



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Campmed Casualty & Indemnity Company, Inc.

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

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

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

Statutory Home Office 4 Bedford Farms Drive, Suite 107 (Street and Number) Bedford, NH, US 03110-6528 (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address WWW.HANOVER.COM

Statutory Statement Contact Dennis M. Hazelwood (Name) 508-855-7928 (Area Code) (Telephone Number)
DHAZELWOOD@HANOVER.COM (E-mail Address) 508-853-6332 (FAX Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Massachusetts SS
County of Worcester

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

Handwritten signature of John Conner Roche

John Conner Roche
President

Handwritten signature of Dennis Francis Kerrigan Jr.

Dennis Francis Kerrigan Jr.
Executive Vice President, Chief Legal Officer & Secretary

Handwritten signature of Nathaniel William Clarkin

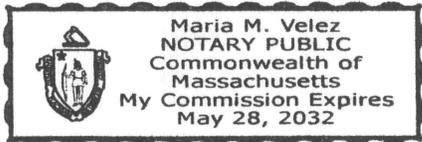
Nathaniel William Clarkin
Vice President & Treasurer

Subscribed and sworn to before me this 3rd day of February, 2026

Handwritten signature of Maria M. Velez

Maria M. Velez
Notary
May 28, 2032

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





ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 63
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF California

DURING THE YEAR 2025

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Medical professional liability, Earthquake, etc., and a total row (35).

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,580
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ .....6
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 CO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 22

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19DC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 10

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 31

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 22

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ .....6
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

19 MD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 212

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ ..... 63
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....

19 MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 43

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

19 MS



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 12

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

19 MO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 MT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 NIE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 NV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 NH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2025

NAIC Company Code 12260

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

19.NY

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

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 71

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

19 NC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 12260

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Medical professional liability, Earthquake, etc., and a total row at the bottom.

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

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

19 OH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 OR



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 317

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

19 PA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19.RI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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NAIC Group Code 0088

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 62

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

19.TN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 9,969

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

19.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19 UT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2025

NAIC Company Code 12260

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

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

19.VT



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ ..... 12
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....

19 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2025

NAIC Company Code 12260

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

19/WA

(a) Finance and service charges not included in Lines 1 to 35 \$ ..... 46
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2025

NAIC Company Code 12260

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

191WV

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



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 18

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

19.WI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2025

NAIC Company Code 12260

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

19.WV

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



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 12260

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

(a) Finance and service charges not included in Lines 1 to 35 \$ 12,683

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

19 GT

Schedule F - Part 1 - Assumed Reinsurance

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
13-5129825	22292	THE HANOVER INSURANCE COMPANY	NH		910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
0399999		Total authorized - affiliates - U.S. non-pool - other			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
0499999		Total authorized - affiliates - U.S. non-pool			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
0799999		Total authorized - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999		Total authorized - affiliates			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
1499999		Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
1899999		Total unauthorized - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999		Total unauthorized - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999		Total unauthorized - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999		Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999		Total certified - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999		Total certified - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999		Total certified - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999		Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999		Total reciprocal jurisdiction - affiliates - U.S. non-pool			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999		Total reciprocal jurisdiction - affiliates - other (non-U.S.)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999		Total reciprocal jurisdiction - affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999		Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999		Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999		Totals			910	0	0	552	157	1,323	739	429	0	3,200	0	0	0	3,200	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
13-5129825	THE HANOVER INSURANCE COMPANY	0	0		0	3,200	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total authorized - affiliates - U.S. non-pool - other	0	0	XXX	0	3,200	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total authorized - affiliates - U.S. non-pool	0	0	XXX	0	3,200	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total authorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	
0899999	Total authorized - affiliates	0	0	XXX	0	3,200	0	0	0	0	0	0	0	0	XXX	0	
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	3,200	0	0	0	0	0	0	0	0	XXX	0	
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2299999	Total unauthorized - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3299999	Total certified - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total certified - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
3699999	Total certified - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5099999	Total reciprocal jurisdiction - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5699999	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	XXX	0	3,200	0	0	0	0	0	0	0	0	XXX	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	XXX	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999	Totals	0	0	XXX	0	3,200	0	0	0	0	0	0	0	0	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38+39 +40+41
13-5129825	THE HANOVER INSURANCE COMPANY	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0399999	Total authorized - affiliates - U.S. non-pool - other	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999	Total authorized - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999	Total authorized - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999	Total authorized - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999	Total unauthorized - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999	Total certified - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3599999	Total certified - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999	Total certified - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5099999	Total reciprocal jurisdiction - affiliates	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
9999999	Totals	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPED CASUALTY & INDEMNITY COMPANY, INC.

**SCHEDULE F - PART 4**

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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	.....	0.000	0
2.	.....	0.000	0
3.	.....	0.000	0
4.	.....	0.000	0
5.	.....	0.000	0

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

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	THE HANOVER INSURANCE COMPANY .....	3,200	910	Yes [ X ] No [ ]
7.	.....	0	0	Yes [ ] No [ ]
8.	.....	0	0	Yes [ ] No [ ]
9.	.....	0	0	Yes [ ] No [ ]
10.	.....	0	0	Yes [ ] No [ ]

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

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	20,117,375	0	20,117,375
2. Premiums and considerations (Line 15) .....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0	0	0
5. Other assets .....	138,632	0	138,632
6. Net amount recoverable from reinsurers .....	0	3,200,000	3,200,000
7. Protected cell assets (Line 27) .....	0	0	0
8. Totals (Line 28) .....	20,256,007	3,200,000	23,456,007
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	2,771,000	2,771,000
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	16,792	0	16,792
11. Unearned premiums (Line 9) .....	0	429,000	429,000
12. Advance premiums (Line 10) .....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	0	0	0
15. Funds held by company under reinsurance treaties (Line 13) .....	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14) .....	0	0	0
17. Provision for reinsurance (Line 16) .....	0	0	0
18. Other liabilities .....	1,710	0	1,710
19. Total liabilities excluding protected cell business (Line 26) .....	18,502	3,200,000	3,218,502
20. Protected cell liabilities (Line 27) .....	0	0	0
21. Surplus as regards policyholders (Line 37)	20,237,505	XXX	20,237,505
22. Totals (Line 38)	20,256,007	3,200,000	23,456,007

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? ..... Yes [ X ] No [ ]

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

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

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

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	78.....	78.....	0.....	0.....	0.....	0.....	XXX.....
2. 2016.....	1,461.....	1,461.....	0.....	1,200.....	1,200.....	555.....	555.....	70.....	70.....	0.....	0.....	31.....
3. 2017.....	1,375.....	1,375.....	0.....	600.....	600.....	517.....	517.....	29.....	29.....	0.....	0.....	24.....
4. 2018.....	757.....	757.....	0.....	2.....	2.....	4.....	4.....	8.....	8.....	0.....	0.....	6.....
5. 2019.....	783.....	783.....	0.....	0.....	0.....	12.....	12.....	18.....	18.....	0.....	0.....	4.....
6. 2020.....	798.....	798.....	0.....	575.....	575.....	99.....	99.....	22.....	22.....	0.....	0.....	5.....
7. 2021.....	835.....	835.....	0.....	0.....	0.....	31.....	31.....	45.....	45.....	0.....	0.....	7.....
8. 2022.....	805.....	805.....	0.....	0.....	0.....	0.....	0.....	38.....	38.....	0.....	0.....	2.....
9. 2023.....	798.....	798.....	0.....	461.....	461.....	83.....	83.....	38.....	38.....	0.....	0.....	6.....
10. 2024.....	787.....	787.....	0.....	0.....	0.....	1.....	1.....	15.....	15.....	0.....	0.....	6.....
11. 2025.....	785.....	785.....	0.....	0.....	0.....	32.....	32.....	25.....	25.....	0.....	0.....	6.....
12. Totals	XXX	XXX	XXX	2,838	2,838	1,413	1,413	308	308	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	75.....	75.....	38.....	38.....	8.....	8.....	8.....	8.....	54.....	54.....	0.....	0.....	2.....
2. 2016.....	0.....	0.....	14.....	14.....	0.....	0.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	2.....	2.....	19.....	19.....	40.....	40.....	4.....	4.....	27.....	27.....	0.....	0.....	1.....
4. 2018.....	0.....	0.....	25.....	25.....	0.....	0.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	0.....	0.....	34.....	34.....	0.....	0.....	7.....	7.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	0.....	0.....	45.....	45.....	0.....	0.....	9.....	9.....	0.....	0.....	0.....	0.....	0.....
7. 2021.....	250.....	250.....	60.....	60.....	15.....	15.....	12.....	12.....	27.....	27.....	0.....	0.....	1.....
8. 2022.....	0.....	0.....	140.....	140.....	0.....	0.....	16.....	16.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	0.....	0.....	155.....	155.....	24.....	24.....	148.....	148.....	0.....	0.....	0.....	0.....	0.....
10. 2024.....	75.....	75.....	359.....	359.....	0.....	0.....	208.....	208.....	27.....	27.....	0.....	0.....	1.....
11. 2025.....	25.....	25.....	242.....	242.....	42.....	42.....	69.....	69.....	80.....	80.....	0.....	0.....	3.....
12. Totals	427	427	1,131	1,131	128	128	488	488	214	214	0	0	8

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
											Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2016.....	1,842.....	1,842.....	0.....	126.1.....	126.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2017.....	1,237.....	1,237.....	0.....	90.0.....	90.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2018.....	44.....	44.....	0.....	5.8.....	5.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2019.....	70.....	70.....	0.....	8.9.....	8.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2020.....	750.....	750.....	0.....	94.0.....	94.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2021.....	440.....	440.....	0.....	52.7.....	52.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2022.....	193.....	193.....	0.....	24.0.....	24.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2023.....	908.....	908.....	0.....	113.7.....	113.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2024.....	686.....	686.....	0.....	87.1.....	87.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2025.....	516.....	516.....	0.....	65.7.....	65.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	3.....	3.....	0.....	0.....	0.....	0.....	XXX.....
2. 2016.....	2,520.....	2,520.....	0.....	1,622.....	1,622.....	992.....	992.....	96.....	96.....	0.....	0.....	61.....
3. 2017.....	1,800.....	1,800.....	0.....	227.....	227.....	339.....	339.....	90.....	90.....	0.....	0.....	48.....
4. 2018.....	258.....	258.....	0.....	110.....	110.....	224.....	224.....	42.....	42.....	0.....	0.....	10.....
5. 2019.....	198.....	198.....	0.....	73.....	73.....	77.....	77.....	30.....	30.....	0.....	0.....	8.....
6. 2020.....	158.....	158.....	0.....	0.....	0.....	33.....	33.....	26.....	26.....	0.....	0.....	2.....
7. 2021.....	153.....	153.....	0.....	0.....	0.....	0.....	0.....	27.....	27.....	0.....	0.....	3.....
8. 2022.....	150.....	150.....	0.....	0.....	0.....	0.....	0.....	14.....	14.....	0.....	0.....	2.....
9. 2023.....	135.....	135.....	0.....	75.....	75.....	31.....	31.....	10.....	10.....	0.....	0.....	1.....
10. 2024.....	111.....	111.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	127.....	127.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	2,106	2,106	1,700	1,700	335	335	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	100.....	100.....	7.....	7.....	(84).....	(84).....	0.....	0.....	11.....	11.....	0.....	0.....	3.....
2. 2016.....	(200).....	(200).....	3.....	3.....	45.....	45.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	(35).....	(35).....	4.....	4.....	71.....	71.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	145.....	145.....	5.....	5.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	85.....	85.....	6.....	6.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	30.....	30.....	9.....	9.....	(51).....	(51).....	0.....	0.....	4.....	4.....	0.....	0.....	1.....
7. 2021.....	0.....	0.....	12.....	12.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2022.....	0.....	0.....	15.....	15.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	0.....	0.....	13.....	13.....	47.....	47.....	10.....	10.....	0.....	0.....	0.....	0.....	0.....
10. 2024.....	0.....	0.....	50.....	50.....	0.....	0.....	10.....	10.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	0.....	0.....	42.....	42.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	125	125	165	165	29	29	20	20	14	14	0	0	4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2016.....	2,557.....	2,557.....	0.....	101.5.....	101.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2017.....	695.....	695.....	0.....	38.6.....	38.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2018.....	526.....	526.....	0.....	204.3.....	204.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2019.....	271.....	271.....	0.....	136.7.....	136.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2020.....	51.....	51.....	0.....	32.1.....	32.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2021.....	39.....	39.....	0.....	25.3.....	25.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2022.....	30.....	30.....	0.....	19.8.....	19.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2023.....	187.....	187.....	0.....	138.9.....	138.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2024.....	60.....	60.....	0.....	53.6.....	53.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2025.....	42.....	42.....	0.....	32.9.....	32.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
 BOILER AND MACHINERY)**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2016.....												XXX
3. 2017.....												XXX
4. 2018.....												XXX
5. 2019.....												XXX
6. 2020.....												XXX
7. 2021.....												XXX
8. 2022.....												XXX
9. 2023.....												XXX
10. 2024.....												XXX
11. 2025.....												XXX
12. Totals	XXX	XXX	XXX									XXX

**NONE**

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....													
12. Totals													

**NONE**

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016.....											
3. 2017.....											
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....											
8. 2022.....											
9. 2023.....											
10. 2024.....											
11. 2025.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2016.....	55	55	0	0	0	0	0	3	3	0	0	0
3. 2017.....	38	38	0	0	0	0	0	4	4	0	0	0
4. 2018.....	11	11	0	0	0	0	0	6	6	0	0	0
5. 2019.....	13	13	0	0	0	0	0	7	7	0	0	0
6. 2020.....	16	16	0	0	0	0	0	7	7	0	0	0
7. 2021.....	16	16	0	0	0	0	0	0	0	0	0	0
8. 2022.....	16	16	0	0	0	0	0	0	0	0	0	0
9. 2023.....	15	15	0	0	0	0	0	0	0	0	0	0
10. 2024.....	15	15	0	0	0	0	0	0	0	0	0	0
11. 2025.....	14	14	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	28	28	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024.....	0	0	4	4	0	0	0	0	0	0	0	0	0
11. 2025.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	4	4	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016.....	3	3	0	6.3	6.3	0.0	0	0	0.0	0	0
3. 2017.....	4	4	0	11.2	11.2	0.0	0	0	0.0	0	0
4. 2018.....	6	6	0	59.4	59.4	0.0	0	0	0.0	0	0
5. 2019.....	7	7	0	50.2	50.2	0.0	0	0	0.0	0	0
6. 2020.....	7	7	0	42.5	42.5	0.0	0	0	0.0	0	0
7. 2021.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2022.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2023.....	0	0	0	2.8	2.8	0.0	0	0	0.0	0	0
10. 2024.....	4	4	0	24.8	24.8	0.0	0	0	0.0	0	0
11. 2025.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2016.....	105	105	0	0	0	0	0	6	6	0	0	1
3. 2017.....	71	71	0	0	0	0	0	7	7	0	0	0
4. 2018.....	8	8	0	0	0	0	0	9	9	0	0	0
5. 2019.....	6	6	0	0	0	0	0	10	10	0	0	0
6. 2020.....	5	5	0	0	0	0	0	10	10	0	0	0
7. 2021.....	5	5	0	0	0	0	0	0	0	0	0	0
8. 2022.....	5	5	0	0	0	0	0	0	0	0	0	0
9. 2023.....	4	4	0	0	0	0	0	0	0	0	0	0
10. 2024.....	4	4	0	0	0	0	0	0	0	0	0	0
11. 2025.....	4	4	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	43	43	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	2	2	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	1	1	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	1	1	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	1	1	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	1	1	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	2	2	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	2	2	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	2	2	0	0	1	1	0	0	0	0	0
10. 2024.....	0	0	3	3	0	0	1	1	0	0	0	0	0
11. 2025.....	0	0	3	3	0	0	1	1	0	0	0	0	0
12. Totals	0	0	17	17	0	0	3	3	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016.....	7	7	0	6.5	6.5	0.0	0	0	0.0	0	0
3. 2017.....	7	7	0	10.3	10.3	0.0	0	0	0.0	0	0
4. 2018.....	10	10	0	128.8	128.8	0.0	0	0	0.0	0	0
5. 2019.....	11	11	0	193.8	193.8	0.0	0	0	0.0	0	0
6. 2020.....	12	12	0	220.3	220.3	0.0	0	0	0.0	0	0
7. 2021.....	2	2	0	32.5	32.5	0.0	0	0	0.0	0	0
8. 2022.....	2	2	0	47.8	47.8	0.0	0	0	0.0	0	0
9. 2023.....	3	3	0	75.7	75.7	0.0	0	0	0.0	0	0
10. 2024.....	4	4	0	108.2	108.2	0.0	0	0	0.0	0	0
11. 2025.....	3	3	0	87.2	87.2	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**NONE**

Schedule P - Part 1J - Auto Physical Damage

**NONE**

Schedule P - Part 1K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 1M - International

**NONE**

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

**NONE**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**NONE**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.**  
**SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2016.....	1	1	0	0	0	0	0	2	2	0	0	0
3. 2017.....	2	2	0	0	0	0	0	1	1	0	0	0
4. 2018.....	2	2	0	0	0	0	0	2	2	0	0	0
5. 2019.....	2	2	0	0	0	0	0	1	1	0	0	0
6. 2020.....	2	2	0	0	0	0	0	0	0	0	0	0
7. 2021.....	2	2	0	0	0	0	0	0	0	0	0	0
8. 2022.....	2	2	0	0	0	0	0	0	0	0	0	0
9. 2023.....	2	2	0	0	0	0	0	0	0	0	0	0
10. 2024.....	2	2	0	0	0	0	0	0	0	0	0	0
11. 2025.....	2	2	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	6	6	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	0	0	0	0	1	1	0	0	0	0	0
10. 2024.....	0	0	5	5	0	0	0	0	0	0	0	0	0
11. 2025.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	5	5	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016.....	2	2	0	156.5	156.5	0.0	0	0	0.0	0	0
3. 2017.....	1	1	0	77.1	77.1	0.0	0	0	0.0	0	0
4. 2018.....	2	2	0	75.1	75.1	0.0	0	0	0.0	0	0
5. 2019.....	1	1	0	39.9	39.9	0.0	0	0	0.0	0	0
6. 2020.....	0	0	0	14.6	14.6	0.0	0	0	0.0	0	0
7. 2021.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2022.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2023.....	1	1	0	32.5	32.5	0.0	0	0	0.0	0	0
10. 2024.....	5	5	0	239.3	239.3	0.0	0	0	0.0	0	0
11. 2025.....	0	0	0	(18.4)	(18.4)	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2025.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2025.....	0	0	1	1	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2019.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2020.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2021.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2022.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2023.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2024.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2025.....	1	1	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 1U - Pet Insurance Plans

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**NONE**

Schedule P - Part 2K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 2M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 2T - Warranty

**NONE**

Schedule P - Part 2U - Pet Insurance Plans

**NONE**

Schedule P - Part 3A - Homeowners/Farmowners

**NONE**

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

**NONE**

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

**N O N E**

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

**N O N E**

Schedule P - Part 3E - Commercial Multiple Peril

**N O N E**

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	23.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	28.....
3. 2017.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	21.....
4. 2018.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	4.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	4.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	2.....	4.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	5.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	3.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	32.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	12.....	49.....
3. 2017.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	43.....
4. 2018.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	8.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	7.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	1.....	0.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....					XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....				XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
3. 2017.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....

Schedule P - Part 3I - Special Property

**NONE**

Schedule P - Part 3J - Auto Physical Damage

**NONE**

Schedule P - Part 3K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 3M - International

**NONE**

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

**NONE**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	7.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....

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

1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....												
10. 2024.....	XXX.....												
11. 2025.....	XXX.....												

NONE

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....					XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....				XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

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

1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....												
10. 2024.....	XXX.....												
11. 2025.....	XXX.....												

NONE

**SCHEDULE P - PART 3U - PET INSURANCE PLANS**

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....					XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....				XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

Schedule P - Part 4A - Homeowners/Farmowners

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4E - Commercial Multiple Peril

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4G - Special Liability

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4I - Special Property

**NONE**

Schedule P - Part 4J - Auto Physical Damage

**NONE**

Schedule P - Part 4K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 4M - International

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**NONE**

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

**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**NONE**

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

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 4U - Pet Insurance Plans

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**NONE**

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

**NONE**

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

**NONE**

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

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	5	3	6	5	5	2	0	2	0	0
2. 2016.....	0	0	0	0	0	0	2	2	3	3
3. 2017.....	XXX	0	0	0	1	1	1	2	2	2
4. 2018.....	XXX	XXX	0	2	2	2	2	2	2	2
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	1	1	1	1
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	2
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	50	47	33	21	19	14	14	3	2	2
2. 2016.....	3	2	13	10	10	10	7	6	0	0
3. 2017.....	XXX	5	8	8	5	4	4	1	0	1
4. 2018.....	XXX	XXX	2	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	1	2	1	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	3	1	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	4	2	0	1	1
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	27	13	7	3	13	(1)	0	0	0	0
2. 2016.....	5	12	28	29	30	30	31	31	31	31
3. 2017.....	XXX	10	19	22	23	23	23	23	23	24
4. 2018.....	XXX	XXX	3	5	5	6	6	6	6	6
5. 2019.....	XXX	XXX	XXX	1	2	4	4	4	4	4
6. 2020.....	XXX	XXX	XXX	XXX	5	5	5	5	5	5
7. 2021.....	XXX	XXX	XXX	XXX	XXX	4	4	6	7	7
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	2
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6	6
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	5	12	6	2	5	3	0	2	2	0
2. 2016	2	5	9	10	11	11	11	11	12	12
3. 2017	XXX	1	4	4	4	4	5	5	5	5
4. 2018	XXX	XXX	0	1	1	1	1	2	2	2
5. 2019	XXX	XXX	XXX	0	1	1	1	1	1	1
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	74	43	30	20	11	7	6	4	3	3
2. 2016	30	15	5	3	1	3	3	2	0	0
3. 2017	XXX	26	8	8	4	7	4	2	0	0
4. 2018	XXX	XXX	8	5	4	1	1	0	0	0
5. 2019	XXX	XXX	XXX	6	1	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	4	0	1	1	1	1
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	3	5	3	1	12	5	0	1	3	0
2. 2016	58	58	58	58	59	61	61	61	61	61
3. 2017	XXX	45	44	44	44	48	48	48	48	48
4. 2018	XXX	XXX	10	14	13	10	10	10	10	10
5. 2019	XXX	XXX	XXX	7	7	8	8	8	8	8
6. 2020	XXX	XXX	XXX	XXX	4	1	2	2	2	2
7. 2021	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	0	0	0	1	1	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1	1	1	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	0	0	0	0	1	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1	1	1	1	2	1	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	5	2	2	1	0	0	0	0	0	0
2. 2016.....	1	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1	1	1	0	1	1	0	0	0	0
2. 2016.....	1	1	1	1	1	1	1	1	1	1
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	3	1	2	2	2	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	6	4	2	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1	0	0	0	2	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**NONE**

Schedule P - Part 5T - Warranty - Section 1

**NONE**

Schedule P - Part 5T - Warranty - Section 2

**NONE**

Schedule P - Part 5T - Warranty - Section 3

**NONE**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX							
7. 2021.....	XXX	XXX	XXX	XXX	XXX						
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX							
7. 2021.....	XXX	XXX	XXX	XXX	XXX						
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	55	55	55	55	55	55	55	55	55	55	0
3. 2017.....	XXX	38	38	38	38	38	38	38	38	38	0
4. 2018.....	XXX	XXX	11	11	11	11	11	11	11	11	0
5. 2019.....	XXX	XXX	XXX	13	13	13	13	13	13	13	0
6. 2020.....	XXX	XXX	XXX	XXX	16	16	16	16	16	16	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	16	16	16	16	16	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	15	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14
13. Earned Premiums (Sch P-Pt. 1)	55	38	11	13	16	16	16	15	15	14	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	55	55	55	55	55	55	55	55	55	55	0
3. 2017.....	XXX	38	38	38	38	38	38	38	38	38	0
4. 2018.....	XXX	XXX	11	11	11	11	11	11	11	11	0
5. 2019.....	XXX	XXX	XXX	13	13	13	13	13	13	13	0
6. 2020.....	XXX	XXX	XXX	XXX	16	16	16	16	16	16	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	16	16	16	16	16	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	16	16	16	16	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	15	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	14
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14
13. Earned Premiums (Sch P-Pt. 1)	55	38	11	13	16	16	16	15	15	14	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	105	105	105	105	105	105	105	105	105	105	0
3. 2017.....	XXX	71	71	71	71	71	71	71	71	71	0
4. 2018.....	XXX	XXX	8	8	8	8	8	8	8	8	0
5. 2019.....	XXX	XXX	XXX	6	6	6	6	6	6	6	0
6. 2020.....	XXX	XXX	XXX	XXX	5	5	5	5	5	5	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13. Earned Premiums (Sch P-Pt. 1)	105	71	8	6	5	5	5	4	4	4	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	105	105	105	105	105	105	105	105	105	105	0
3. 2017.....	XXX	71	71	71	71	71	71	71	71	71	0
4. 2018.....	XXX	XXX	8	8	8	8	8	8	8	8	0
5. 2019.....	XXX	XXX	XXX	6	6	6	6	6	6	6	0
6. 2020.....	XXX	XXX	XXX	XXX	5	5	5	5	5	5	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	5	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4
13. Earned Premiums (Sch P-Pt. 1)	105	71	8	6	5	5	5	4	4	4	XXX

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.  
**SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	1	1	1	1	1	1	1	1	1	1	0
3. 2017.....	XXX	2	2	2	2	2	2	2	2	2	0
4. 2018.....	XXX	XXX	2	2	2	2	2	2	2	2	0
5. 2019.....	XXX	XXX	XXX	2	2	2	2	2	2	2	0
6. 2020.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)	1	2	2	2	2	2	2	2	2	2	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	1	1	1	1	1	1	1	1	1	1	0
3. 2017.....	XXX	2	2	2	2	2	2	2	2	2	0
4. 2018.....	XXX	XXX	2	2	2	2	2	2	2	2	0
5. 2019.....	XXX	XXX	XXX	2	2	2	2	2	2	2	0
6. 2020.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)	1	2	2	2	2	2	2	2	2	2	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

## SCHEDULE P INTERROGATORIES

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

	DDR Reserve Included in	
	Schedule P, Part 1F, Medical Professional Liability	
	Column 24: Total Net Losses and Expenses Unpaid	
Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	0	0
1.602 2016 .....	0	0
1.603 2017 .....	0	0
1.604 2018 .....	0	0
1.605 2019 .....	0	0
1.606 2020 .....	0	0
1.607 2021 .....	0	0
1.608 2022 .....	0	0
1.609 2023 .....	0	0
1.610 2024 .....	0	0
1.611 2025 .....	0	0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes  No
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes  No
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes  No
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) 5.1 Fidelity .....0  
5.2 Surety .....0
6. Claim count information is reported per claim or per claimant (Indicate which) .....per claimant.....  
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes  No
- 7.2 (An extended statement may be attached.)  
 .....

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
0088	The Hanover Insurance Group	12833	80-0266582				440 Lincoln Street Holding Company LLC	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12833	84-3300049				AIXHI LLC	MA	NIA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12833	20-5233538				AIX Specialty Insurance Company	DE	IA	Nova Casualty Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10212	20-3051651				AIX, Inc.	DE	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41840	04-3272695				Allmerica Financial Alliance Insurance Co.	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	12260	23-2643430				Allmerica Financial Benefit Insurance Co.	MI	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	31534	04-3194493				Allmerica Plus Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10714	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	10714	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	10176	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	10395	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	10395	38-3167100				Citizens Insurance Company of Ohio	OH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	35-1958418				Citizens Insurance Company of the Midwest	IN	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	27-1652700				CitySquare II Development Co., L.L.C	MA	NIA	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	27-2400275				Educators Insurance Agency, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22306	52-1172293				Hanover Specialty Insurance Brokers, Inc.	VA	NIA	Verlan Holdings, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	04-2217600				Massachusetts Bay Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	84-3309673				NAG Merger LLC	MA	NIA	AIXHI LLC	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	42552	16-1140177				NOVA Casualty Company	NY	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	04-2854021				Opus Investment Management, Inc.	MA	UIP	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	36064	38-3324634				Professionals Direct, Inc.	MI	NIA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	41602	04-3063898				The Hanover American Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	22292	98-1303999				The Hanover Atlantic Insurance Company Ltd.	BMJ	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	YES	
0088	The Hanover Insurance Group	13147	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	10815	13-5129825				The Hanover Insurance Company	NH	UDP	Opus Investment Management, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	04-3263626				New York Stock Exchange	DE	UIP		Ownership, Board, Management	0.000		NO	
0088	The Hanover Insurance Group	10815	74-3242673				The Hanover National Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	04-2448927				VeraVest Investments, Inc.	MA	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	52-0903682				Verlan Fire Insurance Company	NH	IA	The Hanover Insurance Company	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	
0088	The Hanover Insurance Group	10815	52-2044133				Verlan Holdings, Inc.	MD	NIA	The Hanover Insurance Group, Inc.	Ownership, Board, Management	100.000	The Hanover Insurance Group, Inc.	NO	

**NONE**

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12833	20-5233538	AIX Specialty Insurance Co.	0	0	0	0	0	0		0	0	395,086,924
10212	04-3272695	Allmerica Financial Alliance Ins Co.	0	3,000,000	0	0	0	0		0	3,000,000	296,726,398
41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	12,000,000	0	0	0	(146,068,648)		0	(134,068,648)	1,396,534,539
	04-3194493	Allmerica Plus Insurance Agency, Inc.	0	0	0	0	0	0		0	0	0
12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(450,000)	0	0	0	0	0		0	(450,000)	3,200,450
31534	38-0421730	Citizens Insurance Co. of America	(91,000,000)	0	(90,084,830)	0	147,436,137	107,658,641		0	74,009,948	(567,282,027)
10714	36-4123481	Citizens Insurance Co. of Illinois	0	0	0	0	0	0		0	0	60,964,924
10176	38-3167100	Citizens Insurance Co. of Ohio	0	0	0	0	0	0		0	0	5,578,891
10395	35-1958418	Citizens Insurance Co. of the Midwest	0	0	0	0	0	(236,562,637)		0	(236,562,637)	1,493,939,762
36064	04-3063898	The Hanover American Insurance Co.	0	0	0	0	0	(66,762,721)		0	(66,762,721)	529,586,800
	98-1303999	The Hanover Atlantic Insurance Company	0	0	0	0	0	0		0	0	254,522,797
22292	13-5129825	The Hanover Insurance Company	(202,700,000)	(15,600,000)	(202,616,125)	0	(15,541,508)	649,188,449		(125,000,000)	87,730,816	(5,631,304,863)
41602	75-1827351	The Hanover Casualty Company	0	0	0	0	0	0		0	0	77,275,228
22306	04-2217600	Massachusetts Bay Insurance Company	0	0	0	0	0	(219,908,976)		0	(219,908,976)	1,031,796,284
42552	16-1140177	NOVA Casualty Co.	0	0	0	0	0	0		0	0	502,723,283
	04-3263626	The Hanover Insurance Group, Inc.	295,000,000	0	292,700,955	0	(131,894,629)	0		125,000,000	580,806,326	0
13147	74-3242673	The Hanover National Insurance Company	(300,000)	0	0	0	0	0		0	(300,000)	0
10815	52-0903682	Verlan Fire Insurance Co.	(550,000)	600,000	0	0	0	(87,544,108)		0	(87,494,108)	150,650,610
	04-2854021	Opus Investment Management, Inc.	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

**SCHEDULE Y**

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

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

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

**SUPPLEMENTAL FILINGS**

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

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

**Explanations:**

- 11.
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**Bar Codes:**

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

18. Medicare Part D Coverage Supplement [Document Identifier 365]



20. Reinsurance Attestation Supplement [Document Identifier 399]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Long-Term Care Experience Reporting Forms [Document Identifier 306]



32. Accident and Health Policy Experience Exhibit [Document Identifier 210]



33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



34. Cybersecurity Insurance Coverage Supplement [Document Identifier 550]



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



36. Private Flood Insurance Supplement [Document Identifier 560]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



SUPPLEMENT FOR THE YEAR 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**

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 Number of Claims		6 Amount Reported	7 Number 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	(6,044)	0	0	5,704
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	6,694	6,499	0	0	(2,688)	0	0	22,881
10. Florida	0	0	0	0	0	0	0	0
11. Georgia	7,200	6,985	0	0	2,334	0	0	9,876
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	18,811	19,900	0	0	754	0	0	39,054
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	(3,880)	0	0	2,044
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	9,808	9,808	0	0	(16,083)	0	0	41,337
22. Massachusetts	0	0	0	0	(1,770)	0	0	(11,837)
23. Michigan	0	0	0	0	(8,391)	0	0	3,427
24. Minnesota	2,430	2,430	0	0	(3,712)	0	0	9,017
25. Mississippi	0	0	0	0	0	0	0	0
26. Missouri	0	0	0	0	(1,539)	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	(1,917)	0	0	618
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	9,736	9,611	0	0	(7,636)	25,000	1	27,617
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	17,722	18,588	0	0	12,200	0	0	24,717
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 alien	0	0	0	0	0	0	0	0
59. Total	72,401	73,821	0	0	(38,372)	25,000	1	174,455
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 YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama .....AL	0	0	0	0	0	0	0	0
2. Alaska .....AK	0	0	0	0	0	0	0	0
3. Arizona .....AZ	0	0	0	0	0	0	0	0
4. Arkansas .....AR	0	0	0	0	0	0	0	0
5. California .....CA	0	0	0	0	0	0	0	0
6. Colorado .....CO	0	0	0	0	0	0	0	0
7. Connecticut .....CT	0	0	0	0	0	0	0	0
8. Delaware .....DE	0	0	0	0	0	0	0	0
9. District of Columbia .....DC	0	0	0	0	0	0	0	0
10. Florida .....FL	0	0	0	0	0	0	0	0
11. Georgia .....GA	0	0	0	0	0	0	0	0
12. Hawaii .....HI	0	0	0	0	0	0	0	0
13. Idaho .....ID	0	0	0	0	0	0	0	0
14. Illinois .....IL	0	0	0	0	0	0	0	0
15. Indiana .....IN	0	0	0	0	0	0	0	0
16. Iowa .....IA	0	0	0	0	0	0	0	0
17. Kansas .....KS	0	0	0	0	0	0	0	0
18. Kentucky .....KY	0	0	0	0	0	0	0	0
19. Louisiana .....LA	0	0	0	0	0	0	0	0
20. Maine .....ME	0	0	0	0	0	0	0	0
21. Maryland .....MD	0	0	0	0	0	0	0	0
22. Massachusetts .....MA	0	0	0	0	0	0	0	0
23. Michigan .....MI	0	0	0	0	0	0	0	0
24. Minnesota .....MN	0	0	0	0	0	0	0	0
25. Mississippi .....MS	0	0	0	0	0	0	0	0
26. Missouri .....MO	0	0	0	0	0	0	0	0
27. Montana .....MT	0	0	0	0	0	0	0	0
28. Nebraska .....NE	0	0	0	0	0	0	0	0
29. Nevada .....NV	0	0	0	0	0	0	0	0
30. New Hampshire .....NH	0	0	0	0	0	0	0	0
31. New Jersey .....NJ	0	0	0	0	0	0	0	0
32. New Mexico .....NM	0	0	0	0	0	0	0	0
33. New York .....NY	0	0	0	0	0	0	0	0
34. North Carolina .....NC	0	0	0	0	0	0	0	0
35. North Dakota .....ND	0	0	0	0	0	0	0	0
36. Ohio .....OH	0	0	0	0	0	0	0	0
37. Oklahoma .....OK	0	0	0	0	0	0	0	0
38. Oregon .....OR	0	0	0	0	0	0	0	0
39. Pennsylvania .....PA	0	0	0	0	0	0	0	0
40. Rhode Island .....RI	0	0	0	0	0	0	0	0
41. South Carolina .....SC	0	0	0	0	0	0	0	0
42. South Dakota .....SD	0	0	0	0	0	0	0	0
43. Tennessee .....TN	0	0	0	0	0	0	0	0
44. Texas .....TX	0	0	0	0	0	0	0	0
45. Utah .....UT	0	0	0	0	0	0	0	0
46. Vermont .....VT	0	0	0	0	0	0	0	0
47. Virginia .....VA	0	0	0	0	0	0	0	0
48. Washington .....WA	0	0	0	0	0	0	0	0
49. West Virginia .....WV	0	0	0	0	0	0	0	0
50. Wisconsin .....WI	0	0	0	0	0	0	0	0
51. Wyoming .....WY	0	0	0	0	0	0	0	0
52. American Samoa .....AS	0	0	0	0	0	0	0	0
53. Guam .....GU	0	0	0	0	0	0	0	0
54. Puerto Rico .....PR	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....VI	0	0	0	0	0	0	0	0
56. Northern Mariana Islands .....MP	0	0	0	0	0	0	0	0
57. Canada .....CAN	0	0	0	0	0	0	0	0
58. Aggregate other alien .....OT	0	0	0	0	0	0	0	0
59. Total	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 YEAR 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**

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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	313	300	0	0	(12)	0	0	521
2. Alaska	0	0	0	0	(10)	0	0	0
3. Arizona	2,356	12,820	0	0	(375)	0	0	28,719
4. Arkansas	1,217	5,520	0	0	2,192	0	0	7,300
5. California	158,968	154,128	0	0	195,287	250,000	1	224,631
6. Colorado	1,335	995	0	0	202	0	0	1,552
7. Connecticut	1,259	1,230	0	0	405	0	0	1,999
8. Delaware	0	0	0	0	(2)	0	0	21
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	(560)	0	0	508
11. Georgia	0	0	0	0	(50)	0	0	39
12. Hawaii	0	0	0	0	2	0	0	59
13. Idaho	0	51	0	0	(189)	0	0	363
14. Illinois	0	0	0	0	(28)	0	0	12
15. Indiana	6,200	5,280	0	0	917	0	0	8,498
16. Iowa	0	0	0	0	(86)	0	0	22
17. Kansas	774	753	0	0	311	0	0	1,077
18. Kentucky	0	0	0	0	(8)	0	0	0
19. Louisiana	463	463	0	0	103	0	0	720
20. Maine	0	0	0	0	(85)	0	0	67
21. Maryland	1,042	1,020	0	0	(3,897)	0	0	2,766
22. Massachusetts	0	0	0	0	(2,075)	0	0	1,173
23. Michigan	23,872	34,331	0	0	1,247	0	0	40,625
24. Minnesota	2,391	3,462	0	0	824	0	0	5,917
25. Mississippi	1,267	1,256	0	0	463	0	0	1,869
26. Missouri	316	316	0	0	(74)	0	0	686
27. Montana	289	226	0	0	105	0	0	164
28. Nebraska	186	178	0	0	47	0	0	268
29. Nevada	0	0	0	0	(41)	0	0	15
30. New Hampshire	255	251	0	0	38	0	0	380
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	1,318	0	0	(114)	0	0	2,609
34. North Carolina	12,924	12,250	0	0	2,168	0	0	18,704
35. North Dakota	183	178	0	0	47	0	0	267
36. Ohio	373	371	0	0	39	0	0	562
37. Oklahoma	1,686	1,686	0	0	536	0	0	2,459
38. Oregon	0	0	0	0	(87)	0	0	26
39. Pennsylvania	1,038	1,029	0	0	(276)	175,134	4	2,288
40. Rhode Island	124	120	0	0	(24)	0	0	253
41. South Carolina	2,817	2,700	0	0	1,186	0	0	3,712
42. South Dakota	0	0	0	0	(34)	0	0	135
43. Tennessee	710	686	0	0	(27)	0	0	1,268
44. Texas	563,121	563,478	450,000	1	595,865	101,566	5	715,723
45. Utah	380	367	0	0	64	0	0	547
46. Vermont	0	0	0	0	(76)	0	0	99
47. Virginia	29,918	28,825	0	0	7,758	0	0	36,980
48. Washington	1,319	1,237	0	0	(783)	0	0	3,317
49. West Virginia	392	381	0	0	104	0	0	568
50. Wisconsin	566	548	0	0	(478)	0	0	1,355
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 alien	0	0	0	0	0	0	0	0
59. Total	819,406	837,754	450,000	1	800,519	526,700	10	1,120,843
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 YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama .....AL	0	0	0	0	0	0	0	0
2. Alaska .....AK	0	0	0	0	0	0	0	0
3. Arizona .....AZ	0	0	0	0	0	0	0	0
4. Arkansas .....AR	0	0	0	0	0	0	0	0
5. California .....CA	0	0	0	0	0	0	0	0
6. Colorado .....CO	0	0	0	0	0	0	0	0
7. Connecticut .....CT	0	0	0	0	0	0	0	0
8. Delaware .....DE	0	0	0	0	0	0	0	0
9. District of Columbia .....DC	0	0	0	0	0	0	0	0
10. Florida .....FL	0	0	0	0	0	0	0	0
11. Georgia .....GA	0	0	0	0	0	0	0	0
12. Hawaii .....HI	0	0	0	0	0	0	0	0
13. Idaho .....ID	0	0	0	0	0	0	0	0
14. Illinois .....IL	0	0	0	0	0	0	0	0
15. Indiana .....IN	0	0	0	0	0	0	0	0
16. Iowa .....IA	0	0	0	0	0	0	0	0
17. Kansas .....KS	0	0	0	0	0	0	0	0
18. Kentucky .....KY	0	0	0	0	0	0	0	0
19. Louisiana .....LA	0	0	0	0	0	0	0	0
20. Maine .....ME	0	0	0	0	0	0	0	0
21. Maryland .....MD	0	0	0	0	0	0	0	0
22. Massachusetts .....MA	0	0	0	0	0	0	0	0
23. Michigan .....MI	0	0	0	0	0	0	0	0
24. Minnesota .....MN	0	0	0	0	0	0	0	0
25. Mississippi .....MS	0	0	0	0	0	0	0	0
26. Missouri .....MO	0	0	0	0	0	0	0	0
27. Montana .....MT	0	0	0	0	0	0	0	0
28. Nebraska .....NE	0	0	0	0	0	0	0	0
29. Nevada .....NV	0	0	0	0	0	0	0	0
30. New Hampshire .....NH	0	0	0	0	0	0	0	0
31. New Jersey .....NJ	0	0	0	0	0	0	0	0
32. New Mexico .....NM	0	0	0	0	0	0	0	0
33. New York .....NY	0	0	0	0	0	0	0	0
34. North Carolina .....NC	0	0	0	0	0	0	0	0
35. North Dakota .....ND	0	0	0	0	0	0	0	0
36. Ohio .....OH	0	0	0	0	0	0	0	0
37. Oklahoma .....OK	0	0	0	0	0	0	0	0
38. Oregon .....OR	0	0	0	0	0	0	0	0
39. Pennsylvania .....PA	0	0	0	0	940	0	0	953
40. Rhode Island .....RI	0	0	0	0	0	0	0	0
41. South Carolina .....SC	0	0	0	0	0	0	0	0
42. South Dakota .....SD	0	0	0	0	0	0	0	0
43. Tennessee .....TN	0	0	0	0	0	0	0	0
44. Texas .....TX	0	0	0	0	0	0	0	0
45. Utah .....UT	0	0	0	0	0	0	0	0
46. Vermont .....VT	0	0	0	0	0	0	0	0
47. Virginia .....VA	0	0	0	0	0	0	0	0
48. Washington .....WA	0	0	0	0	0	0	0	0
49. West Virginia .....WV	0	0	0	0	0	0	0	0
50. Wisconsin .....WI	0	0	0	0	0	0	0	0
51. Wyoming .....WY	0	0	0	0	0	0	0	0
52. American Samoa .....AS	0	0	0	0	0	0	0	0
53. Guam .....GU	0	0	0	0	0	0	0	0
54. Puerto Rico .....PR	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....VI	0	0	0	0	0	0	0	0
56. Northern Mariana Islands .....MP	0	0	0	0	0	0	0	0
57. Canada .....CAN	0	0	0	0	0	0	0	0
58. Aggregate other alien .....OT	0	0	0	0	0	0	0	0
59. Total	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



SUPPLEMENT FOR THE YEAR 2025 OF THE CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

## EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

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

(To Be Filed by March 1)

NAIC Group Code 0088

NAIC Company Code 12260

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations .....	0	0	0	0
2. Errors & omissions (E&O) .....	0	0	0	0
3. Directors & officers (D&O) .....	0	0	0	0
4. Environmental liability .....	0	0	0	0
5. Excess workers' compensation .....	0	0	0	0
6. Commercial excess & umbrella .....	0	0	0	0
7. Personal umbrella .....	0	0	0	0
8. Employment liability .....	0	0	0	0
9. Aggregate write-ins for facilities & premises (CGL) .....	7,662	13,448	0	0
10. Internet & cyber liability .....	0	0	0	0
11. Aggregate write-ins for other .....	10,672	3,450	0	0
12. Total ASL 17 - other liability (sum of lines 1 through 11)	18,334	16,898	0	0
<b>DETAILS OF WRITE-INS</b>				
0901. Premises and operations liability .....	7,662	13,448	0	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	7,662	13,448	0	0
1101. Other general liability .....	10,672	3,450	0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	10,672	3,450	0	0