

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

NOVA Casualty Company

O088 NAIC Company Code 42552 Employer's ID Number

	NAIC Group			npany Code	42552 Employer's ID	Number	16-1140177
Organized under	the Laws of	(Current) (Prior) York	Sta	ate of Domicile or Port of En	trv	NY
Country of Domi				ed States of		,	
Incorporated/Org	ganized	09/13/1979			Commenced Business		07/18/1980
Statutory Home	Office	17 State Street,	8th Floor			New York, NY,	US 10004
otatatory mome		(Street and Nu		,	(City or		untry and Zip Code)
Main Administra	tive Office			440 Lincoln S	Street		
man / tarminot a				Street and Nu			
		ester, MA, 01653-0002 , State, Country and Zip C	'odo)		(Λ	508-853- rea Code) (Telep	
	(City of Town)	, State, Country and Zip C	lode)		(^	rea Code) (Telep	mone Number)
Mail Address		440 Lincoln Street (Street and Number or P.				Vorcester, MA, U	S 01653-0002 untry and Zip Code)
		•	O. BOX)		(City of	Town, State, Co	unity and Zip Code)
Primary Location	of Books and Reco	ords		440 Lincoln Street and Nu			
	Worces	ter, MA, US 01653-0002	(,	,	imber)	508-853-7200	-8557928
	(City or Town,	, State, Country and Zip C	ode)		(A	rea Code) (Telep	hone Number)
Internet Website	Address		WV	WW.HANOVE	ER.COM		
Statutory Statem	ent Contact	Dennis I	M. Hazelwood			508-853-	7200-8557928
Otatatoji y Otatoni			(Name)		·		Telephone Number)
		NOOD@HANOVER.CON (E-mail Address)	1			508-853-	
		(E-mail Address)				(FAX Nur	nber)
				OFFICE			
0 \ / \ /	President	John Conne	Roche	Vic	e President & Treasurer	N	athaniel William Clarkin
Senior Vice	President & Secretary	Charles Freder	ick Cronin				
Willard T	y-Lunn Lee, Executi es Salvatore, Execu			Chief Legal (ovely #, Exec	utive Vice President		am Lavey #, Executive Vice President een Lowsley, Executive Vice President
			DIREC	TORS OR	TRUSTEES		
	Warren Ellison B Lindsay France Gre			Steven Frank Inis Francis K			Jeffrey Mark Farber Richard William Lavey
	Willard Ty-Lunn	Lee		David John	Lovely		Denise Maureen Lowsley
	rmando Gennaro Pe Bryan James Sal			John Joseph	Risavi		John Conner Roche
State of	Ma	ssachusetts	ss				
County of	V	Vorcester					
all of the herein statement, toget condition and affin accordance w rules or regulat respectively. Fu exact copy (excet to the enclosed statement of	described assets wher with related exhi- airs of the said repo- tith the NAIC Annua ions require differer rthermore, the scop- ept for formatting diff	rere the absolute property bits, schedules and explainting entity as of the repoil 1 Statement Instructions ances in reporting not relie of this attestation by the rences due to electronical to the control of the con	of the said report nations therein contains therein contains period stated and Accounting Prevaled to accounting edescribed officer filling) of the enclo	ing entity, fre trained, anne above, and o catices and P g practices as also include sed statemen	ee and clear from any liens xed or referred to, is a full a f its income and deductions rocedures manual except to and procedures, according es the related corresponding th. The electronic filing may	or claims thereond true statement therefrom for the othe extent that: to the best of g electronic filing be requested by	that on the reporting period stated above, on, except as herein stated, and that this t of all the assets and liabilities and of the period ended, and have been completed (1) state law may differ; or, (2) that state their information, knowledge and belief, with the NAIC, when required, that is an various regulators in lieu of or in addition Nathaniel William Clarkin Vice President & Treasurer Yes [X] No []
Jaime L. Hawey Notary					. 3		
November 29, 2	30						

Jaime Hawley

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

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)			43,602,556	43,512,754
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	53,904,555	0	53,904,555	51,589,367
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 (\$2,985,947 , Schedule E - Part 1), cash equivalents				
	(\$ 322,601 , Schedule E - Part 2) and short-term				
	investments (\$0 , Schedule DA)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivable for securities			92,875	
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.		100,999,653	91,319	100,908,534	100,045,541
13.	Title plants less \$	0	0	0	0
14.	Investment income due and accrued			255,949	
15.	Premiums and considerations:	255,343		200,949	290,070
10.	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$0)	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	478,907	0	478,907	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon \ldots				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	1,749,787	1,749,787	0	0
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 Health care (\$				
24. 25.	Aggregate write-ins for other-than-invested assets				
25. 26.	Total assets excluding Separate Accounts, Segregated Accounts and	3,037,494			
۷٠.	Protected Cell Accounts (Lines 12 to 25)	107,485,973	4,878,600	102,607,373	101,533,622
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	107,485,973	4,878,600	102,607,373	101,533,622
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)			_	0
2501.	Other Non-admitted Assets	3,037,494	3,037,494	0	0
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,037,494	3,037,494	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	·	1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		0
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		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))	0	381,775
7.2	Net deferred tax liability	0	0
8.	Borrowed money \$0 and interest thereon \$	0	0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$		
	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
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		0
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 3, Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		0
21.	Payable for securities		0
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$0 and interest thereon \$		0
25.	Aggregate write-ins for liabilities		0 040 405
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		2,819,135
27.	Protected cell liabilities	. 0	0
28.	Total liabilities (Lines 26 and 27)		2,819,135
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock		4,200,000
31.	Preferred capital stock		0
32.	Aggregate write-ins for other-than-special surplus funds		0
33.	Surplus notes		0
34.			
35.	Unassigned funds (surplus)	14,030,041	11,597,396
36.	Less treasury stock, at cost:	0	0
	36.1		0
27			
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	101,653,732	98,714,487 101,533,622
38.	TOTALS (Page 2, Line 28, Col. 3)	102,007,373	101,333,022
0504	DETAILS OF WRITE-INS	0	0
2501.			0
2502. 2503.			
			0
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page	0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		0
2901. 2902.			0
2902. 2903.			
2903. 2998.		_	0
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page	0	0
	Totais (Lines 290 i trirough 2903 pius 2998)(Line 29 above)		0
3201. 3202.			0
3202.			
3203.	Summary of remaining write-ins for Line 32 from overflow page		0
			0
3299.	Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	

STATEMENT OF INCOME

		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)	0	0
0	DEDUCTIONS:	0	٥
2. 3.	Losses incurred (Part 2, Line 35, Column 7)		0
3. 4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		0
5.	Aggregate write-ins for underwriting deductions		0
6.	Total underwriting deductions (Lines 2 through 5)		0
7.	Net income of protected cells		0
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		0
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	1,302,146	1,113,005
10.	Net realized capital gains (losses) less capital gains tax of \$(60,276) (Exhibit of Capital		
	Gains (Losses))	(307,081)	(28,044)
11.	Net investment gain (loss) (Lines 9 + 10)	995,065	1,084,961
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered	_	_
4.0	\$		
13.	Finance and service charges not included in premiums		0
14.	Aggregate write-ins for miscellaneous income	0	0
15.	Total other income (Lines 12 through 14)	U	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)	995,065	1,084,961
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	205 205	
40	(Line 16 minus Line 17)		
19.	Federal and foreign income taxes incurred	90,332	429,459
20.	Net income (Line 18 minus Line 19)(to Line 22)	904,733	655,502
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	00 714 407	00 027 171
22.	Net income (from Line 20)		655,502
23.	Net transfers (to) from Protected Cell accounts	,	035,302
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		(1,514,137)
25.	Change in net unrealized foreign exchange capital gain (loss)		0
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	1,097,747	(695,234)
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29.	Change in surplus notes	0	0
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
	32.2 Transferred from surplus (Stock Dividend)		0
22	32.3 Transferred to surplus	0	0
33.	Surplus adjustments: 33.1 Paid in	0	0
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital	0	
34.	Net remittances from or (to) Home Office	n	n
35.	Dividends to stockholders	0	0
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		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)	2,939,245	(1,222,684)
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	101,653,732	98,714,487
	DETAILS OF WRITE-INS		
0501.		0	0
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0
	Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0
1401.			0
1402.			
1403.	Summany of romaining write ine for Line 14 from everflow page		
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page	0	0 0
3701.	Totals (Lines 1401 tillough 1403 plus 1496)(Line 14 above)		0
3701. 3702.			0
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page		0
	Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0
	, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	

CASH FLOW

		1	2
		Current Year	Prior Year
	Cash from Operations		
1. Premiur	ns collected net of reinsurance	(2,433,370)	974,177
2. Net inve	estment income	1,296,082	1,068,175
3. Miscella	neous income	. 0	0
4. Total (L	ines 1 through 3)	. (1,137,288)	2,042,352
5. Benefit	and loss related payments	478,907	0
6. Net tran	sfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commis	ssions, expenses paid and aggregate write-ins for deductions	0	0
8. Dividend	ds paid to policyholders	0	0
9. Federal	and foreign income taxes paid (recovered) net of \$(60,276) tax on capital gains (losses)	. 466,999	52,000
10. Total (Li	ines 5 through 9)	. 945,906	52,000
11. Net cas	h from operations (Line 4 minus Line 10)	. (2,083,194)	1,990,352
	Cash from Investments		
12. Proceed	ds from investments sold, matured or repaid:		
	nds	9 814 043	6 471 893
	ocks	, ,	, ,
	rtgage loans		
	al estate		
	ner invested assets		
	t gains or (losses) on cash, cash equivalents and short-term investments		
	scellaneous proceeds		246,593
12.8 To	tal investment proceeds (Lines 12.1 to 12.7)	9,869,547	6,718,486
	investments acquired (long-term only):		
	nds		
13.2 Sto	ocks	62,249	0
13.3 Mo	rtgage loans	0	0
13.4 Re	al estate	0	0
13.5 Oth	ner invested assets	0	0
13.6 Mis	scellaneous applications	. 0	0
13.7 To	tal investments acquired (Lines 13.1 to 13.6)	11,231,009	7,806,808
14. Net incr	ease/(decrease) in contract loans and premium notes	. 0	0
15. Net cas	h from investments (Line 12.8 minus Line 13.7 minus Line 14)	. (1,361,461)	(1,088,322
	Cash from Financing and Miscellaneous Sources		
•	ovided (applied):		
	rplus notes, capital notes		
16.2 Ca	pital and paid in surplus, less treasury stock	0	0
16.3 Bo	rrowed funds	0	0
16.4 Ne	t deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Div	vidends to stockholders	0	0
16.6 Ot	ner cash provided (applied)	. 1,958,164	(630,460
17. Net cas	h from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	. 1,958,164	(630,460
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net cha	nge in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	. (1,486,491)	271,570
19. Cash, c	ash equivalents and short-term investments:		
19.1 Be	ginning of year	4,795,040	4,523,470
	d of period (Line 18 plus Line 19.1)	3,308,548	4,795,040
	tal disclosures of cash flow information for non-cash transactions:		
	interest on securities sold in settlement of capital contribution		

Underwriting and Investment Exhibit - Part 1 - Premiums Earned ${f N} \ {f O} \ {f N} \ {f E}$

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums **NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

		1	Reinsurand 2	ds WRITTEN te Assumed 3	Reinsurar 4	nce Ceded 5	6 Net Premiums Written
	Line of Business	Direct Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Cols. 1+2+3-4-5
1.	Fire	54,259	0	2,007	56,266	0	0
2.1	Allied lines	49,544	0	741	50,285	0	0
		0	0	0	0	0	0
	Federal flood		0	0	0	0	0
	Private crop		0	0	0	0	0
	Private flood	0	0	0	0	0	0
		0					
3.	Farmowners multiple peril		0	0	0	0	0
	Homeowners multiple peril	0	0	0	0	U	0
5.1	Commercial multiple peril (non-liability	25 420 067	0	0	35,429,967	0	
- 0	portion)		0		· · ·	0	0
	Commercial multiple peril (liability portion)		0	0	41,454,163	0	0
6.	Mortgage guaranty	0	0	0	0	0	0
	Ocean marine		0	0	0	0	0
	Inland marine		0	0	26,206,074	0	0
9.2	Pet insurance plans	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0
	Medical professional liability - occurrence .		0	0	0	0	0
	Medical professional liability - claims- made		0	0	0	0	0
12.	Earthquake	11	0	0	11	0	0
	Comprehensive (hospital and medical) individual		0	0	0	0	0
13.2	Comprehensive (hospital and medical) group	0	0		0	0	0
14.	Credit accident and health (group and	0	0	0	0	0	0
15.1	Vision only	0	0	0	0	0	0
	Dental only		0	0	0	0	0
	Disability income		0	0	0	0	0
	•	0	٥٥	0	0	0	0
	Medicare supplement		0	0	0	0	0
	Medicaid Title XIX		0	0	0	0	0
		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	24, 185,773	0	(24,002)	24,161,771	0	0
17.1	Other liability - occurrence	27,261,509	0	0	27,261,509	0	0
	Other liability - claims-made		0	0	5,621	0	0
	Excess workers' compensation		0	0	0	0	0
	Products liability - occurrence		0	0	0	0	0
10.1	Products liability - claims-made	٥	0	0			
			U		0	0	0
19.1	Private passenger auto no-fault (personal	0	0	0	0	0	0
40.0	injury protection)		0	0			0
	Other private passenger auto liability	0	0	0		U	0
19.3	Commercial auto no-fault (personal injury	100 050	0	5,317	100 167	0	
	protection)				138,167	0	0
19.4	Other commercial auto liability	16,899,104		239,113	17, 138, 217	0	0
	Private passenger auto physical damage .		0	0	0	0	0
	Commercial auto physical damage			27, 130	3,742,053	0	0
22.	Aircraft (all perils)		0	0	0	0	0
23.	Fidelity	1,355,999	0	0	1,355,999	0	0
24.	Surety		0	0	4,296	0	0
26.	Burglary and theft	616.224	0	0	616,224	0	0
	Boiler and machinery	n	0	0		0	0
	Credit		0	0	0	0	0
20.	International	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠			0		
29.	International	0	0	0		0	J0
30. 31.	Warranty Reinsurance - nonproportional assumed		0	0	0	0	0
32.	property					0	0
33.	liability			0	0	0	0
	financial lines	XXX	0	0	0	0	0
	business	177 070 047	0	0	0	0	0
35.	TOTALS DETAILS OF WRITE-INS	177,370,317	0	250,306	177,620,623	0	0
401.							
402.							·····
403.							····
	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	
499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	

(a) Does the company's direct premiu	ms written include premi	ıms recorded on an inst	tallment basis?	Yes []	No [X

UNDERWRITING AND INVESTMENT EXHIBIT

		LOSSES PAID AND Losses Paid L			5	6	7	8
	1	2	3	4	Net Losses Unpaid		Losses Incurred	Percentage of Losses Incurred (Col. 7, Part 2) to
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3)	Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Current Year (Cols. 4 + 5 - 6)	Premiums Earned (Col. 4, Part 1)
1. Fire		765		0	0	0	0	
2.1 Allied lines	23,003	1,456	24,459	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	0	
2.4 Private crop	0	0	0	0	0	0	0	
2.5 Private flood	0	0	0	0	0	0	0	
Farmowners multiple peril	0	0	0	0	0	0	0	
4. Homeowners multiple peril	0	0	0	0	0	0	0	
5.1 Commercial multiple peril (non-liability portion)		0	19,817,784	0	0	0	0	
5.2 Commercial multiple peril (liability portion)	24,323,523 .	0	24,323,523	0	0	0	0	
6. Mortgage guaranty	0	0	0	0	0	0	0	
8. Ocean marine		0	0	0	0	0	0	
9.1 Inland marine		0		0	0	0	0	
9.2 Pet insurance plans	0	0	0	0	0	0	0	
10. Financial guaranty	0	0	0	0	0	0	0	
11.1 Medical professional liability - occurrence		0	0	0	0	0	0	
11.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	
12. Earthquake	0	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	L0	0	0	0	
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	
15.1 Vision only	0	0	0	0	0	0	0	
15.2 Dental only	0	0	0	0	0	0	0	
15.3 Disability income	0	0	0	0	0	0	٥	
15.4 Medicare supplement	0	0	0	0	0	0	0	
15.5 Medicaid Title XIX		0	0			0	0	
15.6 Medicare Title XVIII	0	0	0			0	0	
15.7 Long-term care	0				0	0	٥	
15.7 Long-term care	0				0	0		
15.9 Other health	0	0			0	0		
16. Workers' compensation		336,334			0	0	0	
17.1 Other liability - occurrence					0	0		
17.2 Other liability - claims-made			260,000		0			
17.3 Excess workers' compensation			0		0			
18.1 Products liability - occurrence		0	0		0	0	0	
18.2 Products liability - claims-made		0	 0		0	0	0	
19.1 Private passenger auto no-fault (personal injury protection)					0	0	0	
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	
19.3 Commercial auto no-fault (personal injury protection)		5,388	106,530	0	0	0	0	
19.4 Other commercial auto liability		296,290	15,622,398	0	0	0	0	
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	
21.2 Commercial auto physical damage	1, 181,878	21,750	1,203,628	0	0	0	0	
22. Aircraft (all perils)		0	0	0	0	0	0	
23. Fidelity		0	168,411	0	0	0	0	
24. Surety	4,000 .	0	4,000	0	0	0	0	
26. Burglary and theft	0	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	0	
30. Warranty	0	0	0	0	0	0	0	
31. Reinsurance - nonproportional assumed property	XXX	0	0	0	0	0	0	
32. Reinsurance - nonproportional assumed liability	XXX	0	0	0	0	0	0	
33. Reinsurance - nonproportional assumed financial lines	XXX	0	0	0	0	0	0	
34. Aggregate write-ins for other lines of business		0	0	0	0	0	0	
35. TÕTALS	116,482,136	682,183	117, 164, 319	0	0	0	0	
DETAILS OF WRITE-INS	,,	,	, ,					
01								
02.								
03.								
498. Summary of remaining write-ins for Line 34 from overflow page	n	0	n	n	n	0	n	
499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	n	n	0	n	٥	
	U	U	U	1 0	V	U	U	1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

			<u>d Losses</u>			ncurred But Not Reporte		8	9
	1	2	3	4	5	6	7		
Line of Business 1. Fire	Direct 20.945	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded 703.795	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustme Expenses
2.1 Allied lines	2.736	28	2.764	0	509.945	101	510.046		
	2,730	20	2,764				510,046		
2.2 Multiple peril crop	0	0							
	0				0				
2.4 Private crop	0	0 0			0		0		
		0 n	0			0		0	
3. Farmowners multiple peril	0				0	0	0	0	
Homeowners multiple peril	9.887.097	0			0	0			
							1,976,412	0	
5.2 Commercial multiple peril (liability portion)		(227,654)	42,657,661		65, 196, 789			0	
6. Mortgage guaranty	0	0			0			0	
8. Ocean marine	0	0	0	0	0	0	0	0	
9.1 Inland marine	1,538,231	0	1,538,231	0	866,073	0	866,073		
9.2 Pet insurance plans	0	0	0	0	0	0	0	J0	
0. Financial guaranty	<u> </u> o	0	<u>0</u>	0	0	0	0	J0	
1.1 Medical professional liability - occurrence	0	0	0	0	0	0	0	J0	
1.2 Medical professional liability - claims-made	0	0	0	0	0	0	0	0	
2. Earthquake	0	0	0	0	321, 108	0	321, 108		
3.1 Comprehensive (hospital and medical) individual	0	0	0	0	0	0	0	(a)0	
3.2 Comprehensive (hospital and medical) group	0	0	0	0	97,478	0	97,478	(a)0	
4. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	
5.1 Vision only	0	0	0	0	0	0	0	(α)	
5.2 Dental only	0	0	0	0	0	0	0	(a)0	
5.3 Disability income	0	0	0	0	0	0	0	(a)0	
5.4 Medicare supplement	0	0	0	0	0	0	0	(α)	
5.5 Medicaid Title XIX	0	0	0	0	0	0	0	(a)0	
5.6 Medicare Title XVIII	0	0	0	0	0	0	0	(a)0	
5.7 Long-term care	0	0	0	0	0	0	0	(a)0	
5.8 Federal employees health benefits plan	0	0	0	0	0	0	0	(a)0	
5.9 Other health	0	0	0	0	0	0	0		
6. Workers' compensation		1,131,907	29,836,206	0	45,913,048	448,680			
7.1 Other liability - occurrence		0		0	67,593,070	0	67,593,070	0	
7.2 Other liability - claims-made		0	158, 190	0	725,474	0	725,474	0	
7.3 Excess workers' compensation	9,948	0	9,948	0		0		0	
8.1 Products liability - occurrence	0	0	0	0	0	0	0	0	
8.2 Products liability - claims-made	0	0	0	0	0	0	0	0	
9.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	
9.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	
9.3 Commercial auto no-fault (personal injury protection)		6,555	53,076	0	1,089,029	(2,786)	1,086,243	0	
9.4 Other commercial auto liability				0		199.772			
1.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	
1.2 Commercial auto physical damage	635,918	602		0	1,077,892	4,696	1,082,588	0	
2. Aircraft (all perils)	0	0		0	0	0	n		
3. Fidelity		0		0	1,284,847	0	1.284.847	0	
4. Surety	(1)	n	(1))n	68,167	0		n	
5. Burglary and theft	0	n	0	n		0	,,	n	
7. Boiler and machinery	25.000	n		n	84 .318	0			
B. Credit	25,000		n	n	10.000	0	10.000		
D. International	0	n	n	n	0	n	0		
0. Warranty	0	n	n	n	0		0	n	
Reinsurance - nonproportional assumed property	XXX	n	n	n	XXX	n	0	n	
Reinsurance - nonproportional assumed liability	XXX	n	n	n	XXX	n	n	n	
Reinsurance - nonproportional assumed financial lines	XXX		n		XXX	n	n		
4. Aggregate write-ins for other lines of business		 n	n	0			n		
4. Aggregate write-ins for other lines of business	152.322.511	1,635,008	153.957.519	0	·	650.495	208.782.778	0	
DETAILS OF WRITE-INS	152,322,511	1,035,008	153,957,519	U	208, 132, 283	650,495	208,782,778	0	
1									
2									
3									
8. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	
9. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	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

	PART 3	3 - EXPENSES 1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct				
	1.2 Reinsurance assumed		0		
	1.3 Reinsurance ceded		0	0	- , , ,
	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				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent - direct				
	2.5 Contingent - reinsurance assumed				
	2.6 Contingent - reinsurance ceded	0	746,038 .	0	746,038
	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) \dots	0	0	0	0
3.	Allowances to managers and agents	0	0	0	0
4.	Advertising				
5.	Boards, bureaus and associations				
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	21,988	21,988
	8.2 Payroll taxes	0	0	0	0
9.	Employee relations and welfare				
10.	Insurance				
11.	Directors' fees			0	0
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				
15.	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing	0	0	367	367
19.	Totals (Lines 3 to 18)		0		
20.	Taxes, licenses and fees:				
20.	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$0	0	0	0	0
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
		0	0	0	
	20.4 All other (excluding federal and foreign income and real estate)		-		<u> </u>
24	Real estate expenses				
21.					
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses				
25.	Total expenses incurred				
26.	Less unpaid expenses - current year				
27.	Add unpaid expenses - prior year				
28.	Amounts receivable relating to uninsured plans, prior year		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	59,980	59,980
	DETAILS OF WRITE-INS				
2401.	Custodial Fees	0	0	16,256	16,256
2402.	Outside Data Processing			8,642	8,642
2403.	Miscellaneous	0	0	2, 109	2,109
2498.	Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499.	Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	0	0	27,007	27,007

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		•	Earned During Year
1.	U.S. Government bonds		367,591
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)		
1.3	Bonds of affiliates	. ,	
2.1	Preferred stocks (unaffiliated)	` '	
2.11	Preferred stocks of affiliates		
2.11	Common stocks (unaffiliated)	` '	
2.21	Common stocks of affiliates		
3.	Mortgage loans		
		` '	
4.	Real estate		
5	Contract loans		
6	Cash, cash equivalents and short-term investments	` '	
7	Derivative instruments	* /	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	1,396,255	1,362,126
11.	Investment expenses		(g)59,980
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)	I	1,302,146
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0
(a) Inclu	ides \$61,746 accrual of discount less \$33,489 amortization of premium and less \$51,1	70 paid for accrued int	erest on purchases
	ides \$ 0 accrual of discount less \$ 0 amortization of premium and less \$	•	-
	des \$ 0 accrual of discount less \$ 0 amortization of premium and less \$	-	erest on purchases.
(d) Inclu	ides \$	cumbrances.	
(e) Inclu	ides \$ 0 accrual of discount less \$ 0 amortization of premium and less \$. 0 paid for accrued int	erest on purchases.
	des \$ 0 accrual of discount less \$ 0 amortization of premium.		
	ides \$	ederal income taxes, at	ributable to

EXHIBIT OF CAPITAL GAINS (LOSSES)

segregated and Separate Accounts.

	EVUIDI I	OF CAPI	IAL GAIN	⊙ (LU 33⊏	.3)	
		1	2	3	4	5
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds					0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(349,686)	0	(349,686)	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	1,315,188	0
3.	Mortgage loans			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	0	0	0	0	0
7.	Derivative instruments			0	0	0
8.	Other invested assets			0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0		0	0
10.	Total capital gains (losses)	(367,356)	0	(367,356)	1,315,188	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from		_	_	_	_
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

2. Stocks (\$\frac{5}{2.1} \text{ Prefe} \\ 2.2 \text{ Comin} \\ 3. \text{ Mortgage} \\ 3.1 \text{ First } \\ 3.2 \text{ Other} \\ 4. \text{ Real esta} \\ 4.1 \text{ Proprior} \\ 4.2 \text{ Proprior} \\ 4.3 \text{ Proprior} \\ 6. \text{ Contract} \\ 7. \text{ Derivativ} \\ 8. \text{ Other inv} \\ 9. \text{ Receivativ} \\ 10. \text{ Securitie} \\ 11. \text{ Aggregat} \\ 12. \text{ Subtotals} \\ 13. \text{ Title plan} \\ 14. \text{ Investme} \\ 15. \text{ Premium} \\ 15.1 \text{ Unc} \\ 15.2 \text{ Def} \\ 15.3 \text{ Acc} \\ 16. \text{ Reinsura} \\ 16. \text{ Reinsura}	Schedule D): Schedule D): erred stocks mon stocks e loans on real estate (Schedule B): liens er than first liens ate (Schedule A): verties occupied by the company erties held for the production of income berties held for sale chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA) cloans ves (Schedule DB) vested assets (Schedule BA) bles for securities			0
2. Stocks (\$\frac{3}{2.1 \text{ Prefe}} \) 2.2 Comi 3. Mortgage 3.1 First i 3.2 Othei 4. Real esta 4.1 Propi 4.2 Propi 4.3 Prop 5. Cash (\$\frac{3}{3}\$C (\$\frac{3}{3}\$C) 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	Schedule D): erred stocks mon stocks e loans on real estate (Schedule B): liens er than first liens ate (Schedule A): perties occupied by the company errites held for the production of income perties held for sale chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA) cloans eres (Schedule DB)			0000
2.1 Prefer 2.2 Comil 3. Mortgage 3.1 First 3.2 Other 3.2 Other 4.2 Proportion 4.2 Proportion 4.3 Proportion 5. Cash (Schedut 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	erred stocks erron stocks e loans on real estate (Schedule B): liens er than first liens ate (Schedule A): perties occupied by the company perties held for the production of income perties held for sale chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA) cloans res (Schedule DB) vested assets (Schedule BA)			0
2.2 Comi 3. Mortgage 3.1 First 3.2 Othei 4. Real esta 4.1 Propi 4.2 Propi 4.3 Propi 5. Cash (Sc (Schedu) 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	e loans on real estate (Schedule B): liens			0
3. Mortgage 3.1 First 3.2 Other 4. Real esta 4.1 Propo 4.2 Propo 4.3 Propo 5. Cash (So (Schedu 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	e loans on real estate (Schedule B): liens			0
3.1 First 3.2 Other 3.2 Other 4. Real esta 4.1 Proprior 4.2 Proprior 4.3 Proprior 5. Cash (Sci (Schedu 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	liens		0	0
3.2 Other 4. Real esta 4.1 Proport 4.2 Proport 4.3 Proport 5. Cash (Sc (Schedu) 6. Contract 7. Derivativ 8. Other inv 9. Receivati 11. Aggregati 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	er than first liens		0	0
4. Real esta 4.1 Propi 4.2 Propi 4.3 Propi 5. Cash (So (Schedu) 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc	ate (Schedule A): verties occupied by the company verties held for the production of income verties held for sale chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA) cloans ves (Schedule DB)	000	0	0
4.1 Proportion 4.2 Proportion 4.2 Proportion 4.3 Proportion 4.1 Proportion 4.5 Premium 15.1 Uncurs 15.2 Defin 15.3 Accurate 4.5 Premium 15.1 Proportion 15.2 Proportion 15.3 Proport	verties occupied by the company	0	0	0
4.2 Proportion 4.3 Proportion 4.4 Proportion 4.5 Pr	certies held for the production of income	0	0	0
4.3 Prop 5. Cash (So (Sched) 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA) cloans ves (Schedule DB) vested assets (Schedule BA)	0	0	
5. Cash (Sc (Schedu 6. Contract 7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc	chedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments ule DA)	0	0	n
(Schedu (Schedu (Schedu)	ule DA) cloans ves (Schedule DB) vested assets (Schedule BA)	0		
7. Derivativ 8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc	ves (Schedule DB)vested assets (Schedule BA)		^	
8. Other inv 9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc	vested assets (Schedule BA)	0	0	0
9. Receivat 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Und 15.2 Def 15.3 Acc 16. Reinsura			0	0
 10. Securitie 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura 	hles for securities	91,319	91,319	0
 11. Aggregat 12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura 	Died for decurring	0	0	0
12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	es lending reinvested collateral assets (Schedule DL)	0	0	0
12. Subtotals 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	te write-ins for invested assets	0	0	0
 13. Title plan 14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura 	s, cash and invested assets (Lines 1 to 11)			
14. Investme 15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	nts (for Title insurers only)			
15. Premium 15.1 Unc 15.2 Def 15.3 Acc 16. Reinsura	ent income due and accrued			
15.1 Und 15.2 Def 15.3 Acc 16. Reinsura	ns and considerations:			
15.2 Def 15.3 Acc 16. Reinsura	collected premiums and agents' balances in the course of collection	0	0	0
15.3 Acc 16. Reinsura	ferred premiums, agents' balances and installments booked but deferred and not yet due			
16. Reinsura	crued retrospective premiums and contracts subject to redetermination			
10.1 71110	ounts recoverable from reinsurers	0	0	0
	nds held by or deposited with reinsured companies			
	er amounts receivable under reinsurance contracts			
				0
	s receivable relating to uninsured plans			
	federal and foreign income tax recoverable and interest thereon			
	rred tax asset			
	y funds receivable or on deposit			0
	ic data processing equipment and software			
	e and equipment, including health care delivery assets			2,514
	stment in assets and liabilities due to foreign exchange rates			0
	bles from parent, subsidiaries and affiliates			0
	are and other amounts receivable			
	te write-ins for other-than-invested assets	3,037,494	3,575,321	537,827
(Lines 1	sets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts 12 to 25)			1,097,747
27. From Se	eparate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lir	nes 26 and 27)	4,878,600	5,976,347	1,097,747
DETAILS	S OF WRITE-INS			
1101		0	0	0
1102				
1103				
1198. Summar	y of remaining write-ins for Line 11 from overflow page	0	0	0
	ines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
		3,037,494	3,575,321	
2502	n-admitted Assets			537,827
	n–admitted Assets			537,827
				,
2599. Totals (L				

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of NOVA Casualty Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the New York Department of Financial Services.

The New York Department of Financial Services recognizes only statutory accounting practices prescribed or permitted by the State of New York for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New York 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 York subject to any deviations prescribed or permitted by the New York Department of Financial Services.

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 York is shown below:

		F/S	F/S		
	SSAP#	Page	Line #	 2024	 2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	xxx	XXX	XXX	\$ 904,733	\$ 655,502
(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	\$ 904,733	\$ 655,502
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 101,653,732	\$ 98,714,487
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	AP:		\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) fr	om NAIC SAF	:		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	xxx	xxx	\$ 101,653,732	\$ 98,714,487

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) Investments in affiliated common stock are carried using the equity method. The Company does not own any unaffiliated common stock
- (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 owns 100% of the common stock of AIX Specialty Insurance Company ("ASIC"), which is carried using the equity method.
- (8) Other invested assets are recorded using the Equity method in accordance with the Statement of Statutory Accounting Principles ("SSAP") 48, "Joint Ventures, Partnerships and Limited Liability Companies."
- (9) The Company does not own any derivatives
- (10) The Company does utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11)Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported ("IBNR"). Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior year.
- (13) The Company does not write major medical insurance with prescription drug coverage.
- D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

NOTE 3 Business Combinations and Goodwill

Not applicable

NOTE 4 Discontinued Operations

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
 \$ 57,174

 2. 12 Months or Longer
 \$ 336,652

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

 1. Less than 12 Months
 \$ 4,535,412

 2. 12 Months or Longer
 \$ 1,380,966

(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

L. Restricted Assets

1. Restricted Assets (Including Pledged)

			Gross (Admitt	ed & Nonadmitt	ted) Restricted		
			Current Year			6	7
	1	2	3	4	5		
Restricted Asset Category	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subject to dollar repurchase agreements 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	\$ 13,634,859	\$ -	\$ -	\$ -	\$ 13,634,859	\$ 13,592,913	\$ 41,946
k. On deposit with other regulatory bodies	\$ 545,279	\$ -	\$ -	\$ -	\$ 545,279	\$ 544,009	\$ 1,270
Pledged collateral to FHLB (including assets backing funding agreements) Pledged as collateral not captured in other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
categories	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
n. Other restricted assets	\$ 3,037,494	\$ -	\$ -	\$ -	\$ 3,037,494	\$ 3,575,321	\$ (537,827)
o. Total Restricted Assets (Sum of a through n)	\$ 17,217,632	\$ -	\$ -	\$ -	\$ 17,217,632	\$ 17,712,243	\$ (494,611)

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

	Current Year					
		8		9	Perce	ntage
					10	11
Restricted Asset Category		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)
Subject to contractual obligation for which liability is not shown Collateral held under security lending	\$	-	\$	1	0.000%	0.000%
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 f. Subject to dollar reverse repurchase	\$	-	\$	-	0.000%	0.000%
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	\$	-	\$	13,634,859	12.685%	13.288%
k. On deposit with other regulatory bodies	\$	-	\$	545,279	0.507%	0.531%
Pledged collateral to FHLB (including assets backing funding agreements) Pledged as collateral not captured in other	\$	-	\$	-	0.000%	0.000%
categories	\$	-	\$	-	0.000%	0.000%
n. Other restricted assets	\$	3,037,494	\$		2.826%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$	3,037,494	\$	14,180,138	16.018%	13.820%

- (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

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

		G	ross (Admitte		8	Perce	entage			
			Current Year			6	7		9	10
	1	2	3	4	5					
Description of Assets	Total General Account (G/A)	Protected Cell Account Activity	Total Protected Cell Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)		Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Third Party Administrator Cash	\$ 3,037,494	\$ -	\$ -	\$ -	\$ 3,037,494	\$ 3,575,321	\$ (537,827)	\$ -	2.826%	0.000%
	\$ 3.037.494	\$ -	\$ -	\$ -	\$ 3.037.494	\$ 3.575.321	\$ (537.827)	\$ -	2.826%	0.000%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively.
- 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

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

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investment in joint ventures, partnerships or limited liability companies that exceed 10% of total admitted assets as of the end of the reporting period.
- B. 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
 \$ 255,949

 2. Nonadmitted
 \$

 3. Admitted
 \$ 255,949

D., E.

Not applicable

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

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

	As of	End of Current	Period		12/31/2023			Change	
	(1)	(2)	(3) (Col. 1 + 2)	(4)	(5)	(6) (Col. 4 + 5)	(7) (Col. 1 - 4)	(8) (Col. 2 - 5)	(9) (Col. 7 + 8)
	Ordinary	Capital	` Total ´	Ordinary	Capital	` Total ´	`Ordinary ´	` Capital ´	` Total ´
(a) Gross Deferred Tax Assets	\$ 955,944	\$ -	\$ 955,944	\$ 1,338,600	\$ -	\$ 1,338,600	\$ (382,656)	\$ -	\$ (382,656)
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 955,944	\$ -	\$ 955,944	\$ 1,338,600	\$ -	\$ 1,338,600	\$ (382,656)	\$ -	\$ (382,656)
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ 89,235	\$ -	\$ 89,235	\$ (89,235)	\$ -	\$ (89,235)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 955,944	\$ -	\$ 955,944	\$ 1,249,365	\$ -	\$ 1,249,365	\$ (293,421)	\$ -	\$ (293,421)
(f) Deferred Tax Liabilities	\$ -	\$ 47,130	\$ 47,130	\$ -	\$ 51,362	\$ 51,362	\$ -	\$ (4,232)	\$ (4,232)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 955.944	\$ (47,130)	\$ 008 814	\$ 1,249,365	¢ (51.362)	\$ 1,198,003	\$ (293,421)	\$ 4,232	\$ (289,189)

	As o	f End of Current	Period		12/31/2023			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	Ordinary	Capital	Total	Ordinary	Capital	iotai	Ordinary	Capital	Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 262,961	\$ -	\$ 262,961	\$ 458,176	\$ -	\$ 458,176	\$ (195,215)	\$ -	\$ (195,215)
(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)	\$ 692,983	\$ -	\$ 692,983	\$ 739,827	\$ -	\$ 739,827	\$ (46,844)	\$ -	\$ (46,844)
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 692,983	\$ -	\$ 692,983	\$ 739,827	\$ -	\$ 739,827	\$ (46,844)	\$ -	\$ (46,844)
Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$15,111,738	xxx	xxx	\$14,627,473	xxx	XXX	\$ 484,265
(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.	\$ -	\$ -	\$ -	\$ -	\$ 51,362	\$ 51,362	\$ -	\$ (51,362)	\$ (51,362)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 955,944	\$ -	\$ 955,944	\$ 1,198,003	\$ 51,362	\$ 1,249,365	\$ (242,059)	\$ (51,362)	\$ (293,421)

a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
 b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

2024 2023 12257.000% 11296.000%

\$100,744,918 \$97,516,484

4. Tax Planning Strategies

	As of End of 0	Current Period	12/31	/2023	Change		
	(1)	(2)	(3)	(4)	(5) (Col. 1 - 3)	(6) (Col. 2 - 4)	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital	
Impact of Tax Planning Strategies:							
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.							
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 955,944	\$ -	\$ 1,338,600	\$ -	\$ (382,656)	\$ -	
Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0%	0%	0%	0%	0%	0%	
Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 955,944	\$ -	\$ 1,249,365	\$ -	\$ (293,421)	\$ -	
Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0%	0%	0%	0%	0%	0%	

b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [] No [X]

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

- C. Current income taxes incurred consist of the following major components:
 - 1. Current Income Tax
 - (a) Federal
 - (b) Foreign
 - (c) Subtotal (1a+1b)
 - (d) Federal income tax on net capital gains
 - (e) Utilization of capital loss carry-forwards
 - (f) Other
 - (g) Federal and foreign income taxes incurred (1c+1d+1e+1f)
 - 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
 - (2) Real estate
 - (3) Other
 - (99) Subtotal (3b1+3b2+3b3)
- (c) Deferred tax liabilities (3a99 + 3b99)
- 4. Net deferred tax assets/liabilities (2i 3c)

۸۵	(1) of End of		(2)		(3) (Col. 1 - 2)
	ent Period		12/31/2023		Change
\$	90,332	\$	429,459	\$	(339,127)
\$	-	\$		\$	-
\$	90,332	\$	429,459	\$	(339,127)
\$ \$	(60,276)	\$	(3,809)	\$	(56,467)
\$	-	\$	-	\$	-
\$	30,056	\$	425,650	\$	(395,594)
*	,		-,	·	(222/22/
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$ \$	- 318,075	\$	- 587,786	\$	(269,711)
\$	-	\$	-	\$	(203,711)
\$	_	\$	_	\$	_
\$	_	\$	_	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	637,869	\$	750,814	\$	(112,945)
\$	955,944	\$	1,338,600	\$	(382,656)
\$	-	\$	-	\$	-
\$	055.044	\$	89,235	\$	(89,235)
\$	955,944	\$	1,249,365	\$	(293,421)
\$	_	\$	_	\$	_
\$	_	\$	_	\$	_
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	955,944	\$	1,249,365	\$	(293,421)
ð	900,944	Ф	1,249,303	φ	(293,421)
\$	_	\$	_	\$	_
\$	-	\$	-	\$	
\$	-	\$	_	\$	_
\$	-	\$	_	\$	-
\$		\$	<u>-</u> -	\$	-
\$	-	\$	-	\$	-
\$	47,130	\$	51,362	\$	(4,232)
\$	-	\$	-	\$	-
\$	-	\$	_	\$	-
\$	47,130	\$	51,362	\$	(4,232)
\$	47,130	\$	51,362	\$	(4,232)
\$	908,814	\$	1,198,003	\$	(289,189)

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

Adjusted gross deferred tax assets Total deferred tax liabilities Net deferred tax assets (liabilities) Change in net deferred income tax

A:	(1) s of End of	(2)	(3) (Col. 1 - 2)		
Cu	rrent Period	12/31/2023		`Change ´	
\$	955,944	\$ 1,338,600	\$	(382,656)	
\$	47,130	\$ 51,362	\$	(4,232)	
\$	908.814	\$ 1.287.238	\$	(378,424)	
			\$	(378,424)	

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:

Tax provision at statutory rate Non-admitted assets Return to provision & other Total

Federal income taxes incurred Realized capital gains tax Change in net deferred income taxes Total statutory income taxes

As of End of Current Period								
	Tax	Rate						
\$	196,306	21.0%						
\$	211,787	22.7%						
\$	386	0.0%						
\$	408,479	43.7%						

As of End of Current Period							
	Tax	Rate					
\$	90,332	9.7%					
\$	(60,276)	-6.4%					
\$	378,423	40.4%					
\$	408.479	43.7%					

- 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 2023: \$ 27,926
For the tax year 2024: \$ 235,035

- 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 Campmed Casualty & Indemnity 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 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 VeraVest Investments, Inc Verlan Fire Insurance Company

Verlan Holdings, Inc.

- 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"). Hanover, 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

On December 23, 2024 the Company made a \$1,000,000 capital contribution to ASIC. The contribution was settled with bonds at a fair value of \$925,815, accrued interest of \$11,936, and \$62,249, of cash.

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

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$953,641 as amounts due to an affiliated company. These arrangements require that intercompany balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

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

Opus provided investment-related services under an intercompany Advisory Agreement until June 3, 2024, when the agreement was officially canceled.

F. Guarantees or Contingencies for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Hanover.

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Invesments in Affiliates Greater than 10% of Admitted Assets

The Company owns 100% of ASIC. The common stock investment is recorded at its statutory equity value of \$53,904,555. Summarized 2024 statutory information for ASIC is as follows:

Description	Amount
Admitted Assets	\$ 60,676,049
Liabilities	\$ 6,735,740
Policyholders' Surplus	\$ 53,940,309
Net Income	\$ 1,868,338

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 14,000 shares of \$300 par value common stock authorized, issued and outstanding.

B. Dividend Rate of Preferred Stock

Not applicable

(C-F) Dividend Restrictions

Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of New York, the maximum amount of dividends which the Company may pay to shareholders is limited to its earned surplus. At December 31, 2024, the Company had earned surplus of \$14,536,641. Furthermore, the maximum amount of dividends which the Company may pay without prior approval of the New York Department is limited to the lesser of 10% of the most recent year-end policyholders' surplus or the net investment income. Accordingly, the maximum dividend payable at January 1, 2025 without prior approval is \$3.388.070.

(G-I)

Not applicable

J. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ (247,954)

There are no taxes attributed to these unrealized losses

(K-M)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

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

NOTE 15 Leases

The Company has no material lease obligations at this time.

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

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

NOTE 20 Fair Value Measurements

Α

- (1) Fair Value Measurements at Reporting Date
 - a. There were no assets carried at fair value at the end of the reporting period.
 - b. 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 bonds 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		(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds Cash and Short - Term	\$ 40,666,182	40,666,182 \$ 43,602,556	\$ 12,242,134	\$ 28,424,048	\$	\$ -	\$ -
Investments	\$ 3,308,548	3,308,548 \$ 3,308,548	\$ 3,308,548	\$ -	\$ -	\$ -	\$

D., E.

Not applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring: Debtors

Not applicable

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 Who Are Members of a Group

Group Code	ID Number	Reinsurer Name	Unsecured Amount
88	13-5129825	THE HANOVER INSURANCE COMPANY	\$ 569,738,000

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

(1) The following table summarizes ceded and assumed unearned premiums and the related commissions equity at the end of the current reporting period:

		Assumed F	Reinsur	ance	_	Ceded Re	einsurand	ce		N	et	
	-	Premium Reserve	Co	mmission Equity		Premium Reserve		mission quity		Premium Reserve	Co	mmission Equity
a. Affiliates	\$	-	\$	-	\$	78,942,919	\$	-	\$ ((78,942,919)	\$	-
b. All Other	\$	249,126	\$	19,930	\$		\$		\$	249,126	\$	19,930
c. Total (a+b)	\$	249.126	\$	19.930	\$	78.942.919	\$		\$ (78.693.793)	\$	19.930

d. Direct Unearned Premium Reserve

\$ 78,693,793

- (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

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

12/31/2024

3. Was anticipated investment income utilized in the calculation?

Yes [X] No []

NOTE 31 High Deductibles

Not applicable

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

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 Sys is an insurer?			Yes [X	(]	No []
1.2	If yes, did the reporting entity register and file with its domiciliary State such regulatory official of the state of domicile of the principal insurer in providing disclosure substantially similar to the standards adopted by the its Model Insurance Holding Company System Regulatory Act and mos subject to standards and disclosure requirements substantially similar to standards.	the Holding Company System, a registration stater the National Association of Insurance Commissioner tel regulations pertaining thereto, or is the reporting	nent s (NAIC) in entitv	(] No []	N/A	[]
1.3	State Regulating?			N	Y		
1.4	Is the reporting entity publicly traded or a member of a publicly traded of	roup?		Yes [X	(]	No []
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code	ssued by the SEC for the entity/group		000094	14695	j	
2.1	Has any change been made during the year of this statement in the chareporting entity?			Yes [X	(]	No []
2.2	If yes, date of change:			06/05/	/2024	!	
3.1	State as of what date the latest financial examination of the reporting e	ntity was made or is being made		12/31/	/2019)	
3.2	State the as of date that the latest financial examination report became entity. This date should be the date of the examined balance sheet and			12/31/	/2019)	
3.3	State as of what date the latest financial examination report became as domicile or the reporting entity. This is the release date or completion of examination (balance sheet date).	ate of the examination report and not the date of the	Э	05/10/	/2021	<u> </u>	
3.4	By what department or departments? New York Department of Financial Services						
3.5	Have all financial statement adjustments within the latest financial exar statement filed with Departments?	nination report been accounted for in a subsequent	financial 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		rees of the reporting entity) receive credit or commission assured on direct premiums) of: s of new business?wals?	entity or an affiliate,	Yes [Yes [
	premiums) of:	s of new business?		Yes [1	No [X 1
		wals?			_	_	_
5.1	Has the reporting entity been a party to a merger or consolidation durin If yes, complete and file the merger history data file with the NAIC.	g the period covered by this statement?		Yes []	No [Х]
5.2	If yes, provide the name of the entity, NAIC company code, and state of ceased to exist as a result of the merger or consolidation.	f domicile (use two letter state abbreviation) for any	entity that has				
	1 Name of Entity	2 3 NAIC Company Code State of D	omicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or re revoked by any governmental entity during the reporting period?			Yes []	No [Х]
6.2	If yes, give full information						
7.1	Does any foreign (non-United States) person or entity directly or indirect	tly control 10% or more of the reporting entity?		Yes []	No [х ј
7.2	If yes, 7.21 State the percentage of foreign control	e entity is a mutual or reciprocal, the nationality of its	manager or	(0.0		%
	1 Nationality	2 Type of Entity					
	· · · · · · · · · · · · · · · · · · ·	Type of Entity					

 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? If the response to 8.1 is yes, please identify the name of the DIHC.] No [X]
Is the company affiliated with one or more banks, thrifts or securities fin If response to 8.3 is yes, please provide below the names and locations federal financial regulatory services agency [i.e. the Federal Reserve B Federal Deposit Insurance Corporation (FDIC) and the Securities Exch.	ms? s (city and state of the main office) of any affi oard (FRB), the Office of the Comptroller of t	iates regulat	ed by a (OCC), t	he	Yes [] No [X]
1 Affiliata Nama	2	3	4	5	6	1
				FDIC	SEC	
		I.	1			
Federal Reserve System or a subsidiary of the depository institution ho If response to 8.5 is no, is the reporting entity a company or subsidiary	Iding company?of a company that has otherwise been made	subject to th	e		_] No [X]
				165 [] NO [, 1 M/N [
·						
requirements as allowed in Section 7H of the Annual Financial Reportir law or regulation?	ng Model Regulation (Model Audit Rule), or s	ubstantially s	similar sta	ate	Yes [] No [X]
Has the insurer been granted any exemptions related to the other requiallowed for in Section 18A of the Model Regulation, or substantially sim	irements of the Annual Financial Reporting Nilar state law or regulation?	odel Regula	tion as		Yes [] No [X]
If the response to 10.5 is no or n/a, please explain.				-] No [] N/A [
What is the name, address and affiliation (officer/employee of the repor firm) of the individual providing the statement of actuarial opinion/certification.	rting entity or actuary/consultant associated v cation?	ith an actua	rial consu	ılting		
· · · · · · · · · · · · · · · · · · ·					Yes [] No [X]
	9 . ,					
	usted carrying value				§	(
What changes have been made during the year in the United States made	anager or the United States trustees of the re	porting entit	y?			
Does this statement contain all business transacted for the reporting er	ntity through its United States Branch on risks	wherever lo	cated?		Yes [] No []
Have there been any changes made to any of the trust indentures durin	ng the year?				Yes [] No []
] No [] N/A [
					V 1 00V	1 No. []
 a. Honest and ethical conduct, including the ethical handling of actual or relationships; 	or apparent conflicts of interest between pers	onal and pro			TES [A	J NO []
		g entity;				
	•					
· · · · · · · · · · · · · · · · · · ·	5. porocine racinamea in ano ocaci, and					
If the response to 14.1 is No, please explain:						
Has the code of ethics for senior managers been amended?					Yes [] No [X]
					Yes [] No [X]
	If the response to 8.1 is yes, please identify the name of the DIHC. Is the company affiliated with one or more banks, thrifts or securities fir fresponse to 8.3 is yes, please provide below the names and location federal financial regulatory services agency [i.e. the Federal Reserve B Federal Deposit Insurance Corporation (FDIC) and the Securities Exch regulator. In Affiliate Name Affiliate Name Is the reporting entity a depository institution holding company with signederal Reserve System or a subsidiary of the depository institution holding tresponse to 8.5 is no, is the reporting entity a company or subsidiary Federal Reserve Board's capital rule? What is the name and address of the independent certified public according response to 8.5 is no, is the reporting entity a company or subsidiary Federal Reserve Board's capital rule? What is the name and address of the independent certified public according wor regulation? If the response to 10.1 is yes, provide information related to this exemptate wor regulation? If the response to 10.1 is yes, provide information related to this exemptate the response to 10.3 is yes, provide information related to the other requallowed for in Section 18A of the Model Regulation, or substantially sim if the response to 10.3 is yes, provide information related to this exemptate response to 10.5 is no or n/a, please explain. What is the name, address and affiliation (officer/employee of the reporting of the individual providing the statement of actuarial opinion/certification of the individual providing the statement of actuarial opinion/certification of the individual providing the statement of a real estate holding contact the reporting entity own any securities of a real estate holding contact the reporting entity own any securities of a real estate holding contact in the period of the reporting entity own any securities of a real estate holding contact in the new of the reporting entity own any securities of a real estate holding or the reporting entity own any secur	If the response to 8.1 is yes, please identify the name of the DIHC. Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliated financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiregulator. Affiliate Name Location (City, State) Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Federal Reserve System or a subsidiary of the depository institution holding company? If response to 8.5 is no, is the reporting entity a company or subsidiary of a company results of the responsive protring entity a company or subsidiary of a company results with the subsense of the independent certified public accountant or accounting firm retained to conduct PricewaterhouseCoopers, LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independence requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or sits the response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independence and provided providing the statement of actuarial opinion/certification? If the response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to this exemption: Has the insurer been granted any exemptions related to this exemption: Has the insurer seed and separated and Actuary, FCAS, MAAA, 440 Lincoln Street, Worcester, MA 01653 Does the reporting entity established an Audit Committee in compliance with the domicili	If the response to 8.1 is yes, please identify the name of the DiHC. Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulate federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comproller of the Currency Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's prima regulator. Affiliate Name Location (City, State) Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Gederal Reserve System or a subsidiary of the depository institution holding company with significant insurance operations as defined by the Board of Gederal Reserve System or a subsidiary of the depository institution holding company that has otherwise been made subject to the Federal Reserve System or a subsidiary of the depository institution holding company that has otherwise been made subject to the Federal Reserve System or a subsidiary of the depository institution holding company that has otherwise been made subject to the rederal Reserve System or a subsidiary of the depository institution holding company that has otherwise been made subject to the state of the subsidiary of a company that has otherwise been made subject to the state of the subsidiary of a company that has otherwise been made subject to the subsidiary of a company that has otherwise been made subject to the subsidiary of a company that has otherwise been made subject to the subsidiary of a company that has otherwise been made subject to the subsidiary of a company that has otherwise hold in Section 18 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? If the response to 10.3 is yes, provide information related to this exemption. If the response to 10.3 is y	If the response to 8.1 is yes, please identify the name of the DIHC. Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency lie. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Tederal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federa regulator. Affiliate Name Location (City, State) Affiliate Name Location (City, State) The Response to 8.5 is no, is the reporting entity a company or subsidiary of a company? 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? What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PricewaterhouseCoopers, LLP. 101 Seapert Boulevind, Stute 500, Boston, MA 02210 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Sction 17 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar stal law or regulation? If the response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar stal law or regulation? If the response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 180 of the Model Regulation of the Committee in Compliance with the domiciliary state insurance laws? I	If the response to 8.1 is yes, please identify the name of the DIHC. Is the company affiliated with one or more banks, firthis or securities firms? If response to 8.3 is yes, please provide below the names and locations (icly and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Poposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. Affiliate Name Location (City, State) Affiliate Name Location (C	If the response to 8.1 is yes, please identify the name of the DIFC. Is the company affiliated with one or more banks, thrifts or securities firms? If response to 3.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Expession of the Securities Exchange Commission (SEC) and Identify the affiliates primary federal regulator. Affiliate Name Location (City, State) FRB OCC FDIC SEC Affiliate Name Location (City, State) FRB OCC FDIC SEC Affiliate Name Location (City, State) FRB OCC FDIC SEC FRB OCC FDIC SEC Affiliate Name Location (City, State) FRB OCC FDIC SEC Affiliate Name Location (City, State) FRB OCC FDIC SEC FRB OCC FRB OCC FDIC SEC FRB OCC FDIC SEC FRB OCC FRB OCC FRB SEC FRB OCC FRB OCC FBR OCC FRB OCC FRB SEC FRB OCC FRB OCC FRB SEC FRB OCC FDIC SEC FRB OCC FRB OCC FRB SEC FRB OCC FRB OCC FR

	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? If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming						No [X
).∠	bank of the Lette	er of Credit and describe the circumstances in which the Let	ter of Credit is trigger	ed.			
	1 American Bankers Association (ABA) Routing	2		3		4	
	Number	Issuing or Confirming Bank Name		That Can Trigger the Letter of Credit		nount	
			OF DIRECTOR				
	thereof?	or sale of all investments of the reporting entity passed upor			Yes [X	(] N	No [
		ng entity keep a complete permanent record of the proceed			Yes [X	(] N	√o [
	part of any of its	g entity an established procedure for disclosure to its board officers, directors, trustees or responsible employees that is	s in conflict or is likely	to conflict with the official duties of such	Yes [X	(] N	√o [
					-		
	Has this stateme	ent been prepared using a basis of accounting other than St	NANCIAL atutory Accounting Pi	inciples (e.g., Generally Accepted			
		ciples)?aned during the year (inclusive of Separate Accounts, exclusive of Separate Accounts)					
		3 ,		20.12 To stockholders not officers			
				20.13 Trustees, supreme or grand (Fraternal Only)			
	T-4-1	lands substantian at the and of constitution of Constant	A		\$		
	policy loans):	loans outstanding at the end of year (inclusive of Separate	Accounts, exclusive of	20.21 To directors or other officers	s		
	policy location.			20.22 To stockholders not officers			
				20.23 Trustees, supreme or grand			
				(Fraternal Only)	\$		
	Were any assets obligation being	s reported in this statement subject to a contractual obligation reported in the statement?	on to transfer to anoth	er party without the liability for such	Yes [] N	No [X
2	If yes, state the a	amount thereof at December 31 of the current year:		21.21 Rented from others	\$		
				21.22 Borrowed from others	\$		
				21.23 Leased from others	\$		
				21.24 Other	\$		
	Does this statem guaranty associa	nent include payments for assessments as described in the ation assessments?	Annual Statement Ins	structions other than guaranty fund or	Yes [] N	√o [X
	If answer is yes:		2	2.21 Amount paid as losses or risk adjustmen	t\$		
			2	2.22 Amount paid as expenses	\$		
			2	2.23 Other amounts paid	\$		
	Does the reporti	ng entity report any amounts due from parent, subsidiaries of	or affiliates on Page 2	of this statement?	Yes [X	(] N	√o [
		ny amounts receivable from parent included in the Page 2 a rutilize third parties to pay agent commissions in which the					
	90 days?						No [X
2	If the response t	o 24.1 is yes, identify the third-party that pays the agents an	d whether they are a	related party.			
			Is the Third-Party Ag a Related Par				
		Name of Third-Party	(Yes/No)				
		INV	ESTMENT				
11	Were all the stor	cks, bonds and other securities owned December 31 of curr		he reporting entity has evolusive control in			
1		ession of the reporting entity on said date? (other than secur			Yes [)	(] 1	lo [

25.02	If no, give full and comp	blete information, relating thereto						
25.03	whether collateral is car	rried on or off-balance sheet. (an alter	program including value for collateral and amount of loaned securities, and native is to reference Note 17 where this information is also provided)					
25.04	For the reporting entity's Instructions.	s securities lending program, report a	mount of collateral for conforming programs as outlined in the Risk-Based Capital	.\$				0
25.05	For the reporting entity's	s securities lending program, report a	mount of collateral for other programs	.\$				0
25.06			ic securities) and 105% (foreign securities) from the counterparty at the] No] (]	N/A	[X]
25.07	Does the reporting entit	y non-admit when the collateral recei	ved from the counterparty falls below 100%?] No] (]	N/A	[X]
25.08			ending agent utilize the Master Securities lending Agreement (MSLA) to] No] (]	N/A	[X]
25.09	For the reporting entity's	s securities lending program state the	amount of the following as of December 31 of the current year:					
	25.092	Total book/adjusted carrying value of	al assets reported on Schedule DL, Parts 1 and 2	\$				0
26.1	control of the reporting	entity or has the reporting entity sold	g entity owned at December 31 of the current year not exclusively under the or transferred any assets subject to a put option contract that is currently in 25.03).	Yes	[X] N	lo []
26.2	If yes, state the amount	thereof at December 31 of the currer	26.21 Subject to repurchase agreements	. \$. \$. \$. \$. \$. \$. \$. \$		1		0 0 0 0 4,859 5,279 0
26.3	For category (26.26) pro	ovide the following:						_
26.3	For category (26.26) pro	ovide the following: 1 Nature of Restriction	2 Description		3 Amo	unt		
26.3		1	Description		<u>Amo</u>	unt)
26.327.1		1 Nature of Restriction	Description		4mo	unt		
27.1	Does the reporting entit	1 Nature of Restriction ty have any hedging transactions reponsive description of the hedging programs.	Description	Yes	<u>Amo</u>	ount 	lo [)	 X]
27.1 27.2	Does the reporting entit If yes, has a compreher If no, attach a description	1 Nature of Restriction ty have any hedging transactions reponsive description of the hedging programs.	Description	Yes	<u>Amo</u>	ount 	lo [)	 X]
27.1 27.2	Does the reporting entit If yes, has a compreher If no, attach a descriptic 7.3 through 27.5: FOR L	Nature of Restriction by have any hedging transactions reponsive description of the hedging progroun with this statement. LIFE/FRATERNAL REPORTING ENT	Description	Yes] No	<u>Amo</u> [] N	lo [)	X]
27.1 27.2 INES 2	Does the reporting entit If yes, has a compreher If no, attach a descriptic 7.3 through 27.5: FOR L Does the reporting entit	Nature of Restriction by have any hedging transactions reponsive description of the hedging progroun with this statement. LIFE/FRATERNAL REPORTING ENT	Description orted on Schedule DB? am been made available to the domiciliary state?	Yes] No Yes Yes Yes	[[[[[] N	lo [) N/A lo [lo [lo [X]
27.1 27.2 INES 2 27.3	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 2 following: The reporting e Hedging strate Actuarial certific reserves and p Financial Office Hedging Strate	Nature of Restriction ty have any hedging transactions reports the hedging progrous with this statement. LIFE/FRATERNAL REPORTING ENT ty utilize derivatives to hedge variable is YES, does the reporting entity utilize the reporting entity utilize the special accounting programments and the special accounting provides the impact of the hedging street certification has been obtained which indiction of the control of the hedging street certification has been obtained when the control of the hedging street certification has been obtained when the control of the hedging street certification has been obtained when the control of the hedging street certification has been obtained when the control of the hedging street certification has been obtained when the control of the hedging street the special accounting the special accounting programments are certification has been obtained when the special accounting the special accounting programments are certification has been obtained when the special accounting the special accounting programments are certification has been obtained when the special accounting the specia	Description Orted on Schedule DB? ITIES ONLY: annuity guarantees subject to fluctuations as a result of interest rate sensitivity? e: 27.41 Special accounting provision of SSAP No. 108 27.42 Permitted accounting practice 27.43 Other accounting guidance cocounting provisions of SSAP No. 108, the reporting entity attests to the	Yes J No Yes Yes Yes Yes	([[[[[[[[[[[[[[[[[[[] N] N] N] N	N/A N/A N/A N/A	X]
27.1 27.2 INES 2 27.3 27.4	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 2 following: The reporting entit Hedging strate Actuarial certific reserves and p Financial Office Hedging Strate its actual day-to Were any preferred stoo	Nature of Restriction ty have any hedging transactions reports the description of the hedging progrom with this statement. LIFE/FRATERNAL REPORTING ENT ty utilize derivatives to hedge variable is YES, does the reporting entity utilized to the special accounting the special accounting the special accounting the special accounting to the special accounting the spec	Description am been made available to the domiciliary state?	Yes] No Yes Yes Yes Yes Yes] N] N] N] N] N] N] N	N/A N/A N/A N/A	X] [X]]
27.1 27.2 INES 2 27.3 27.4	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 2 following: The reporting e Hedging strate Actuarial certific reserves and p Financial Office Hedging Strate its actual day-to Were any preferred stocissuer, convertible into e	Nature of Restriction ty have any hedging transactions reports the description of the hedging program with this statement. LIFE/FRATERNAL REPORTING ENT by utilize derivatives to hedge variable is YES, does the reporting entity utilize the reporting entity has obtained explicit approval from the special accounting prication has been obtained which indicover certification has been	Description Titles only: annuity guarantees subject to fluctuations as a result of interest rate sensitivity? e: 27.41 Special accounting provision of SSAP No. 108 27.42 Permitted accounting practice 27.43 Other accounting guidance cocounting provisions of SSAP No. 108, the reporting entity attests to the om the domiciliary state. provisions is consistent with the requirements of VM-21 attes that the hedging strategy is incorporated within the establishment of VM-21 attest that the hedging strategy meets the definition of a Clearly Defined Defined Hedging Strategy is the hedging strategy being used by the company in 31 of the current year mandatorily convertible into equity, or, at the option of the	Yes] No Yes Yes Yes Yes Yes] N] N] N] N] N	N/A N/A	X]
27.1 27.2 INES 2 27.3 27.4 27.5	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 2 following: The reporting entit Hedging strate Actuarial certific reserves and period office Hedging Strate its actual day-to Were any preferred storissuer, convertible into entities and the strategies of the	Nature of Restriction ty have any hedging transactions reports the description of the hedging program with this statement. LIFE/FRATERNAL REPORTING ENT by utilize derivatives to hedge variable its YES, does the reporting entity utilize the reporting entity than the special accounting prication has been obtained which indictorovides the impact of the hedging state of certification has been obtained which grow within VM-21 and that the Clearly oday risk mitigation efforts. Company is thereof at December 31 of the current entity to entity? Let thereof at December 31 of the current entity to entity the results of the position of the current entity the results of the current entity?	Description Orted on Schedule DB? ITIES ONLY: annuity guarantees subject to fluctuations as a result of interest rate sensitivity? e: 27.41 Special accounting provision of SSAP No. 108. 27.42 Permitted accounting practice. 27.43 Other accounting guidance. Cocounting provisions of SSAP No. 108, the reporting entity attests to the common the domiciliary state. Orovisions is consistent with the requirements of VM-21. attest that the hedging strategy is incorporated within the establishment of VM-21 attest within the Actuarial Guideline Conditional Tail Expectation Amount. ich indicates that the hedging strategy meets the definition of a Clearly Defined Defined Hedging Strategy is the hedging strategy being used by the company in 31 of the current year mandatorily convertible into equity, or, at the option of the	Yes] No Yes Yes Yes Yes Yes Yes	[[[[[[[[[[[[[[[[[[[] N] N] N] N] N] N	N/A N/A	X] [X]] X]
27.1 27.2 INES 2 27.3 27.4 27.5	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 2 following: • The reporting e • Hedging strate • Actuarial certification reserves and p • Financial Office Hedging Strate its actual day-to the day of	Nature of Restriction ty have any hedging transactions reponentiate description of the hedging program with this statement. LIFE/FRATERNAL REPORTING ENT by utilize derivatives to hedge variable is YES, does the reporting entity utilize derivatives to hedge variable is YES, does the reporting entity utilized to the special accounting prication has been obtained which indice to vides the impact of the hedging strate or Certification has been obtained where the reporting entity is mitigation efforts. Cks or bonds owned as of December equity? It thereof at December 31 of the current endule E, Part 3 - Special Deposits, readeposit boxes, were all stocks, bonds that a qualified bank or trust company in Functions, Custodial or Safekeeping A	Description orted on Schedule DB? am been made available to the domiciliary state?	Yes] No Yes Yes Yes Yes Yes Yes	[[[[[[[[[[[[[[[[[[[] N] N] N] N] N] N	N/A N/A	X] [X]] X]
27.1 27.2 INES 2 27.3 27.4 27.5	Does the reporting entit If yes, has a compreher If no, attach a description 7.3 through 27.5: FOR L Does the reporting entit If the response to 27.3 i By responding YES to 25 following: The reporting e Hedging strate Actuarial certific reserves and p Financial Office Hedging Strate its actual day-to Were any preferred stories actual day-to If yes, state the amount Excluding items in Scheoffices, vaults or safety custodial agreement wit Outsourcing of Critical For agreements that con	Nature of Restriction ty have any hedging transactions reports the description of the hedging program with this statement. LIFE/FRATERNAL REPORTING ENT by utilize derivatives to hedge variable is YES, does the reporting entity utilize derivatives to hedge variable is YES, does the reporting entity utilize derivatives to hedge variable is YES, does the reporting entity utilize derivatives to hedge variable is YES, does the reporting entity indication has been obtained which indication in the description of the hedging strategy within VM-21 and that the Clearly oday risk mitigation efforts. cks or bonds owned as of December equity? It thereof at December 31 of the current edule E, Part 3 - Special Deposits, readeposit boxes, were all stocks, bonds the a qualified bank or trust company in Functions, Custodial or Safekeeping Amply with the requirements of the NA	Description am been made available to the domiciliary state?	Yes Yes Yes Yes Yes Yes Yes Yes	[[[X]] N] N] N] N] N] N	lo [) N/A lo [lo [lo [lo [X] [X]] X]

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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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. This includes both primary and sub-advisors. 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	2
Name of Firm or Individual	Affiliation
Wellington Funds (US) LLC	U

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
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
			Securities Exchange	
288313	Wellington Funds (US) LLC	5493007617BARMGYJ883	Commission	NO
	-			

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	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
		0
30 2000 - Total		0

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

1	2	3	4
		Amount of Mutual	
		Fund's Book/Adjusted	
		Carrying Value	
	Name of Significant Holding of the	Attributable to the	Date of
Name of Mutual Fund (from above table)	Mutual Fund	Holding	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
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	43,602,556	40,666,182	(2,936,374)
31.2 Preferred stocks	0	0	0
31.3 Totals	43,602,556	40,666,182	(2,936,374)

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 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes	[X]	No []
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 its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security: a. The security was either: i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities"). b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security. c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators. d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation. Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?	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?	(] M	lo [1	N/A [1

38.1	Does the reporting entity directly hold cryptocurrencies?			Yes [] N	o [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	r premiums on policies?		Yes [] N	o [X]
39.2	1.2 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					
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of	of premiums or that are held directly	y.			
	1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums			
	OTHER	₹	ļ	<u>l</u>		
40.1	Amount of payments to trade associations, service organizations and statistical or rational List the name of the organization and the amount paid if any such payment represent service organizations, and statistical or rating bureaus during the period covered by the Name	ed 25% or more of the total paymer nis statement.	nts to trade associatio			
41.1	Amount of payments for legal expenses, if any?			\$		4, 131
41.2	List the name of the firm and the amount paid if any such payment represented 25% during the period covered by this statement.	or more of the total payments for le	gal expenses			
	1 Name Buck Keenan LLP	Amou	2 nt Paid 4, 131			
42.1	Amount of payments for expenditures in connection with matters before legislative bo	odies, officers, or departments of go	vernment, if any?	\$		0
42.2	List the name of the firm and the amount paid if any such payment represented 25% connection with matters before legislative bodies, officers, or departments of governments.					
	1 Name	Amou	2 Int Paid 0			

GENERAL INTERROGATORIES

1.1	1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?					
1.2	.2 If yes, indicate premium earned on U. S. business only.					
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?					
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	
	nadac da nadac da na nadac da promo na nadac da da promo na nadac da da nadac da nad		·		_	
1.6	Individual policies: Most current t	hree years:				
	1.61 Total pre	mium earned	à		0	
	1.62 Total inc	urred claims	ò		0	
	1.63 Number	of covered lives			0	
	All veges prior	to most surrent three vector				
		to most current three years:	1		Λ	
	·	urred claims				
		of covered lives				
	1.00 Number	01 00 00 10 00 11 10 10 10 10 10 10 10 1			•	
1.7	Group policies: Most current t	hree years:				
		mium earned				
		urred claims				
	1.73 Number	of covered lives			0	
	AU					
	• •	to most current three years:	•		٥	
		urred claims				
		of covered lives				
	1.70 Number	or covered lives			•	
2.	Health Test:					
	1,	2				
	Current Year	Prior Year				
	2.1 Premium Numerator					
	2.2 Premium Denominator 0 2.3 Premium Ratio (2.1/2.2) 0.000					
	2.3 Premium Ratio (2.1/2.2)					
	2.5 Reserve Denominator					
	2.6 Reserve Ratio (2.4/2.5)					
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:					
		ting policies	\$.0	
		icipating policies				
4.	For mutual reporting Entities and Reciprocal Exchanges only:					
4.1	Does the reporting entity issue assessable policies?] No [X]		
4.2	Does the reporting entity issue non-assessable policies?] No [X]	Λ	
4.3 4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums	S	\$	0.	0	
					_	
5.	For Reciprocal Exchanges Only:					
5.1	Does the Exchange appoint local agents?		Yes [] No [X]		
5.2	If yes, is the commission paid:			1		
	5.21 Out of Attorney's-in-fact compensation] N/A []	
5.3	5.22 As a direct expense of the exchange] NO [J N/A [J	
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

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? The Company cedes 100% of its business to The Hanover Insurance Company (Hanover). Hanover maintains workers' compensation coverage under its casualty excess of loss reinsurance agreement.						
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: The Company uses multiple models including Moody's/RMS RiskLink v21 and Verisk Extreme Event Solution/AIR Touchstone v10 Catastrophe Modeling software packages to estimate the Company's probable maximum loss. These exposures are a combination of personal and commercial property risks. The major concentration of losses is in the Northeast.						
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?						
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?	Ye	s []	l N	0 [Х]
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 cedes 100% of its business to The Hanover Insurance Company.						
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)?	Ye	s []	l N	0 [Х]
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)?	Ye	s []	l N	0 []
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?	Ye	s []] N	0 [Х]
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.	Ye	s [1 N	0 [X 1
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.					0 [
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?	Ye	s []] N	0 [Х]
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, (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	Ye	s [X]] N]
10.	attestation supplement. 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?					o [N/A	_

GENERAL INTERROGATORIES

	Has the reporting entity guaranteed policies issued by	by any other entity and no	w in force?			Yes []	NO [X]
1.2	If yes, give full information						
2.1	If the reporting entity recorded accrued retrospective amount of corresponding liabilities recorded for:	premiums on insurance	contracts on Line 15.3 c	of the asset schedule, F	Page 2, state the		
	, ,	•	id losses				
		12.12 Unpa	id underwriting expense	es (including loss adjus	tment expenses)	\$	
2.2	Of the amount on Line 15.3, Page 2, state the amou	nt which is secured by let	ters of credit, collateral	and other funds		\$	
2.3	If the reporting entity underwrites commercial insura accepted from its insureds covering unpaid premium] No [X] N/A [
2.4	If yes, provide the range of interest rates charged ur	•	e period covered by this				0.0 %
2.5	Are letters of credit or collateral and other funds recopromissory notes taken by a reporting entity, or to so losses under loss deductible features of commercial	ecure any of the reporting	entity's reported direct	unpaid loss reserves . i	ncluding unpaid	Yes []	No [X]
2.6	If yes, state the amount thereof at December 31 of the	he current vear:					
	,		rs of Credit			\$	
			teral and other funds				
						•	
3.1	Largest net aggregate amount insured in any one ris	sk (excluding workers' cor	npensation):			\$	
3.2	Does any reinsurance contract considered in the cal reinstatement provision?					Yes []	No [X]
3.3	State the number of reinsurance contracts (excludin facilities or facultative obligatory contracts) consider	g individual facultative risled in the calculation of the	k certificates, but includ e amount	ing facultative program	s, automatic		
4.1	Is the company a cedant in a multiple cedant reinsur	rance contract?				Yes []	No [X]
4.2	If yes, please describe the method of allocating and	· ·	0				
1.3	If the answer to 14.1 is yes, are the methods describ contracts?					Yes []	No []
	If the answer to 14.3 is no, are all the methods desc	ribed in 14.2 entirely conta	ained in written agreem	ents?		Yes []	No []
	If the answer to 14.4 is no, please explain:						
5.1	Has the reporting entity guaranteed any financed pre	emium accounts?				Yes []	No [X]
5.2	If yes, give full information						
6.1	Does the reporting entity write any warranty busines					Yes []	No [X]
	If yes, disclose the following information for each of	the following types of wan	anty coverage.				
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned		5 t Premium arned
	Home	t	0	0			
.11		0	0 .	0			
	Products						
.12 .13	Automobile		0	0			
.12 .13	Automobile	0	0	0		0	
.12 .13	Automobile	0	0	0			
5.13	Automobile Other* * Disclose type of coverage:	0 le on unauthorized reinsu	0 Irance in Schedule F - F	0 Part 3 that is exempt fro	om the statutory	0	No [X]
5.12 5.13 5.14	Automobile	0 le on unauthorized reinsu	0 urance in Schedule F - F	Part 3 that is exempt from	om the statutory	0	
5.12 5.13 5.14	Automobile Other* * Disclose type of coverage: Does the reporting entity include amounts recoverable provision for unauthorized reinsurance?	ole on unauthorized reinsure prior to July 1, 1984, and Provide the following information 17.11 Gross a	orance in Schedule F - F d not subsequently rene formation for this exempt mount of unauthorized	Part 3 that is exempt from ion:	om the statutory	0 Yes []	No [X]
i.12 i.13 i.14	Automobile	ole on unauthorized reinsure prior to July 1, 1984, and Provide the following information 17.11 Gross a from the	urance in Schedule F - F	Part 3 that is exempt from ion: reinsurance in Schedul unauthorized reinsurar	e F - Part 3 exempt	Yes []	No [X]
5.12 5.13 5.14	Automobile	e prior to July 1, 1984, and Provide the following inform the 17.11 Gross a from the	d not subsequently rene ormation for this exempt mount of unauthorized e statutory provision for ed portion of Interrogato	Part 3 that is exempt from ion: reinsurance in Schedul unauthorized reinsurarry 17.11	om the statutory e F - Part 3 exempt	Yes []	No [X]
5.12 5.13 5.14	Automobile	ole on unauthorized reinsure prior to July 1, 1984, and Provide the following inform the 17.11 Gross a from the 17.12 Unfunde 17.13 Paid los	d not subsequently rene ormation for this exempl mount of unauthorized a e statutory provision for ed portion of Interrogato ses and loss adjustmer	Part 3 that is exempt from ion: reinsurance in Schedul unauthorized reinsurarry 17.11ry 17.11 texpenses portion of I	e F - Part 3 exempt	Yes []	No [X]
i.12 i.13 i.14	Automobile	e prior to July 1, 1984, and Provide the following inform the 17.11 Gross a from the 17.12 Unfunde 17.13 Paid los 17.14 Case re	d not subsequently rene primation for this exempt mount of unauthorized a statutory provision for ed portion of Interrogato ses and loss adjustmer serves portion of Interrogation in Interrogati	Part 3 that is exempt from ion: reinsurance in Schedul unauthorized reinsurarry 17.11	e F - Part 3 exempt icenterrogatory 17.11	Yes []	No [X]
5.12 5.13 5.14	Automobile	e prior to July 1, 1984, and Provide the following informathe 17.11 Gross a from the 17.12 Unfunde 17.13 Paid los 17.14 Case re 17.15 Incurred	d not subsequently rene ormation for this exempl mount of unauthorized a e statutory provision for ed portion of Interrogato ses and loss adjustmer	Part 3 that is exempt from ion: reinsurance in Schedul unauthorized reinsurarry 17.11	e F - Part 3 exempt	Yes []	No [X]

GENERAL INTERROGATORIES

18.1	Do you act as a custodian for health savings accounts?	Yes []	No [[X]	l
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	S				0
18.3	Do you act as an administrator for health savings accounts?	Yes []	No [[X]	ĺ
18.4	If yes, please provide the balance of funds administered as of the reporting date.	S				0
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X]	No [[]	i
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 [1	No [. 1	ı

FIVE-YEAR HISTORICAL DATA

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

	Show amounts in whole d	ollars only, no cents;				
		1 2024	2 2023	3 2022	4 2021	5 2020
	Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)	2024	2023	2022	2021	2020
1.	Liability lines (Lines 11, 16, 17, 18 & 19)	68,705,285	76,553,333	131,863,636	101,650,962	136,619,227
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	30,670,913				
3.	Property and liability combined lines (Lines 3, 4, 5,					
4	8, 22 & 27)	76,884,130	88,767,722	88,459,495	87,094,870	84 , 108 , 606
4.	29, 30 & 34)	1,360,295	1,375,793	1,281,400	591,764	1,229,587
5.	Nonproportional reinsurance lines (Lines 31, 32 &	0	0	0	0	0
6.	33)			260 703 044	•	2/7 /01 581
0.	Net Premiums Written (Page 8, Part 1B, Col. 6)	177,020,020	207,092,099	200,730,344	220,001,007	247,401,301
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
9.	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
	Statement of Income (Page 4)					
13	Net underwriting gain (loss) (Line 8)	0	0	0		0
14.	Net investment gain (loss) (Line 11)	995,065	1,084,961			1,294,125
15.	Total other income (Line 15)	0	0	0		0
16.	Dividends to policyholders (Line 17)	0	0			0
17.	Federal and foreign income taxes incurred (Line 19)	90,332	429,459	182,362	138,385	320,615
18.	Net income (Line 20)	904,733	655,502	785,078	2,858,022	973,510
10	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	102,607,373	101,533,622	101,408,519	101,032,943	98,911.053
20.	Premiums and considerations (Page 2, Col. 3)	, ,	, ,	, ,	, ,	, ,
	20.1 In course of collection (Line 15.1)	0	0	0		0
	20.2 Deferred and not yet due (Line 15.2)	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)	052 641	2 010 125	1 471 240	4 421	2 616 202
22.	Losses (Page 3, Line 1)	933,041	ده ۱۶٫۱۵۶	1,471,348		0 10,282
23.	Loss adjustment expenses (Page 3, Line 3)	0	0	0		0
24.	Unearned premiums (Page 3, Line 9)	0	0	0		0
25.	Capital paid up (Page 3, Lines 30 & 31)	4,200,000	4,200,000			4,200,000
26.	Surplus as regards policyholders (Page 3, Line 37)	101,653,732	98,714,487	99,937,171	101,028,512	95,294,771
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	(2,083,194)	1,990,352	4,684,633	(4,317,168)	3,996,200
	Risk-Based Capital Analysis					
28.	Total adjusted capital					
29.	Authorized control level risk-based capital	821,930	863,314	848,452	885,598	420, 133
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30.	Bonds (Line 1)	43.2	43.5	42.1	41.8	38.5
31.	Stocks (Lines 2.1 & 2.2)	53.4	51.6	53.0	55.5	57.7
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)	3.3	4.8	4.5	2.6	3.8
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)	0.1	0.1	0.4	0.0	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
40. 41.						
71.	Cash, cash equivalents and invested assets (Line 12)	100.0	100 .0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and					
42.	Affiliates 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)	n	n			n
44.	Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	52 004 555	51 590 267	52 102 504	54 104 167	55 901 52 <i>4</i>
45.	A CC					
	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 Total of above Lines 42 to 47	0	U = 00 007	0	U = 0.4 107	0
48. 49.	Tatal lavastas aut in Dans at included in Lines 40 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)	53.0	52.3	53.1	53.6	58.6

FIVE-YEAR HISTORICAL DATA

(Continued)

			_			
		1 2024	2 2023	3 2022	4 2021	5 2020
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	1,315,188	(1,514,137)	(1,090,662)	(1,607,367)	2,231,387
52.	Dividends to stockholders (Line 35)	0	0	0	0	(3,000,000)
53.	Change in surplus as regards policyholders for the year (Line 38)	2,939,245	(1,222,684)	(1,091,341)	5,733,740	(2,395,168
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11, 16, 17, 18 & 19)	52,251,838	61,625,475	73,443,905	55,405,644	70,318,292
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	20,598,763	25,267,630	20,413,730	16,921,365	14,454,816
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	44,141,307	44,483,882	45,503,676	39,653,683	27,907,405
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	172,411	0	43,890	1,350,088	2,263,241
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.	Total (Line 35)	117, 164,319	131,376,987	139,405,201	113,330,780	114,943,754
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11, 16, 17, 18 & 19)					
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
65.	Total (Line 35)	0	0	0	0	0
	Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)					
67.	Losses incurred (Line 2)					
68.	Loss expenses incurred (Line 3)					
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
	Other Percentages					
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			
7.	One Year Loss Development (\$000 omitted)					
74.	evenence incurred prior to current year (Cohedula	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
	Two Year Loss Development (\$000 omitted)					
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	0.0	0.0	0.0	0.0	0.0
	divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	I U.U	1 0.0

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

(\$000 OMITTED)

		Pr	emiums Earn	ed		(+	Los	s and Loss Ex	pense Payme	ents			12
Years in 1 2 3				Defense and Cost		Adjusting and Other		10	11				
Which					Loss Pa	yments	Containment Payments		Payments				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
_	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	1,844	1,844	792	792	0	0	0	0	XXX
2.	2015	232,975	232,975	0	102,108	102,108	25,599	25,599	10,402	10,402	0	0	XXX
3.	2016	221,542	221,542	0	98,412	98,412	28,629	28,629	11,926	11,926	0	0	XXX
4.	2017	223,091	223,091	0	105,872	105,872	24,487	24 , 487	10,305	10,305	0	0	XXX
5.	2018	234,406	234,406	0	108,083	108,083	23,985	23,985	7,713	7,713	0	0	XXX
6.	2019	242 , 187	242 , 187	0	121,448	121,448	25,936	25,936	6,242	6,242	0	0	XXX
7.	2020	237,993	237,993	0	119,612	119,612	13,513	13,513	5,802	5,802	0	0	XXX
8.	2021	244,748	244,748	0	104,880	104,880	13,949	13,949	5,607	5,607	0	0	XXX
9.	2022	257,782	257,782	0	70,745	70,745	8 , 354	8 , 354	4,928	4,928	0	0	XXX
10.	2023	233,256	233,256	0	53,299	53,299	3,981	3,981	1,950	1,950	0	0	XXX
11.	2024	190,404	190,404	0	30,508	30,508	1,243	1,243	1,876	1,876	0	0	XXX
12.	Totals	XXX	XXX	XXX	916,811	916,811	170,469	170,469	66,751	66,751	0	0	XXX

												23	24	25
		Losses Unpaid Case Basis Bulk + IBNR				Defense and Cost Containment Unpaid Case Basis Bulk + IBNR			Adjusting and Other					
		13	14	15	16	17			19 20		Unpaid 21 22			Number
		Direct		Direct		Direct		Direct		Direct		Salvage and Subrog-	Total Net Losses and	of Claims Outstand- ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	9,920	9,920	17,443	17,443	2,416	2,416	2,207	2,207	0	0	0	0	364
2.	2015	1,621	1,621	3,060	3,060	241	241	1,130	1, 130	0	0	0	0	56
3.	2016	5,039	5,039	3,983	3,983	1,015	1,015	1,115	1, 115	232	232	0	0	119
4.	2017	9 , 423	9,423	5,091	5,091	1 , 130	1,130	1,439	1,439	168	168	0	0	200
5.	2018	3,622	3,622	5,761	5,761	1 , 193	1 , 193	1,797	1,797	308	308	0	0	297
6.	2019	13,268	13,268	9,967	9,967	2,755	2,755	3,665	3,665	500	500	0	0	185
7.	2020	14,764	14,764	11,605	11,605	2,720	2,720	6,239	6,239	734	734	0	0	179
8.	2021	22,516	22,516	20 , 175	20 , 175	5,960	5,960	10,659	10,659	1,014	1,014	0	0	324
9.	2022	26 , 156	26 , 156	32,227	32,227	7,383	7,383	17,322	17,322	2,018	2,018	0	0	428
10.	2023	32,744	32,744	44,323	44,323	3,509	3,509	21,589	21,589	3, 153	3 , 153	0	0	558
11.	2024	14,884	14,884	55,149	55,149	1,310	1,310	19,314	19,314	3,340	3,340	0	0	1,132
12.	Totals	153,958	153,958	208,783	208,783	29,632	29,632	86,476	86,476	11,467	11,467	0	0	3,842

			Total		Loss and L	oss Expense F	Percentage			34	Net Balance Sheet	
		Losses and	d Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount		Reserves Af	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and			Direct and				Loss	Company Pooling Participation	Losses	Loss Expenses
!		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2015	144 , 160	144 , 160	0	61.9	61.9	0.0	0	0	0.0	0	0
3.	2016	150,351	150,351	0	67.9	67.9	0.0	0	0	0.0	0	0
4.	2017	157,915	157,915	0	70.8	70.8	0.0	0	0	0.0	0	0
5.	2018	152,463	152,463	0	65.0	65.0	0.0	0	0	0.0	0	0
6.	2019	183,781	183,781	0	75.9	75.9	0.0	0	0	0.0	0	0
7.	2020	174,989	174,989	0	73.5	73.5	0.0	0	0	0.0	0	0
8.	2021	184,760	184,760	0	75.5	75.5	0.0	0	0	0.0	0	0
9.	2022	169 , 133	169 , 133	0	65.6	65.6	0.0	0	0	0.0	0	0
10.	2023	164,548	164,548	0	70.5	70.5	0.0	0	0	0.0	0	0
11.	2024	127,623	127,623	0	67.0	67.0	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
NONE

Schedule P - Part 4 - Summary **N O N E**

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

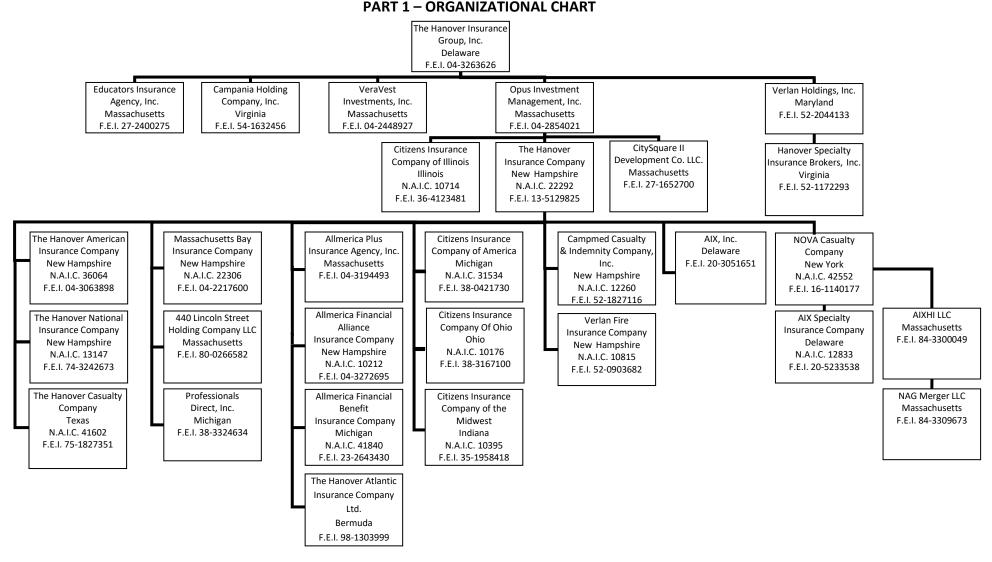
		1	Policy and Men Less Return F Premiums on Tak	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		Territories 5 Direct	6	7	8 Finance and	9 Direct Premiums Written for Federal
	States, Etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	Credited to Policyholders on Direct Business	Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included ir Column 2)
1.	Alabama AL	L	2,344,955	2,267,323	0	634,320	1,786,574	2,959,205	1,260	
2.	Alaska AK	L	- /	283,390	0	35,917	18,658	297,660	461	
3.	Arizona AZ	L		2,053,933	0	1, 111,589	436,873	2,292,063		
4.	Arkansas AR	L		1,323,000		677,697	982,258	1,639,543	60	
5. 6.	California CA	L	47, 178, 532 3, 108, 081	51,317,138	0	25,952,415	28,301,383 (3,452,894)	109,950,256	84,805 4.144	
o. 7.	Connecticut CT	L		2,683,521	0 0	1,020,113		3,196,805	,	
7. 8.	Delaware DE		398, 149	437,594	0	1,098,124	645,072 . 455,139 .	550,977		
9.	District of Columbia DC		262,533	273,714	0	1,000,000	17,707	350,977	885	
10.	Florida FL		12,416,526	13, 151, 405	0	6,622,981	9,231,329	15,249,022	-	
11.	GeorgiaGA		5,073,212	4,785,440		13, 112,540	5,671,879	10,167,805	, -	
12.	HawaiiHI		378,858	355,446		72,633	208,913	469,334	0	
13.	Idaho ID	L	1,420,762	1,569,074	0	126, 109	(355,071)	2,323,264	550	
14.	IllinoisIL		3,770,585	3,928,531	0	1,938,282	2,654,832	6,471,994	2,980	
15.	IndianaIN		1,566,815	1,689,876		612,093	386 , 172	1,827,765		
16.	lowaIA		1,086,289	927,745		137,087	173,489	1,210,979		
17.	Kansas KS		656,448	720,895		516,549	596,942	918,802		
18.	KentuckyKY		1,709,378	1,702,633		563,082	721,000	1,707,718		
19.	LouisianaLA		5,325,034	5,555,428		3, 154, 632	2,617,947	10,866,748		
20. 21.	MaineME MarylandMD			793,561		141,057	(1,381) 778,500	822,972 1,793,701		
	Massachusetts MA		3,384,956	3,776,967		1,237,686	(1,628,661)	1,793,701		
23.	Michigan MI		2,063,603	2,508,377	0	4,660,595	(1,028,001).	3,938,151		
24.	MinnesotaMN		2,170,717	2,304,253		439,969	(353,237)	3,403,204		
25.	Mississippi MS		1,954,210	1,917,924		491,757	2,116,569	3,156,946	- , -	
26.	Missouri MO		1,867,839	2,090,052		1,095,154	1,848,371	3,054,110	, -	
27.	Montana MT		609,657	759,904		527,867	21,874	798,421		
28.	Nebraska NE		539,595	530,377	0	219,404	26,731	608,457	1,090	
29.	NevadaNV		1,058,883	1,363,331	0	1,932,578	4,673,590	7, 182, 204		
30.	New HampshireNH		795,978	775,070	0	342, 199	(682,959)	1,348,981		
31.	New JerseyNJ		8,358,853	7,876,063		3,898,261	7,526,370	16,382,122		
32.	New MexicoNM		734,393	1,039,119		205,417	98,254	1,661,172		
33.	New YorkNY		17,693,425	18,867,777	0	10,025,876	13, 122,614	46,272,016	,	
34.	North CarolinaNC North DakotaND		4,242,598	4,350,947		1,580,761	1,029,124	5,932,286		
35. 36.	OhioOH		505,748 1,701,379	515,593		132,750	238,495515,393	512,404		
30. 37.	OklahomaOK		1,701,379	1,990,302	0		961,174	2,355,831		
	Oregon OR		944,425	1,002,979	0	9,593,109	11,962,344	12,900,772	1,220	
	PennsylvaniaPA	L	5,290,570	5,364,439	0	3,673,036	2,085,566	11,754,835	5.505	
	Rhode Island RI	L		589,895	0	953,434	(1,374,709)	916.178	-,	
	South CarolinaSC		1,683,279	1,835,040		1,738,146	1,599,060	2,274,404		
42.	South Dakota SD	L		731,774	0	54,331	(270,210)	816,483		
43.	TennesseeTN	L	1,994,459	2,239,635	0	496 , 150	2,922,045	6,332,477	1,080	
44.	TexasTX	L	14,321,397	15,705,445	0	7, 188, 407	11,080,491	17,369,335		
	UtahUT	L	501,326	786,344	0	704,636	(166,516)	1,382,256		
	VermontVT	L		530,082	0	46,611	(259,824)	504,482		
	VirginiaVA	L		2,634,247	0	1,827,368	1,472,503	3,535,732		
	Washington WA	L		2,766,391	0	1,298,847	1,821,550	5,054,142	,	
	West VirginiaWV	L		848,766	0	746,971	(87,107)	926,127	260	
	WisconsinWI WyomingWY	L	1,359,396 307,134	1,457,397	0 0	488,027 114,243	(210,457). (188,199).	4,204,582 206,957		
	American SamoaAS		0	08, 171		0		0		
52. 53.	GuamGU		0	0		0	0	0		
	Puerto RicoPR	NN		0		0	0 .	0		
	U.S. Virgin IslandsVI	N	0	0	0	0	0	0		
	Northern Mariana									
	Islands MP	N		0	0	0		0		ļ
	CanadaCAN	N	0	0	0	0	0	0		
	Aggregate other alien . OT	XXX	0	0	0	0	0	0	0	ļ
59.	Totals	XXX	177,370,317	190,004,635	0	116,482,136	112,423,655	360,454,791	206,665	
58001.	DETAILS OF WRITE-INS	1001								
8001. 58002.		XXX								·····
8002. 8003.		XXX								
	Summary of remaining write-ins for Line 58 from									
8999.	overflow page Totals (Lines 58001 through	XXX	0	0	0	0	0	0	0	
	58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	
a) Activ	ve Status Counts:	7001	, ,	<u> </u>		<u> </u>	· ·	<u> </u>		1
1. L - 2. R	Licensed or Chartered - Licer - Registered - Non-domiciled F - Eligible - Reporting entities e (other than their state of dom	RRGsligible or appr	oved to write sur	plus lines in the	state	0 5. D - Dome autho	stic Surplus Line	s Insurer (DSLI)	- Reporting entitestate of domicile	ties

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

Premiums for Auto liability and physical damage are allocated to states based on principal garage. Premiums for Marine and Credit are allocated to those states where the insured is located. All other premiums are allocated to those states where the insured risks are located.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE NOVA CASUALTY COMPANY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE NOVA CASUALTY COMPANY **OVERFLOW PAGE FOR WRITE-INS**

NONE