



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

Campmed Casualty & Indemnity Company, Inc.

NAIC Group Code00880088NAIC Company Code12260Employer's ID Number52-1827116
(Current)(Prior)

Organized under the Laws ofNew Hampshire, State of Domicile or Port of EntryNH

Country of DomicileUnited States of America

Incorporated/Organized01/01/2011Commenced Business07/19/1993

Statutory Home Office4 Bedford Farms Drive, Suite 107Bedford, NH, US 03110-6528
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office440 Lincoln StreetWorcester, MA, US 01653-0002508-853-7200
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address440 Lincoln StreetWorcester, MA, US 01653-0002
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records440 Lincoln StreetWorcester, MA, US 01653-0002508-853-7200
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressWWW.HANOVER.COM

Statutory Statement ContactDennis M. Hazelwood508-855-7928
(Name)(Area Code) (Telephone Number)
DHAZELWOOD@HANOVER.COM508-853-6332
(E-mail Address)(FAX Number)

OFFICERS

PresidentJohn Conner RocheVice President & TreasurerNathaniel William Clarkin

Senior Vice President & SecretaryCharles Frederick Cronin

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO
Willard Ty-Lunn Lee, Executive Vice President
Bryan James Salvatore, Executive Vice President

Dennis Francis Kerrigan Jr., Executive Vice President & Chief Legal Officer
David John Lovely, Executive Vice President

Richard William Lavey, Executive Vice President
Denise Maureen Lowsley, Executive Vice President

DIRECTORS OR TRUSTEES

Jeffrey Mark Farber
Willard Ty-Lunn Lee
Patricia Ann Norton-Gatto #

Lindsay France Greenfield
David John Lovely
John Conner Roche

Dennis Francis Kerrigan Jr.
Denise Maureen Lowsley
Bryan James Salvatore

State ofMassachusettsSS:
County ofWorcester

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

John Conner Roche
President

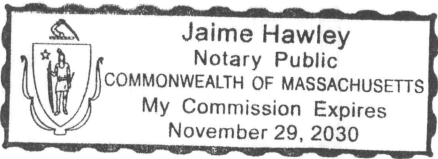
Charles Frederick Cronin
Senior Vice President & Secretary

Nathaniel William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this4thday ofNovember, 2025

Jaime L. Hawley
Notary
November 29, 2030

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



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	20,205,908	0	20,205,908	19,777,187
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$ 11,404), cash equivalents (\$ 215,800) and short-term investments (\$0)	227,204	0	227,204	296,103
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	15,000
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	20,433,112	0	20,433,112	20,088,290
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	125,002	0	125,002	127,478
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	20,598	0	20,598	13,867
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	20,578,712	0	20,578,712	20,229,635
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	20,578,712	0	20,578,712	20,229,635
DETAILS OF WRITE-INS				
1101.				
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	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	16,121	16,121
8. Borrowed money \$0 and interest thereon \$0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$466,632 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	1,871
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	1,684	1,604
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$0 and interest thereon \$0	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	17,805	19,596
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	17,805	19,596
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,000,000	3,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	7,000,000	7,000,000
35. Unassigned funds (surplus)	10,560,907	10,210,039
36. Less treasury stock, at cost:		
36.1 .....0 shares common (value included in Line 30 \$0)	0	0
36.2 .....0 shares preferred (value included in Line 31 \$0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	20,560,907	20,210,039
38. Totals (Page 2, Line 28, Col. 3)	20,578,712	20,229,635
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current	Prior Year	Prior Year Ended
	Year to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 712,329)	695,513	694,606	918,792
1.2 Assumed (written \$ 0)	0	0	0
1.3 Ceded (written \$ 712,329)	695,513	694,606	918,792
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	928,498	(259,942)	(113,044)
2.2 Assumed	0	0	0
2.3 Ceded	928,498	(259,942)	(113,044)
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	484,620	422,022	570,642
10. Net realized capital gains (losses) less capital gains tax of \$ (8,501)	(31,982)	(34,472)	(75,394)
11. Net investment gain (loss) (Lines 9 + 10)	452,638	387,550	495,248
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	452,638	387,550	495,248
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	452,638	387,550	495,248
19. Federal and foreign income taxes incurred	101,770	88,624	116,037
20. Net income (Line 18 minus Line 19)(to Line 22)	350,868	298,926	379,211
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	20,210,039	20,231,050	20,231,050
22. Net income (from Line 20)	350,868	298,926	379,211
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	0	0	(222)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	(400,000)
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	350,868	298,926	(21,011)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	20,560,907	20,529,976	20,210,039
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	(1,871)	(246)	1,625
2. Net investment income	463,039	403,847	550,773
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	461,168	403,601	552,398
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (8,501) tax on capital gains (losses)	100,000	84,999	117,000
10. Total (Lines 5 through 9)	100,000	84,999	117,000
11. Net cash from operations (Line 4 minus Line 10)	361,168	318,602	435,398
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,250,701	3,214,389	4,402,089
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	15,000	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,265,701	3,214,389	4,402,089
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,695,847	3,734,260	4,820,170
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	15,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,695,847	3,734,260	4,835,170
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(430,146)	(519,871)	(433,081)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	1,743
16.6 Other cash provided (applied)	80	(347)	(390)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	80	(347)	(2,133)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(68,898)	(201,616)	184
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	296,103	295,919	295,919
19.2 End of period (Line 18 plus Line 19.1)	227,204	94,303	296,103

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

20.0001. Bonds sold in settlement of intercompany dividend	0	0	(391,536)
20.0002. Accrued interest on bonds sold in settlement of intercompany dividend	0	0	(6,721)

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 350,868	\$ 379,211
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 350,868</u>	<u>\$ 379,211</u>
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 20,560,907	\$ 20,210,039
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 20,560,907</u>	<u>\$ 20,210,039</u>

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

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

C. Accounting Policy

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

D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Effective January 1, 2025, the company adopted the principles based bond definition ("PBBD") to determine if a debt security is a bond. The PBBD project assesses the debt securities based on substance over legal form. Under the new guidance, qualifying securities must meet specific criteria as either issuer credit obligations or asset-backed securities; those failing to meet these standards—typically due to equity-like features or lack of fixed payment schedules—will be reclassified to Schedule BA, potentially increasing risk-based capital charges. The changes require insurers to reassess all held securities, update accounting policies, and align reporting systems to reflect the revised classification standards. There were no securities reclassified off Schedule D-1 as of September 30, 2025.

NOTES TO FINANCIAL STATEMENTS

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. Asset-Backed Securities

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

(2) Not applicable

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

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

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	77,263

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

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	1,116,035

(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)

No change

2-4.

Not applicable

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

Not applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTE 7 Investment Income

A., B.

Not applicable

NOTES TO FINANCIAL STATEMENTS

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

Interest Income Due and Accrued	Amount
1. Gross	\$ 125,002
2. Nonadmitted	\$ -
3. Admitted	\$ 125,002

D., E.

Not applicable

NOTE 8 Derivative Instruments

Not applicable

NOTE 9 Income Taxes

No Change

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

A. Nature of Relationships

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

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

Not applicable

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

Not applicable

D. Amounts Due to or from Related Parties

At the end of the current reporting period, the Company reported \$1,684 as amounts due to an affiliate 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.

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

Not applicable

NOTE 11 Debt

Not applicable

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

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

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

Not applicable

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

A. Outstanding Shares

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

B. Dividend Rate of Preferred Stock

Not applicable

NOTES TO FINANCIAL STATEMENTS

(C-F) Dividend Restrictions

Pursuant to New Hampshire’s statute, the maximum dividend and other distributions that an insurer may pay in any twelve-month period, without prior approval of the New Hampshire Insurance Commissioner, is limited to the lesser of 10% of statutory policyholder surplus as of the preceding December 31, or net income. The Company declared an ordinary dividend of \$400,000 to Hanover on November 7, 2024. Accordingly, the maximum dividend that may be paid at January 1, 2025, without prior approval, is \$60,202. Subsequent to November 7, 2025, the maximum dividend payable without prior approval is \$460,202.

(G-M)

Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

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

Not applicable

G. All Other Contingencies

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

NOTE 15 Leases

A. Lessee Operating Lease:

Not applicable

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

Not applicable

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

A., B.

Not applicable

C. Wash Sales

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

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

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

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

- (2) The Company does not have any Level 3 assets or liabilities measured at fair value at the end of the reporting period.
- (3) The reporting entity's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.
- (4) For fair value measurements categorized within Level 2 of the fair value hierarchy, fair values of bonds are obtained by a quoted market price if available, otherwise, fair values are estimated using independent pricing sources or internally developed pricing models using discounted cash flow analyses.

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

- U.S. government – determination of direct versus indirect government support and whether any contingencies exist with respect to the timely payment of principal and interest.
- All other governments – estimates of appropriate market spread versus underlying related sovereign treasury curves dependent on liquidity and direct or contingent support.
- Corporate bonds, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the level and variability of: economic sensitivity; liquidity; corporate financial policies; management quality; regulatory environment; competitive position; ownership; restrictive covenants; and security or collateral.
- Municipal bonds, which are included in States, territories and possessions; Political subdivisions of states, territories and possessions; and Special revenue and special assessment obligations - overall credit quality, including assessments of the level and variability of: sources of payment such as income, sales or property taxes, levies or user fees; credit support such as insurance; state or local economic and political base; natural resource availability; and susceptibility to natural or man-made catastrophic events such as hurricanes, earthquakes or acts of terrorism.

NOTES TO FINANCIAL STATEMENTS

- Residential mortgage-backed securities, U.S. agency pass-thrus and collateralized mortgage obligations (“CMOs”) which are included in U.S. governments and Special revenue and special assessment obligations - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; and delinquency/default trends.
- Residential mortgage-backed securities, non-agency CMOs, which are included in Industrial and miscellaneous - estimates of prepayment speeds based upon: historical prepayment rate trends; underlying collateral interest rates; geographic concentration; vintage year; borrower credit quality characteristics; interest rate and yield curve forecasts; government or monetary authority support programs; tax policies; delinquency/default trends; and severity of loss upon default and length of time to recover proceeds following default.
- Commercial mortgage-backed securities, which are included in Industrial and miscellaneous bonds - overall credit quality, including assessments of the value and supply/demand characteristics of: collateral type such as office, retail, residential, lodging, or other; geographic concentration by region, state, metropolitan statistical area and locale; vintage year; historical collateral performance including defeasance, delinquency, default and special servicer trends; and capital structure support features.
- Asset-backed securities, which are included in Industrial and miscellaneous bonds – overall credit quality, including assessments of the underlying collateral type such as credit card receivables, auto loan receivables and equipment lease receivables; geographic diversification; vintage year; historical collateral performance including delinquency, default and casualty trends; economic conditions influencing use rates and resale values; and contract structural support features.

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

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer Credit Obligations	\$ 14,137,798	\$ 14,915,487	\$ 4,191,371	\$ 9,946,427	\$ -	\$ -	\$ -
Asset-Backed Securities	\$ 5,264,852	\$ 5,290,421	\$ -	\$ 5,264,852	\$ -	\$ -	\$ -
Cash and Short-Term Investments	\$ 227,204	\$ 227,204	\$ 227,204	\$ -	\$ -	\$ -	\$ -

- 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
- No change

NOTES TO FINANCIAL STATEMENTS

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

No change

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

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

NOTE 26 Intercompany Pooling Arrangements

Not applicable

NOTE 27 Structured Settlements

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability		09/30/2025
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

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000944695

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [] N/A [X]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2024

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/01/2021

6.4

By what department or departments?
New Hampshire Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....

0
13.

Amount of real estate and mortgages held in short-term investments:

\$.....

0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$.....0	\$.....0
14.22 Preferred Stock	\$.....0	\$.....0
14.23 Common Stock	\$.....0	\$.....0
14.24 Short-Term Investments	\$.....0	\$.....0
14.25 Mortgage Loans on Real Estate	\$.....0	\$.....0
14.26 All Other	\$.....0	\$.....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$.....0	\$.....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$.....0	\$.....0

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
.....

16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$

0

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

0

16.3

Total payable for securities lending reported on the liability page.

\$

0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 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 Name of Firm or Individual	2 Affiliation
Wellington Funds (US) LLC	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
288313	Wellington Funds (US) LLC	5493007617BARIMGYJ883	SEC	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. 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]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.
.....

Yes [] No [] N/A [X]
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.
.....

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	0.0	0.000	0	0	0	0	0	0	0	0
TOTAL			0	0	0	0	0	0	0	0

5.

Operating Percentages:

5.1 A&H loss percent0.000 %

5.2 A&H cost containment percent0.000 %

5.3 A&H expense percent excluding cost containment expenses0.000 %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....0
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....0
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 7.1

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

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

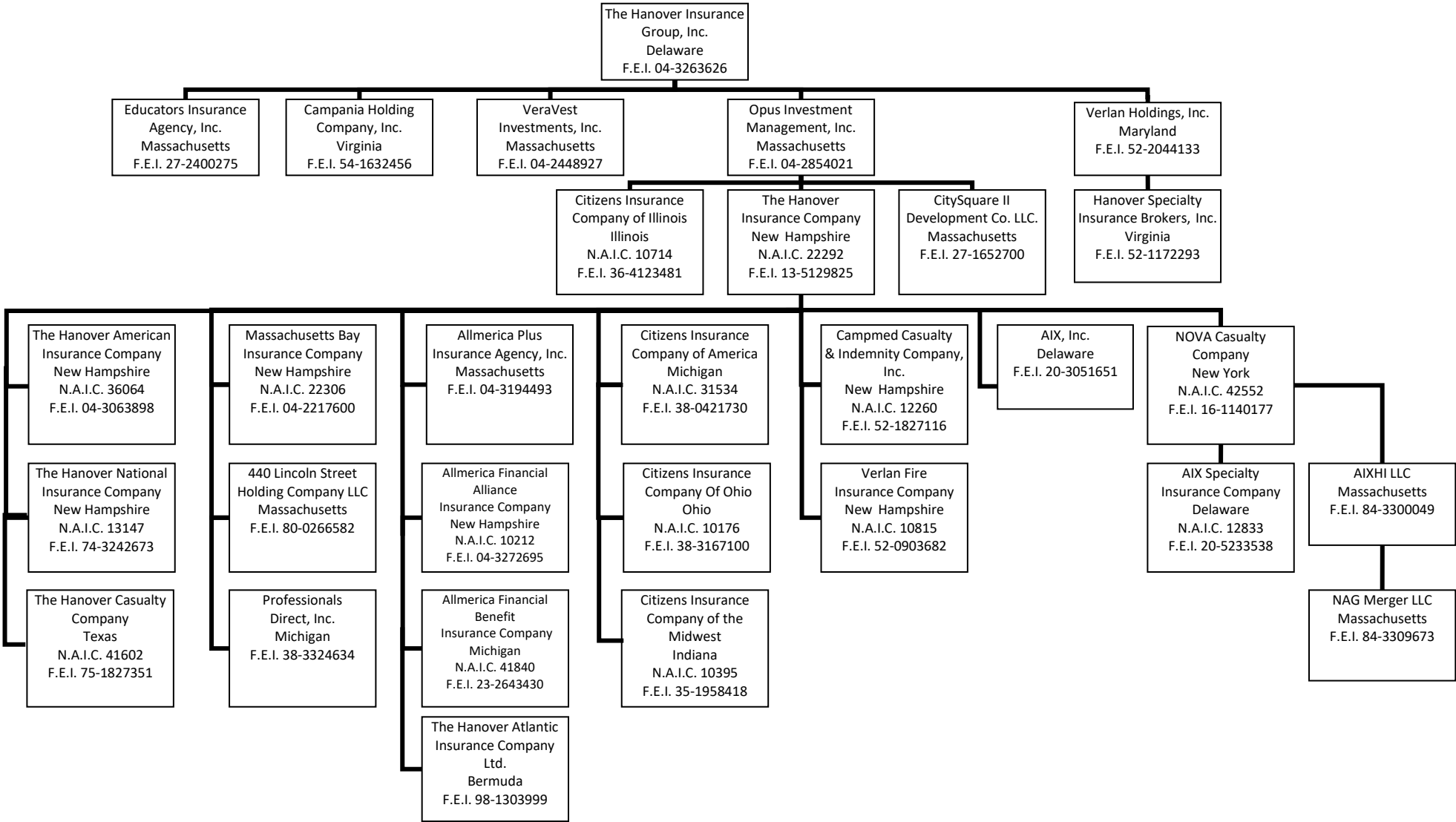
Current Year to Date - Allocated by States and Territories							
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	0	0	0	0	500	588
2. Alaska	AK	0	0	0	0	0	13
3. Arizona	AZ	2,356	30,897	0	0	37,525	40,864
4. Arkansas	AR	500	1,400	0	0	6,239	4,639
5. California	CA	136,815	120,354	0	10,500	445,022	263,879
6. Colorado	CO	564	537	0	0	1,655	1,394
7. Connecticut	CT	1,259	1,203	0	0	1,862	1,711
8. Delaware	DE	0	0	0	0	28	38
9. District of Columbia	DC	6,944	6,609	0	0	28,602	80,383
10. Florida	FL	0	184	0	0	663	1,318
11. Georgia	GA	7,200	6,450	0	0	7,673	6,539
12. Hawaii	HI	0	0	0	0	78	92
13. Idaho	ID	0	304	0	0	434	568
14. Illinois	IL	0	0	0	0	15	58
15. Indiana	IN	7,892	17,601	0	0	47,488	73,027
16. Iowa	IA	0	0	0	0	29	155
17. Kansas	KS	375	354	0	0	950	679
18. Kentucky	KY	0	0	0	0	0	11
19. Louisiana	LA	463	463	0	0	3,553	8,450
20. Maine	ME	0	(216)	0	0	97	198
21. Maryland	MD	10,350	6,876	0	0	53,456	(258,238)
22. Massachusetts	MA	0	0	0	0	(9,894)	(4,972)
23. Michigan	MI	26,478	23,940	0	0	32,020	10,996
24. Minnesota	MN	5,118	6,837	0	0	18,611	49,406
25. Mississippi	MS	1,267	1,212	0	0	1,682	1,277
26. Missouri	MO	316	521	0	0	729	6,810
27. Montana	MT	289	0	0	0	86	83
28. Nebraska	NE	0	0	0	0	242	210
29. Nevada	NV	0	0	0	0	5	(87)
30. New Hampshire	NH	255	244	0	0	345	342
31. New Jersey	NJ	0	0	0	0	264	265
32. New Mexico	NM	0	0	0	0	0	0
33. New York	NY	1,352	1,229	0	0	2,556	2,775
34. North Carolina	NC	10,172	7,237	0	0	(10,679)	(13,322)
35. North Dakota	ND	183	175	0	0	241	210
36. Ohio	OH	373	354	0	0	1,964	11,739
37. Oklahoma	OK	1,686	1,628	0	0	2,181	1,788
38. Oregon	OR	0	0	0	0	102	(584)
39. Pennsylvania	PA	11,214	9,627	0	515,750	237,004	581,112
40. Rhode Island	RI	0	0	0	0	252	279
41. South Carolina	SC	2,817	519	0	0	3,151	1,904
42. South Dakota	SD	0	0	0	0	182	248
43. Tennessee	TN	201	193	0	0	3,267	3,434
44. Texas	TX	424,281	396,677	0	0	1,415,778	689,944
45. Utah	UT	380	360	0	0	492	475
46. Vermont	VT	0	0	0	0	130	263
47. Virginia	VA	49,323	37,749	0	0	49,878	13,491
48. Washington	WA	1,319	961	0	0	3,531	4,487
49. West Virginia	WV	392	372	0	0	510	441
50. Wisconsin	WI	194	186	0	0	1,531	2,250
51. Wyoming	WY	0	0	0	0	0	0
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	712,328	683,037	0	526,250	2,392,030	1,591,630
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts:

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

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

PART 1 – ORGANIZATIONAL CHART



Note: All Companies are wholly-owned.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.....	The Hanover Insurance Group .....	.....	80-0266582 ..	.....	.....	.....	440 Lincoln Street Holding Company LLC .....	..MA.....	.....NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	84-3300049 ..	.....	.....	.....	AIXHI LLC .....	..MA.....	.....NIA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....12833	20-5233538 ..	.....	.....	.....	AIX Specialty Insurance Company .....	..DE.....	.....IA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	20-3051651 ..	.....	.....	.....	AIX, Inc. ....	..DE.....	.....NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....10212	04-3272695 ..	.....	.....	.....	Allmerica Financial Alliance Insurance Co. .	..NH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....41840	23-2643430 ..	.....	.....	.....	Allmerica Financial Benefit Insurance Co. ...	..MI.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	04-3194493 ..	.....	.....	.....	Allmerica Plus Insurance Agency, Inc. ....	..MA.....	.....NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	54-1632456 ..	.....	.....	.....	Campania Holding Company, Inc. ....	..VA.....	.....NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....12260	52-1827116 ..	.....	.....	.....	Campmed Casualty & Indemnity Co. Inc. ....	..NH.....	.....RE.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....31534	38-0421730 ..	.....	.....	.....	Citizens Insurance Company of America ....	..MI.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....10714	36-4123481 ..	.....	.....	.....	Citizens Insurance Company of Illinois .....	..IL.....	.....IA.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....10176	38-3167100 ..	.....	.....	.....	Citizens Insurance Company of Ohio .....	..OH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....10395	35-1958418 ..	.....	.....	.....	Citizens Insurance Company of the Midwest ...	..IN.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	27-1652700 ..	.....	.....	.....	CitySquare II Development Co., L.L.C .....	..MA.....	.....NIA.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	27-2400275 ..	.....	.....	.....	Educators Insurance Agency, Inc. ....	..MA.....	.....NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	52-1172293 ..	.....	.....	.....	Hanover Specialty Insurance Brokers, Inc. ....	..VA.....	.....NIA.....	Verlan Holdings, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....22306	04-2217600 ..	.....	.....	.....	Massachusetts Bay Insurance Company .....	..NH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	84-3309673 ..	.....	.....	.....	NAG Merger LLC .....	..MA.....	.....NIA.....	AIXHI LLC	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....42552	16-1140177 ..	.....	.....	.....	NOVA Casualty Company .....	..NY.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	04-2854021 ..	.....	.....	.....	Opus Investment Management, Inc. ....	..MA.....	.....UIP.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	38-3324634 ..	.....	.....	.....	Professionals Direct, Inc. ....	..MI.....	.....NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....36064	04-3063898 ..	.....	.....	.....	The Hanover American Insurance Company ....	..NH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	98-1303999 ..	.....	.....	.....	The Hanover Atlantic Insurance Company Ltd.	..BMJ.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....YES.....	.....
.0088	The Hanover Insurance Group .....	.....41602	75-1827351 ..	.....	.....	.....	The Hanover Casualty Company .....	..TX.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....22292	13-5129825 ..	.....	.....	.....	The Hanover Insurance Company .....	..NH.....	.....UDP.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....	04-3263626 ..	.....	.....	.....	New York Stock Exchange .	..DE.....	.....UIP.....	.....	.....	0.000 .....	.....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....13147	74-3242673 ..	.....	.....	.....	The Hanover National Insurance Company ....	..NH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	04-2448927 ..	.....	.....	.....	VeraVest Investments, Inc. ....	..MA.....	.....NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.0088	The Hanover Insurance Group .....	.....10815	52-0903682 ..	.....	.....	.....	Verlan Fire Insurance Company .....	..NH.....	.....IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....
.....	The Hanover Insurance Group .....	.....	52-2044133 ..	.....	.....	.....	Verlan Holdings, Inc. ....	..MD.....	.....NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc. ....	....NO.....	.....

Asterisk	.....

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	0	0	0.0	0.0
2.1	Allied Lines	0	0	0.0	0.0
2.2	Multiple peril crop	0	0	0.0	0.0
2.3	Federal flood	0	0	0.0	0.0
2.4	Private crop	0	0	0.0	0.0
2.5	Private flood	0	0	0.0	0.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	0	0	0.0	0.0
5.1	Commercial multiple peril (non-liability portion)	0	0	0.0	0.0
5.2	Commercial multiple peril (liability portion)	0	0	0.0	0.0
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.1	Inland marine	0	0	0.0	0.0
9.2	Pet insurance	0	0	0.0	0.0
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability - occurrence	589,707	1,010,251	171.3	(44.1)
11.2	Medical professional liability - claims-made	90,939	(82,022)	(90.2)	175.6
12.	Earthquake	0	0	0.0	0.0
13.1	Comprehensive (hospital and medical) individual	0	0	0.0	0.0
13.2	Comprehensive (hospital and medical) group	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.1	Vision only	0	0	0.0	0.0
15.2	Dental only	0	0	0.0	0.0
15.3	Disability income	0	0	0.0	0.0
15.4	Medicare supplement	0	0	0.0	0.0
15.5	Medicaid Title XIX	0	0	0.0	0.0
15.6	Medicare Title XVIII	0	0	0.0	0.0
15.7	Long-term care	0	0	0.0	0.0
15.8	Federal employees health benefits plan	0	0	0.0	0.0
15.9	Other health	0	0	0.0	0.0
16.	Workers' compensation	0	0	0.0	0.0
17.1	Other liability - occurrence	10,602	2,066	19.5	(245.8)
17.2	Other liability - claims-made	2,879	1,539	53.5	(4,068.7)
17.3	Excess workers' compensation	0	0	0.0	0.0
18.1	Products liability - occurrence	1,386	(4,336)	(312.8)	225.9
18.2	Products liability - claims-made	0	1,000	0.0	0.0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0.0	0.0
19.2	Other private passenger auto liability	0	0	0.0	0.0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0.0	0.0
19.4	Other commercial auto liability	0	0	0.0	0.0
21.1	Private passenger auto physical damage	0	0	0.0	0.0
21.2	Commercial auto physical damage	0	0	0.0	0.0
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	0	0	0.0	0.0
27.	Boiler and machinery	0	0	0.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	Totals	695,513	928,498	133.5	(37.4)
DETAILS OF WRITE-INS					
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0	0	0
2.1	Allied Lines	0	0	0
2.2	Multiple peril crop	0	0	0
2.3	Federal flood	0	0	0
2.4	Private crop	0	0	0
2.5	Private flood	0	0	0
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.1	Inland marine	0	0	0
9.2	Pet insurance	0	0	0
10.	Financial guaranty	0	0	0
11.1	Medical professional liability - occurrence	247,961	605,453	602,948
11.2	Medical professional liability - claims-made	63,346	90,974	64,691
12.	Earthquake	0	0	0
13.1	Comprehensive (hospital and medical) individual	0	0	0
13.2	Comprehensive (hospital and medical) group	0	0	0
14.	Credit accident and health	0	0	0
15.1	Vision only	0	0	0
15.2	Dental only	0	0	0
15.3	Disability income	0	0	0
15.4	Medicare supplement	0	0	0
15.5	Medicaid Title XIX	0	0	0
15.6	Medicare Title XVIII	0	0	0
15.7	Long-term care	0	0	0
15.8	Federal employees health benefits plan	0	0	0
15.9	Other health	0	0	0
16.	Workers' compensation	0	0	0
17.1	Other liability - occurrence	5,011	11,431	10,861
17.2	Other liability - claims-made	2,300	3,050	3,013
17.3	Excess workers' compensation	0	0	0
18.1	Products liability - occurrence	839	1,421	1,524
18.2	Products liability - claims-made	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
19.3	Commercial auto no-fault (personal injury protection)	0	0	0
19.4	Other commercial auto liability	0	0	0
21.1	Private passenger auto physical damage	0	0	0
21.2	Commercial auto physical damage	0	0	0
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	0
24.	Surety	0	0	0
26.	Burglary and theft	0	0	0
27.	Boiler and machinery	0	0	0
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	319,457	712,329	683,037
DETAILS OF WRITE-INS				
3401.	.....		
3402.	.....		
3403.	.....		
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year- End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2025 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2022 + Prior													
2. 2023													
3. Subtotals 2023 + Prior													
4. 2024													
5. Subtotals 2024 + Prior													
6. 2025	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

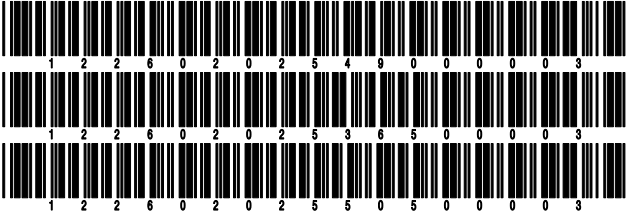
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
AUGUST FILING	
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

1.
3.
4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	19,777,187	19,820,469
2. Cost of bonds and stocks acquired	3,695,847	4,820,170
3. Accrual of discount	32,623	34,665
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	(40,482)	(91,111)
6. Deduct consideration for bonds and stocks disposed of	3,250,701	4,793,625
7. Deduct amortization of premium	8,566	13,381
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	20,205,908	19,777,187
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	20,205,908	19,777,187

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	13,691,738	101,600	804,952	57,693	14,040,440	13,691,738	13,046,079	14,518,982
2. NAIC 2 (a)	1,305,071	618,141	0	(53,803)	1,304,736	1,305,071	1,869,409	969,732
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	14,996,809	719,741	804,952	3,890	15,345,175	14,996,809	14,915,487	15,488,714
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	4,795,120	700,661	209,228	3,868	4,567,772	4,795,120	5,290,420	4,288,473
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	4,795,120	700,661	209,228	3,868	4,567,772	4,795,120	5,290,420	4,288,473
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	19,791,929	1,420,402	1,014,180	7,757	19,912,947	19,791,929	20,205,908	19,777,187

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	288,873	0
2. Cost of cash equivalents acquired	1,815,153	3,546,328
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	1,888,226	3,257,455
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	215,800	288,873
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	215,800	288,873

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
30225V-AK-3	EXTRA SPACE STORAGE LP .....	.....07/02/2025	JANE STREET		311,043	300,000	92	2.B FE
76209P-AJ-2	RGA GLOBAL FUNDING .....	.....09/10/2025	JANE STREET		101,600	100,000	222	1.E FE
871829-BU-0	SYSCO CORP .....	.....07/02/2025	SMBC-Global		307,098	300,000	5,440	2.B FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					719,741	700,000	5,754	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					719,741	700,000	5,754	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					719,741	700,000	5,754	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					719,741	700,000	5,754	XXX
3618N5-TY-5	G2 MB0566 - RMBS .....	.....08/13/2025	Jefferies & Co., Inc.		351,914	350,000	632	1.A
38381N-GR-3	GNR 2025-105 AP - CMO/RMBS .....	.....08/13/2025	Bank of Montreal		348,747	348,515	823	1.A
1019999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)					700,661	698,515	1,455	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					700,661	698,515	1,455	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	XXX
1909999997. Total - Asset-Backed Securities - Part 3					700,661	698,515	1,455	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					700,661	698,515	1,455	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					1,420,402	1,398,515	7,209	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					1,420,402	XXX	7,209	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..91282C-FE-6	UNITED STATES TREASURY	08/15/2025	Maturity @ 100.00		200,000	200,000	198,492	199,676	0	324	0	324	0	200,000	0	0	0	6,250	08/15/2025	1.A
..91282C-KQ-3	UNITED STATES TREASURY	07/02/2025	Wells		606,656	600,000	605,391	605,181	0	(229)	0	(229)	0	604,952	0	1,704	1,704	16,620	05/15/2034	1.A
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					806,656	800,000	803,883	804,857	0	95	0	95	0	804,952	0	1,704	1,704	22,870	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					806,656	800,000	803,883	804,857	0	95	0	95	0	804,952	0	1,704	1,704	22,870	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					806,656	800,000	803,883	804,857	0	95	0	95	0	804,952	0	1,704	1,704	22,870	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					806,656	800,000	803,883	804,857	0	95	0	95	0	804,952	0	1,704	1,704	22,870	XXX	XXX
..36179V-HF-0	G2 MA6530 - RMBS	09/01/2025	Paydown		275	275	276	277	0	(12)	0	(12)	0	275	0	0	0	5	03/20/2050	1.A
..36179V-ZQ-6	G2 MA7051 - RMBS	09/01/2025	Paydown		2,877	2,877	3,001	3,006	0	(129)	0	(129)	0	2,877	0	0	0	38	12/20/2050	1.A
..36179W-BY-3	G2 MA7255 - RMBS	09/01/2025	Paydown		4,015	4,015	4,167	4,183	0	(168)	0	(168)	0	4,015	0	0	0	67	03/20/2051	1.A
..36179W-NE-4	G2 MA7589 - RMBS	09/01/2025	Paydown		1,778	1,778	1,839	1,837	0	(59)	0	(59)	0	1,778	0	0	0	30	09/20/2051	1.A
..36179Y-2L-7	G2 MA9779 - RMBS	09/01/2025	Paydown		8,873	8,873	8,807	8,807	0	65	0	65	0	8,873	0	0	0	169	07/20/2054	1.A
..36180A-B9-3	G2 MA9964 - RMBS	09/01/2025	Paydown		7,484	7,484	7,259	7,259	0	225	0	225	0	7,484	0	0	0	124	10/20/2054	1.A
..3618N5-TY-5	G2 MB0566 - RMBS	09/01/2025	Paydown		463	463	466	463	0	(3)	0	(3)	0	463	0	0	0	2	08/20/2055	1.A
..38381N-GR-3	GNR 2025-105 AP - CMO/RMBS	09/01/2025	Paydown		580	580	580	580	0	0	0	0	0	580	0	0	0	2	05/20/2051	1.A
1019999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)					26,345	26,345	26,395	9,304	0	(72)	0	(72)	0	26,345	0	0	0	438	XXX	XXX
..31328P-YP-3	FH J18818 - RMBS	09/09/2025	Various		6,712	6,776	6,923	6,802	0	(12)	0	(12)	0	6,790	0	(78)	(78)	128	04/01/2027	1.A
..3132D6-JF-8	FH S88362 - RMBS	09/01/2025	Paydown		6,031	6,031	5,988	0	0	42	0	42	0	6,031	0	0	0	54	02/01/2040	1.A
..3132DN-EZ-2	FH SD1052 - RMBS	09/01/2025	Paydown		14,085	14,085	13,065	13,066	0	1,019	0	1,019	0	14,085	0	0	0	349	06/01/2052	1.A
..3132DU-LM-7	FH SD6632 - RMBS	09/01/2025	Paydown		8,293	8,293	7,784	7,784	0	509	0	509	0	8,293	0	0	0	216	12/01/2052	1.A
..3132WM-NJ-9	FH Q47592 - RMBS	09/09/2025	Various		38,932	41,754	42,805	43,647	0	(77)	0	(77)	0	43,570	0	(4,638)	(4,638)	1,130	04/01/2047	1.A
..31335A-BE-7	FH G60037 - RMBS	07/01/2025	Various		48	0	0	0	0	15	0	15	0	15	0	33	33	192	10/01/2043	1.A
..31335A-U3-0	FH G60602 - RMBS	09/09/2025	Various		34,788	37,001	39,065	39,577	0	(128)	0	(128)	0	39,449	0	(4,662)	(4,662)	1,001	11/01/2043	1.A
..3136AA-EK-7	FNR 2012-129 TD - CMO/RMBS	09/10/2025	Various		13,322	14,770	14,900	14,921	0	(12)	0	(12)	0	14,908	0	(1,587)	(1,587)	229	05/25/2040	1.A
..3136AH-H9-4	FNR 2013-130 A - CMO/RMBS	09/10/2025	Various		11,323	12,124	12,015	11,995	0	6	0	6	0	12,001	0	(677)	(677)	282	01/25/2044	1.A
..3140QP-FZ-5	FN CB3783 - RMBS	09/01/2025	Paydown		17,519	17,519	16,332	16,306	0	1,213	0	1,213	0	17,519	0	0	0	466	06/01/2052	1.A
..31418F-G2-7	FN MA5616 - RMBS	09/01/2025	Paydown		13,726	13,726	13,490	0	0	236	0	236	0	13,726	0	0	0	109	02/01/2040	1.A
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					164,778	172,079	172,367	154,097	0	2,811	0	2,811	0	176,386	0	(11,608)	(11,608)	4,155	XXX	XXX
..12664Q-AC-8	ONH 2023-A A3 - ABS	09/15/2025	Paydown		5,922	5,922	5,889	5,902	0	20	0	20	0	5,922	0	0	0	199	08/15/2028	1.A FE
..437918-AC-9	HAROT 2024-1 A3 - ABS	09/15/2025	Paydown		576	576	575	575	0	0	0	0	0	576	0	0	0	22	08/15/2028	1.A FE
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					6,498	6,498	6,465	6,478	0	20	0	20	0	6,498	0	0	0	212	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					197,620	204,921	205,227	169,879	0	2,759	0	2,759	0	209,229	0	(11,608)	(11,608)	4,804	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					197,620	204,921	205,227	169,879	0	2,759	0	2,759	0	209,229	0	(11,608)	(11,608)	4,804	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					197,620	204,921	205,227	169,879	0	2,759	0	2,759	0	209,229	0	(11,608)	(11,608)	4,804	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					1,004,277	1,004,921	1,009,110	974,736	0	2,854	0	2,854	0	1,014,181	0	(9,904)	(9,904)	27,675	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					1,004,277	XXX	1,009,110	974,736	0	2,854	0	2,854	0	1,014,181	0	(9,904)	(9,904)	27,675	XXX	XXX

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

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama	AL	0	0	0	0	0	0	0
2.	Alaska	AK	0	0	0	0	0	0	0
3.	Arizona	AZ	0	0	0	(4,628)	0	0	7,120
4.	Arkansas	AR	0	0	0	0	0	0	0
5.	California	CA	0	0	0	0	0	0	0
6.	Colorado	CO	0	0	0	0	0	0	0
7.	Connecticut	CT	0	0	0	0	0	0	0
8.	Delaware	DE	0	0	0	0	0	0	0
9.	District of Columbia	DC	6,694	4,825	0	1,101	0	0	26,669
10.	Florida	FL	0	0	0	0	0	0	0
11.	Georgia	GA	7,200	5,185	0	80	0	0	7,622
12.	Hawaii	HI	0	0	0	0	0	0	0
13.	Idaho	ID	0	0	0	0	0	0	0
14.	Illinois	IL	0	0	0	0	0	0	0
15.	Indiana	IN	4,771	15,290	0	(669)	0	0	37,631
16.	Iowa	IA	0	0	0	0	0	0	0
17.	Kansas	KS	0	0	0	0	0	0	0
18.	Kentucky	KY	0	0	0	0	0	0	0
19.	Louisiana	LA	0	0	0	(3,033)	0	0	2,892
20.	Maine	ME	0	0	0	0	0	0	0
21.	Maryland	MD	9,808	7,356	0	(4,306)	0	0	53,115
22.	Massachusetts	MA	0	0	0	(1,759)	0	0	(11,827)
23.	Michigan	MI	0	0	0	(4,833)	0	0	6,985
24.	Minnesota	MN	2,430	1,823	0	(1,415)	0	0	11,314
25.	Mississippi	MS	0	0	0	0	0	0	0
26.	Missouri	MO	0	0	0	(1,539)	0	0	0
27.	Montana	MT	0	0	0	0	0	0	0
28.	Nebraska	NE	0	0	0	0	0	0	0
29.	Nevada	NV	0	0	0	0	0	0	0
30.	New Hampshire	NH	0	0	0	0	0	0	0
31.	New Jersey	NJ	0	0	0	0	0	0	0
32.	New Mexico	NM	0	0	0	0	0	0	0
33.	New York	NY	0	0	0	0	0	0	0
34.	North Carolina	NC	0	0	0	0	0	0	0
35.	North Dakota	ND	0	0	0	0	0	0	0
36.	Ohio	OH	0	0	0	(1,138)	0	0	1,396
37.	Oklahoma	OK	0	0	0	0	0	0	0
38.	Oregon	OR	0	0	0	0	0	0	0
39.	Pennsylvania	PA	9,736	7,178	0	(1,603)	25,000	1	33,650
40.	Rhode Island	RI	0	0	0	0	0	0	0
41.	South Carolina	SC	0	0	0	0	0	0	0
42.	South Dakota	SD	0	0	0	0	0	0	0
43.	Tennessee	TN	0	0	0	0	0	0	0
44.	Texas	TX	0	0	0	0	0	0	0
45.	Utah	UT	0	0	0	0	0	0	0
46.	Vermont	VT	0	0	0	0	0	0	0
47.	Virginia	VA	17,810	16,163	0	10,349	0	0	22,866
48.	Washington	WA	0	0	0	0	0	0	0
49.	West Virginia	WV	0	0	0	0	0	0	0
50.	Wisconsin	WI	0	0	0	0	0	0	0
51.	Wyoming	WY	0	0	0	0	0	0	0
52.	American Samoa	AS	0	0	0	0	0	0	0
53.	Guam	GU	0	0	0	0	0	0	0
54.	Puerto Rico	PR	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	0	0	0	0	0	0	0
56.	Nothern Mariana Islands	MP	0	0	0	0	0	0	0
57.	Canada	CAN	0	0	0	0	0	0	0
58.	Aggregate Other Aliens	OT	0	0	0	0	0	0	0
59.	Totals		58,449	57,820	0	(13,393)	25,000	1	199,433
DETAILS OF WRITE-INS									
58001.	.....							
58002.	.....							
58003.	.....							
58998.	Summary of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	0	0	0	0	0	0	0	0
2. Alaska	0	0	0	0	0	0	0	0
3. Arizona	0	0	0	0	0	0	0	0
4. Arkansas	0	0	0	0	0	0	0	0
5. California	0	0	0	0	0	0	0	0
6. Colorado	0	0	0	0	0	0	0	0
7. Connecticut	0	0	0	0	0	0	0	0
8. Delaware	0	0	0	0	0	0	0	0
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	0	0	0	0
11. Georgia	0	0	0	0	0	0	0	0
12. Hawaii	0	0	0	0	0	0	0	0
13. Idaho	0	0	0	0	0	0	0	0
14. Illinois	0	0	0	0	0	0	0	0
15. Indiana	0	0	0	0	0	0	0	0
16. Iowa	0	0	0	0	0	0	0	0
17. Kansas	0	0	0	0	0	0	0	0
18. Kentucky	0	0	0	0	0	0	0	0
19. Louisiana	0	0	0	0	0	0	0	0
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	0	0	0	0	0	0	0	0
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	0	0	0	0	0	0	0	0
24. Minnesota	0	0	0	0	0	0	0	0
25. Mississippi	0	0	0	0	0	0	0	0
26. Missouri	0	0	0	0	0	0	0	0
27. Montana	0	0	0	0	0	0	0	0
28. Nebraska	0	0	0	0	0	0	0	0
29. Nevada	0	0	0	0	0	0	0	0
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	0	0	0	0	0	0	0	0
32. New Mexico	0	0	0	0	0	0	0	0
33. New York	0	0	0	0	0	0	0	0
34. North Carolina	0	0	0	0	0	0	0	0
35. North Dakota	0	0	0	0	0	0	0	0
36. Ohio	0	0	0	0	0	0	0	0
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	0	0	0	0	0	0	0	0
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	0	0	0	0	0	0	0	0
42. South Dakota	0	0	0	0	0	0	0	0
43. Tennessee	0	0	0	0	0	0	0	0
44. Texas	0	0	0	0	0	0	0	0
45. Utah	0	0	0	0	0	0	0	0
46. Vermont	0	0	0	0	0	0	0	0
47. Virginia	0	0	0	0	0	0	0	0
48. Washington	0	0	0	0	0	0	0	0
49. West Virginia	0	0	0	0	0	0	0	0
50. Wisconsin	0	0	0	0	0	0	0	0
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Nothern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Designate the type of health care providers reported on this page:
Other health care professionals, including dentists, chiropractors, and podiatrists

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama	0	223	0	0	(33)	0	0	500
2. Alaska	0	0	0	0	(10)	0	0	0
3. Arizona	2,356	12,494	0	0	1,241	0	0	30,334
4. Arkansas	500	4,142	0	0	1,131	0	0	6,239
5. California	136,441	114,608	0	0	170,737	250,000	1	200,080
6. Colorado	564	746	0	0	81	0	0	1,432
7. Connecticut	1,259	915	0	0	269	0	0	1,862
8. Delaware	0	0	0	0	4	0	0	28
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	(405)	0	0	663
11. Georgia	0	0	0	0	(37)	0	0	51
12. Hawaii	0	0	0	0	21	0	0	78
13. Idaho	0	51	0	0	(118)	0	0	434
14. Illinois	0	0	0	0	(24)	0	0	15
15. Indiana	3,121	3,828	0	0	215	0	0	7,796
16. Iowa	0	0	0	0	(80)	0	0	29
17. Kansas	375	561	0	0	184	0	0	950
18. Kentucky	0	0	0	0	(8)	0	0	0
19. Louisiana	463	347	0	0	43	0	0	661
20. Maine	0	0	0	0	(55)	0	0	97
21. Maryland	542	760	0	0	(6,413)	0	0	250
22. Massachusetts	0	0	0	0	(1,722)	0	0	1,526
23. Michigan	23,872	26,727	0	0	(11,285)	0	0	28,094
24. Minnesota	2,391	2,719	0	0	502	0	0	5,594
25. Mississippi	1,267	939	0	0	276	0	0	1,682
26. Missouri	316	318	0	0	(30)	0	0	729
27. Montana	289	153	0	0	27	0	0	86
28. Nebraska	0	133	0	0	21	0	0	242
29. Nevada	0	0	0	0	(36)	0	0	19
30. New Hampshire	255	187	0	0	2	0	0	345
31. New Jersey	0	0	0	0	0	0	0	0
32. New Mexico	0	0	0	0	0	0	0	0
33. New York	1,352	980	0	0	(59)	0	0	2,663
34. North Carolina	8,772	9,070	0	0	970	500	1	17,006
35. North Dakota	183	132	0	0	21	0	0	241
36. Ohio	373	278	0	0	(13)	0	0	510
37. Oklahoma	1,686	1,264	0	0	258	0	0	2,181
38. Oregon	0	0	0	0	(115)	0	0	(3)
39. Pennsylvania	1,038	769	0	0	(184)	175,134	4	2,379
40. Rhode Island	0	89	0	0	(25)	0	0	252
41. South Carolina	2,817	1,995	0	0	625	0	0	3,151
42. South Dakota	0	0	0	0	13	0	0	182
43. Tennessee	201	513	0	0	(37)	0	0	1,258
44. Texas	415,996	414,700	0	0	785,823	850,022	4	607,225
45. Utah	380	272	0	0	8	0	0	492
46. Vermont	0	0	0	0	(45)	0	0	130
47. Virginia	29,263	21,312	0	0	(184)	0	0	29,038
48. Washington	1,319	907	0	0	(569)	0	0	3,531
49. West Virginia	392	283	0	0	47	0	0	510
50. Wisconsin	194	409	0	0	(349)	0	0	1,484
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	0	0	0	0	0	0	0	0
59. Totals	637,977	622,824	0	0	940,683	1,275,656	10	962,046
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	0	0	0	0	0	0	0	0
2. Alaska	0	0	0	0	0	0	0	0
3. Arizona	0	0	0	0	0	0	0	0
4. Arkansas	0	0	0	0	0	0	0	0
5. California	0	0	0	0	0	0	0	0
6. Colorado	0	0	0	0	0	0	0	0
7. Connecticut	0	0	0	0	0	0	0	0
8. Delaware	0	0	0	0	0	0	0	0
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	0	0	0	0
11. Georgia	0	0	0	0	0	0	0	0
12. Hawaii	0	0	0	0	0	0	0	0
13. Idaho	0	0	0	0	0	0	0	0
14. Illinois	0	0	0	0	0	0	0	0
15. Indiana	0	0	0	0	0	0	0	0
16. Iowa	0	0	0	0	0	0	0	0
17. Kansas	0	0	0	0	0	0	0	0
18. Kentucky	0	0	0	0	0	0	0	0
19. Louisiana	0	0	0	0	0	0	0	0
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	0	0	0	0	0	0	0	0
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	0	0	0	0	0	0	0	0
24. Minnesota	0	0	0	0	0	0	0	0
25. Mississippi	0	0	0	0	0	0	0	0
26. Missouri	0	0	0	0	0	0	0	0
27. Montana	0	0	0	0	0	0	0	0
28. Nebraska	0	0	0	0	0	0	0	0
29. Nevada	0	0	0	0	0	0	0	0
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	0	0	0	0	0	0	0	0
32. New Mexico	0	0	0	0	0	0	0	0
33. New York	0	0	0	0	0	0	0	0
34. North Carolina	0	0	0	0	0	0	0	0
35. North Dakota	0	0	0	0	0	0	0	0
36. Ohio	0	0	0	0	0	0	0	0
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	0	0	0	0	940	0	0	953
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	0	0	0	0	0	0	0	0
42. South Dakota	0	0	0	0	0	0	0	0
43. Tennessee	0	0	0	0	0	0	0	0
44. Texas	0	0	0	0	0	0	0	0
45. Utah	0	0	0	0	0	0	0	0
46. Vermont	0	0	0	0	0	0	0	0
47. Virginia	0	0	0	0	0	0	0	0
48. Washington	0	0	0	0	0	0	0	0
49. West Virginia	0	0	0	0	0	0	0	0
50. Wisconsin	0	0	0	0	0	0	0	0
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	940	0	0	953
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0