-6	ANCHORAGE ALASKA		04/06/2023	UBS		89,157	100,000	211
64966Q-7H-7	NEW YORK N Y		10/05/2023	BARCLAYS CAPITAL INC		100,000	100,000	0
880541-K8-9	TENNESSEE ST		08/16/2023	RAYMOND JAMES & ASSOCIATES		100,000	100,000	0
0709999999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					289,157	300,000	211
68607V-4P-7	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE		04/26/2023	Citigroup		175,000	175,000	0
0909999999	Subtotal - Bonds - U.S. Special Revenues					175,000	175,000	0
035240-AQ-3	ANHEUSER-BUSCH INBEV WORLDWIDE INC		09/22/2023	MITSUBISHI UFJ SECURITIES		97,823	100,000	831
04636N-AF-0	ASTRAZENECA FINANCE LLC		03/02/2023	UBS		198,420	200,000	81
24422E-XD-6	JOHN DEERE CAPITAL CORP		09/05/2023	MITSUBISHI UFJ SECURITIES		199,858	200,000	0
58933Y-AX-3	MERCK & CO INC		09/29/2023	Citigroup		91,530	100,000	246
716973-AD-4	PFIZER INVESTMENT ENTERPRISES PTE LTD	C.	07/27/2023	GOLDMAN		98,522	100,000	930
89236T-KX-2	TOYOTA MOTOR CREDIT CORP		08/09/2023	RAMIREZ & CO.		199,758	200,000	0
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					885,911	900,000	2,088
2509999997	Total - Bonds - Part 3					2,886,919	2,920,000	7,730
2509999998	Total - Bonds - Part 5					0	0	0
2509999999	Total - Bonds					2,886,919	2,920,000	7,730
4509999997	Total - Preferred Stocks - Part 3					0	XXX	0
4509999998	Total - Preferred Stocks - Part 5					0	XXX	0
4509999999	Total - Preferred Stocks					0	XXX	0
5989999997	Total - Common Stocks - Part 3					0	XXX	0
5989999998	Total - Common Stocks - Part 5					0	XXX	0
5989999999	Total - Common Stocks					0	XXX	0
5999999999	Total - Preferred and Common Stocks					0	XXX	0
6009999999	- Totals					2,886,919	XXX	7,730

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

**SCHEDULE D - PART 4**

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21		
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date		
36179V-HF-0	G2 MA6530 - RMBS		12/01/2023	Paydown		907	907	907	912	0	(6)	0	(6)	0	907	0	0	0	14	03/20/2050		
36179V-ZQ-6	G2 MA7051 - RMBS		12/01/2023	Paydown		12,776	12,776	13,327	13,340	0	(565)	0	(565)	0	12,776	0	0	0	136	12/20/2050		
36179W-BY-3	G2 MA7255 - RMBS		12/01/2023	Paydown		19,675	19,675	20,421	20,485	0	(810)	0	(810)	0	19,675	0	0	0	264	03/20/2051		
36179W-NE-4	G2 MA7589 - RMBS		12/01/2023	Paydown		7,402	7,402	7,656	7,648	0	(246)	0	(246)	0	7,402	0	0	0	102	09/20/2051		
38380T-PZ-3	GNR 2016-173 CT - CMO/RMBS		12/01/2023	Paydown		31,836	31,836	32,204	31,911	0	(75)	0	(75)	0	31,836	0	0	0	490	10/20/2045		
912828-2D-1	UNITED STATES TREASURY		08/31/2023	Maturity @ 100.00		100,000	100,000	99,930	99,993	0	7	0	7	0	100,000	0	0	0	1,375	08/31/2023		
912828-3U-2	UNITED STATES TREASURY		01/31/2023	Maturity @ 100.00		300,000	300,000	299,426	299,990	0	10	0	10	0	300,000	0	0	0	3,563	01/31/2023		
912828-S3-5	UNITED STATES TREASURY		06/30/2023	Maturity @ 100.00		750,000	750,000	753,489	750,259	0	(259)	0	(259)	0	750,000	0	0	0	10,313	06/30/2023		
912828-JN-8	UNITED STATES TREASURY		02/15/2023	Maturity @ 100.00		300,000	300,000	290,883	299,763	0	237	0	237	0	300,000	0	0	0	3,000	02/15/2023		
<b>0109999999. Subtotal - Bonds - U.S. Governments</b>						<b>1,522,595</b>	<b>1,522,595</b>	<b>1,518,243</b>	<b>1,524,301</b>	<b>0</b>	<b>(1,706)</b>	<b>0</b>	<b>(1,706)</b>	<b>0</b>	<b>1,522,595</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19,257</b>	<b>XXX</b>		
68609B-JV-7	OREGON		05/01/2023	Maturity @ 100.00		50,000	50,000	49,176	49,930	0	70	0	70	0	50,000	0	0	0	535	05/01/2023		
97705M-NH-1	WISCONSIN ST		01/27/2023	Adjustment		95,000	95,000	95,000	95,000	0	0	0	0	0	95,000	0	0	0	574	05/01/2033		
<b>0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions</b>						<b>145,000</b>	<b>145,000</b>	<b>144,176</b>	<b>144,930</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>145,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,109</b>	<b>XXX</b>		
3128PY-YP-3	FH J18818 - RMBS		12/01/2023	Paydown		8,894	8,894	9,087	8,958	0	(64)	0	(64)	0	8,894	0	0	0	114	04/01/2027		
3132WM-NJ-9	FH Q47592 - RMBS		12/01/2023	Paydown		4,475	4,475	4,587	4,687	0	(212)	0	(212)	0	4,475	0	0	0	89	04/01/2047		
31335A-BE-7	FH G60037 - RMBS		12/01/2023	Paydown		9,656	9,656	9,387	9,362	0	293	0	293	0	9,656	0	0	0	151	10/01/2043		
31335A-U3-0	FH G60602 - RMBS		12/01/2023	Paydown		7,996	7,996	8,442	8,591	0	(595)	0	(595)	0	7,996	0	0	0	164	11/01/2043		
3136AA-EK-7	FNR 2012-129 TD - CMO/RMBS		12/01/2023	Paydown		2,194	2,194	2,213	2,220	0	(26)	0	(26)	0	2,194	0	0	0	24	05/25/2040		
3136AH-H9-4	FNR 2013-130 A - CMO/RMBS		12/01/2023	Paydown		1,655	1,655	1,640	1,636	0	19	0	19	0	1,655	0	0	0	19	01/25/2044		
68607V-Z6-5	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE		04/01/2023	Maturity @ 100.00		35,000	35,000	35,000	35,000	0	0	0	0	0	35,000	0	0	0	430	04/01/2023		
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>						<b>69,869</b>	<b>69,869</b>	<b>70,357</b>	<b>70,455</b>	<b>0</b>	<b>(586)</b>	<b>0</b>	<b>(586)</b>	<b>0</b>	<b>69,869</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>990</b>	<b>XXX</b>		
12189L-AM-3	BURLINGTON NORTHERN SANTA FE LLC		03/15/2023	Maturity @ 100.00		100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	1,500	03/15/2023		
14913Q-2S-7	CATERPILLAR FINANCIAL SERVICES CORP		12/07/2023	Maturity @ 100.00		100,000	100,000	99,950	99,990	0	10	0	10	0	100,000	0	0	0	3,650	12/07/2023		
20034Q-AS-6	COMERICA INC		06/28/2023	KEY CAPITAL MARKETS		99,650	100,000	100,133	100,015	0	(15)	0	(15)	0	100,000	0	(350)	(350)	3,392	07/31/2023		
28364D-AR-1	ENTERGY ARKANSAS LLC		06/01/2023	Maturity @ 100.00		100,000	100,000	99,718	99,987	0	13	0	13	0	100,000	0	0	0	1,525	06/01/2023		
534187-BD-0	LINCOLN NATIONAL CORP		09/01/2023	Maturity @ 100.00		200,000	200,000	194,390	199,893	0	449	0	449	0	200,000	0	0	0	8,000	09/01/2023		
<b>1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>599,650</b>	<b>600,000</b>	<b>594,191</b>	<b>599,885</b>	<b>0</b>	<b>456</b>	<b>0</b>	<b>456</b>	<b>0</b>	<b>600,000</b>	<b>0</b>	<b>(350)</b>	<b>(350)</b>	<b>18,067</b>	<b>XXX</b>		
<b>2509999997. Total - Bonds - Part 4</b>						<b>2,337,114</b>	<b>2,337,464</b>	<b>2,326,966</b>	<b>2,339,571</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>2,337,464</b>	<b>0</b>	<b>(350)</b>	<b>(350)</b>	<b>39,423</b>	<b>XXX</b>		
<b>2509999998. Total - Bonds - Part 5</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	
<b>2509999999. Total - Bonds</b>						<b>2,337,114</b>	<b>2,337,464</b>	<b>2,326,966</b>	<b>2,339,571</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>2,337,464</b>	<b>0</b>	<b>(350)</b>	<b>(350)</b>	<b>39,423</b>	<b>XXX</b>		
<b>4509999997. Total - Preferred Stocks - Part 4</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	
<b>4509999998. Total - Preferred Stocks - Part 5</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	
<b>4509999999. Total - Preferred Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>
<b>5989999997. Total - Common Stocks - Part 4</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>
<b>5989999998. Total - Common Stocks - Part 5</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>
<b>5989999999. Total - Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>
<b>5999999999. Total - Preferred and Common Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>
<b>6009999999 - Totals</b>						<b>2,337,114</b>	<b>XXX</b>	<b>2,326,966</b>	<b>2,339,571</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>(1,765)</b>	<b>0</b>	<b>2,337,464</b>	<b>0</b>	<b>(350)</b>	<b>(350)</b>	<b>39,423</b>	<b>XXX</b>		

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**N O N E**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**N O N E**

Schedule D - Part 6 - Section 2

**N O N E**

Schedule DA - Part 1 - Short-Term Investments Owned

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of  
Current Year

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**





**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
<b>NONE</b>								
8609999999 - Total Cash Equivalents								

E28

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ ..... 1B ..\$ ..... 1C ..\$ ..... 1D ..\$ ..... 1E ..\$ ..... 1F ..\$ ..... 1G ..\$ .....  
 1B 2A ..\$ ..... 2B ..\$ ..... 2C ..\$ .....  
 1C 3A ..\$ ..... 3B ..\$ ..... 3C ..\$ .....  
 1D 4A ..\$ ..... 4B ..\$ ..... 4C ..\$ .....  
 1E 5A ..\$ ..... 5B ..\$ ..... 5C ..\$ .....  
 1F 6 ..\$ .....

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL		0	0	0	0
2. Alaska	AK		0	0	0	0
3. Arizona	AZ		0	0	0	0
4. Arkansas	AR		0	0	0	0
5. California	CA		0	0	0	0
6. Colorado	CO		0	0	0	0
7. Connecticut	CT		0	0	0	0
8. Delaware	DE		0	0	0	0
9. District of Columbia	DC		0	0	0	0
10. Florida	FL	B. PROPERTY & CASUALTY RESERVE	0	0	250,000	193,249
11. Georgia	GA	B. PROPERTY & CASUALTY RESERVE	0	0	34,929	30,022
12. Hawaii	HI		0	0	0	0
13. Idaho	ID		0	0	0	0
14. Illinois	IL		0	0	0	0
15. Indiana	IN		0	0	0	0
16. Iowa	IA		0	0	0	0
17. Kansas	KS		0	0	0	0
18. Kentucky	KY		0	0	0	0
19. Louisiana	LA		0	0	0	0
20. Maine	ME		0	0	0	0
21. Maryland	MD		0	0	0	0
22. Massachusetts	MA	B. PROPERTY & CASUALTY RESERVE	0	0	120,000	109,498
23. Michigan	MI		0	0	0	0
24. Minnesota	MN		0	0	0	0
25. Mississippi	MS		0	0	0	0
26. Missouri	MO		0	0	0	0
27. Montana	MT		0	0	0	0
28. Nebraska	NE		0	0	0	0
29. Nevada	NV	B. PROPERTY & CASUALTY RESERVE	0	0	198,375	188,047
30. New Hampshire	NH	B. MULTIPLE	5,804,836	5,161,733	0	0
31. New Jersey	NJ		0	0	0	0
32. New Mexico	NM	B. PROPERTY & CASUALTY RESERVE	0	0	421,872	377,501
33. New York	NY		0	0	0	0
34. North Carolina	NC	B. PROPERTY & CASUALTY RESERVE	0	0	265,695	227,311
35. North Dakota	ND		0	0	0	0
36. Ohio	OH		0	0	0	0
37. Oklahoma	OK		0	0	0	0
38. Oregon	OR	B. PROPERTY & CASUALTY RESERVE	0	0	285,000	247,142
39. Pennsylvania	PA		0	0	0	0
40. Rhode Island	RI		0	0	0	0
41. South Carolina	SC	B. PROPERTY & CASUALTY RESERVE	0	0	341,284	310,113
42. South Dakota	SD		0	0	0	0
43. Tennessee	TN		0	0	0	0
44. Texas	TX		0	0	0	0
45. Utah	UT		0	0	0	0
46. Vermont	VT		0	0	0	0
47. Virginia	VA	B. PROPERTY & CASUALTY RESERVE	0	0	423,931	392,470
48. Washington	WA		0	0	0	0
49. West Virginia	WV		0	0	0	0
50. Wisconsin	WI		0	0	0	0
51. Wyoming	WY		0	0	0	0
52. American Samoa	AS		0	0	0	0
53. Guam	GU		0	0	0	0
54. Puerto Rico	PR		0	0	0	0
55. U.S. Virgin Islands	VI		0	0	0	0
56. Northern Mariana Islands	MP		0	0	0	0
57. Canada	CAN		0	0	0	0
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	5,804,836	5,161,733	2,341,086	2,075,352
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Assets .....	2
Cash Flow .....	5
Exhibit of Capital Gains (Losses) .....	12
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