



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
of the Condition and Affairs of the

## Infinity Assurance Insurance Company

NAIC Group Code.....	0215, 3495 (Current Period) (Prior Period)	NAIC Company Code.....	39497	Employer's ID Number.....	75-1227771
Organized under the Laws of OH		State of Domicile or Port of Entry	OH	Country of Domicile	US
Incorporated/Organized.....	June 3, 1980			Commenced Business.....	July 11, 1980
Statutory Home Office	1400 Provident Tower, One East Fourth Street .. Cincinnati .. OH .. .. 45202 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>				
Main Administrative Office	2201 4th Avenue North .. Birmingham .. AL .. .. 35203-3863 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>			205-870-4000	<i>(Area Code) (Telephone Number)</i>
Mail Address	P.O. Box 830189 .. Birmingham .. AL .. .. 35283-0189 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>				
Primary Location of Books and Records	2201 4th Avenue North .. Birmingham .. AL .. .. 35203-3863 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>			205-870-4000	<i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.infinityauto.com				
Statutory Statement Contact	Rachelle Shealy Talley <i>(Name)</i> rachelle.talley@kemper.com <i>(E-Mail Address)</i>			205-803-8326	<i>(Area Code) (Telephone Number)</i>
				205-803-8080	<i>(Fax Number)</i>

### POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056

#### OFFICERS

Name	Title	Name	Title
Glen Nelson Godwin	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Amy Kay Jordan	Vice President & Treasurer/Controller		

#### OTHER

Troy Perry Ballard	Assistant Treasurer	Robert Harold Bateman Jr.	Senior Vice President & CFO
Mary Linn Clark	Assistant Treasurer	Timothy Michael Kelly	Assistant Treasurer
James Henry Romaker	Assistant Secretary	Mitchell Silverman	Assistant Secretary

#### DIRECTORS OR TRUSTEES

Troy Perry Ballard	Robert Harold Bateman Jr.	Glen Nelson Godwin	Amy Kay Jordan
James Henry Romaker	Duane Allen Sanders #	Samuel James Simon	

State of..... Alabama  
County of..... Jefferson

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.

_____ Glen Nelson Godwin	_____ Samuel James Simon	_____ Amy Kay Jordan
_____ President & CEO	_____ Senior Vice President & Secretary	_____ Vice President & Treasurer/Controller

Subscribed and sworn to before me  
This 20th day of February, 2019

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 \_\_\_\_\_

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	13,624	4,070		9,554		2,849	2,849		549	549	1,433	211
17.2 Other liability-claims-made.....	22,754	20,117		10,962		6,968	14,082	5,125	6,467	2,712	2,292	338
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....	1,679,921	1,887,689		757,632	1,698,471	1,128,393	3,565,290	157,526	35,267	273,845	173,353	25,580
19.2 Other private passenger auto liability.....	3,118,212	3,700,230		1,349,992	4,135,653	2,603,042	2,054,566	156,379	66,263	259,222	321,779	47,482
19.3 Commercial auto no-fault (personal injury protection).....	2,980,808	2,782,930		1,521,739	1,314,543	1,544,918	998,467	36,689	79,209	94,008	307,739	45,410
19.4 Other commercial auto liability.....	14,609,543	13,009,911		7,570,343	4,782,735	8,220,816	8,285,893	84,785	318,090	611,224	1,508,320	222,568
21.1 Private passenger auto physical damage.....	1,795,234	2,178,667		777,743	1,130,854	1,109,821	(40,639)	17,525	7,762	22,351	185,388	27,356
21.2 Commercial auto physical damage.....	3,537,296	3,200,591		1,810,315	1,581,971	1,609,665	250,222	16,693	32,567	36,594	365,046	53,866
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	27,757,392	26,784,205	0	13,808,280	14,644,227	16,226,472	15,130,730	474,722	546,174	1,300,505	2,865,350	422,811

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....980,352.

(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												468
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												468
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	936

**DETAILS OF WRITE-INS**

3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN GRAND TOTAL DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....					58,354	(243,849)	492,128	4,181	54	19,399		
17.1 Other liability-occurrence.....	13,624	4,070		9,554		2,849	2,849		549	549	1,433	211
17.2 Other liability-claims-made.....	22,754	20,117		10,962		6,968	14,082	5,125	6,467	2,712	2,292	338
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....	1,679,921	1,887,689		757,632	1,702,479	1,130,255	3,572,735	157,526	34,648	274,092	173,353	25,580
19.2 Other private passenger auto liability.....	3,118,212	3,700,230		1,349,992	4,146,679	2,623,997	2,104,991	157,370	60,241	261,392	321,779	53,943
19.3 Commercial auto no-fault (personal injury protection).....	2,980,808	2,782,930		1,521,739	1,314,543	1,544,918	998,467	36,689	79,209	94,008	307,739	45,410
19.4 Other commercial auto liability.....	14,609,543	13,009,911		7,570,343	4,782,735	8,220,816	8,285,893	84,785	318,090	611,224	1,508,320	222,568
21.1 Private passenger auto physical damage.....	1,795,234	2,178,667		777,743	1,130,854	1,109,253	(42,208)	17,525	7,703	22,380	185,388	33,817
21.2 Commercial auto physical damage.....	3,537,296	3,200,591		1,810,315	1,581,971	1,609,665	250,222	16,693	32,567	36,594	365,046	53,866
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	27,757,392	26,784,205	0	13,808,280	14,717,615	16,004,872	15,679,159	479,894	539,528	1,322,350	2,865,350	435,733

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$.....980,352.

(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.

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....					(792)	(4,142)	24,319	991	(3,122)	707		344
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(472)	(1,395)		(63)	17		344
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(792)	(4,614)	22,924	991	(3,185)	724	0	688

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....					(800)	(938)	262	(649)	31			776
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(46)	(59)					776
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(800)	(984)	203	0	(649)	31	0	1,552

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2	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
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												125
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												125
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	0	0	0	0	0	0	250

**DETAILS OF WRITE-INS**

3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....					58,354	(243,849)	492,128	4,181	54	19,399		
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....						22	22		(10)			
19.2 Other private passenger auto liability.....												570
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												570
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	58,354	(243,827)	492,150	4,181	44	19,399	0	1,140

**DETAILS OF WRITE-INS**

3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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



**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....						(13)	8		(1)			480
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(3)	(3)					480
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(16)	5	0	(1)	0	0	960

**DETAILS OF WRITE-INS**

3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....					4,008	1,840	7,423	(609)	247			
19.2 Other private passenger auto liability.....					12,618	26,142	25,214	(1,535)	1,329			2,899
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(43)	(71)	4	11			2,898
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	16,626	27,939	32,566	0	(2,140)	1,587	0	5,797

**DETAILS OF WRITE-INS**

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



NAIC Group Code.....0215 NAIC Company Code....39497

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....						(94)	622	(715)	103			799
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(4)	(41)		1			800
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	0	(98)	581	0	(715)	104	0	1,599

**DETAILS OF WRITE-INS**

3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

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

## SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
<b>Affiliates - U. S. Intercompany Pooling</b>														
31-0943862..	22268.....	Infinity Insurance Company.....	IN.....	709	0	0	0	0	0	0	0	0	0	0
0199999.	Affiliates - U. S. Intercompany Pooling.....			709	0	0	0	0	0	0	0	0	0	0
0899999.	Total Affiliates.....			709	0	0	0	0	0	0	0	0	0	0
9999999.	Totals.....			709	0	0	0	0	0	0	0	0	0	0

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
-------------------	------------------------------	----------------------	-----------------------	-----------------------	--------------------------

**NONE**

### SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
<b>Authorized Affiliates-U.S. Intercompany Pooling</b>																			
31-0943862	22268...	Infinity Insurance Company.....	IN.....		.....27,757	.....16	.....	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....	.....1	.....	.....31,874	.....
0199999		Total Authorized Affiliates - U.S. Intercompany Pooling.....			.....27,757	.....16	.....0	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....0	.....1	.....0	.....31,874	.....0
0899999		Total Authorized Affiliates.....			.....27,757	.....16	.....0	.....5,068	.....983	.....10,119	.....1,859	.....13,808	.....21	.....31,875	.....0	.....1	.....0	.....31,874	.....0
<b>Authorized Other U.S. Unaffiliated Insurers</b>																			
75-0784127	33014...	Transport Insurance Company.....	OH.....		.....	.....	.....	.....378	.....	.....114	.....58	.....	.....	.....550	.....	.....	.....	.....550	.....
0999999		Total Authorized Other U.S. Unaffiliated Insurers.....			.....0	.....0	.....0	.....378	.....0	.....114	.....58	.....0	.....0	.....550	.....0	.....0	.....0	.....550	.....0
1499999		Total Authorized Excluding Protected Cells.....			.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....0
4399999		Total Authorized, Unauthorized and Certified Excluding Protected Cells.....			.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....0
9999999		Totals (Sum of 4399999 and 4499999).....			.....27,757	.....16	.....0	.....5,446	.....983	.....10,234	.....1,918	.....13,808	.....21	.....32,425	.....0	.....1	.....0	.....32,424	.....0

**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; 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 Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
<b>Authorized Affiliates-U.S. Intercompany Pooling</b>																	
31-0943862	Infinity Insurance Company.....					1	31,874	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total Authorized Affiliates - U.S. Intercompany Pooling.....	0	0	XXX	0	1	31,874	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total Authorized Affiliates.....	0	0	XXX	0	1	31,874	0	0	0	0	0	0	0	XXX	0	
<b>Authorized Other U.S. Unaffiliated Insurers</b>																	
75-0784127	Transport Insurance Company.....					0	550	0	550	660	0	660	0	660	7	0	66
0999999	Total Authorized Other U.S. Unaffiliated Insurers.....	0	0	XXX	0	0	550	0	550	660	0	660	0	660	XXX	0	66
1499999	Total Authorized Excluding Protected Cells.....	0	0	XXX	0	1	32,424	0	550	660	0	660	0	660	XXX	0	66
4399999	Total Authorized, Unauthorized & Certified Excl Prot Cells.....	0	0	XXX	0	1	32,424	0	550	660	0	660	0	660	XXX	0	66
9999999	Totals (Sum of 4399999 and 4499999).....	0	0	XXX	0	1	32,424	0	550	660	0	660	0	660	XXX	0	66

**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						43	44	45	46	47	48	49	50	51	52	53
		37	Overdue															
			38	39	40	41	42											
Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue (Cols. 38 + 39 + 40 +41)	Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue (Col. 42 / Col. 43)	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 /[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	Is the Amount in Col. 50 Less than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50		
<b>Authorized Affiliates-U.S. Intercompany Pooling</b>																		
31-0943862	Infinity Insurance Company.....	.....16	.....	.....	.....	.....0	.....16	.....	.....	.....16	.....0	.....	.....0.0	.....0.0	.....0.0	.....0.0	YES...	.....0
0199999	Total Authorized Affiliates - U.S. Intercompany Pooling.....	.....16	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX	.....0
0899999	Total Authorized Affiliates.....	.....16	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX	.....0
<b>Authorized Other U.S. Unaffiliated Insurers</b>																		
75-0784127	Transport Insurance Company.....	.....	.....	.....	.....	.....0	.....0	.....	.....	.....0	.....0	.....	.....0.0	.....0.0	.....0.0	.....0.0	YES...	.....0
0999999	Total Authorized Other U.S. Unaffiliated Insurers.....	.....0	.....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.....	.....16	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX	.....0
4399999	Total Authorized, Unauthorized & Certified Excl Prot Cells.....	.....16	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX	.....0
9999999	Totals (Sum of 4399999 and 4499999).....	.....16	.....0	.....0	.....0	.....0	.....16	.....0	.....0	.....16	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0.0	...XXX	.....0



**Sch. F - Pt. 3**  
**NONE**

**Sch. F - Pt. 3**  
**NONE**

**Sch. F - Pt. 4**  
**NONE**

**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 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. ....		
2. ....		
3. ....		
4. ....		
5. ....		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated YES or NO
6. Infinity Insurance Company.....	31,875	27,757	YES.....
7. Transport Insurance Company.....	550		NO.....
8. ....			
9. ....			
10. ....			

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).....	7,020,446		7,020,446
2. Premiums and considerations (Line 15).....	995		995
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	16,193	(16,193)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	78,109		78,109
6. Net amount recoverable from reinsurers.....		32,505,991	32,505,991
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	7,115,743	32,489,798	39,605,541
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3).....		18,579,646	18,579,646
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	7,483	102,867	110,350
11. Unearned premiums (Line 9).....		13,808,280	13,808,280
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	995	(995)	0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	1,462,950		1,462,950
19. Total liabilities excluding protected cell business (Line 26).....	1,471,428	32,489,798	33,961,226
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	5,644,315	XXX	5,644,315
22. Totals (Line 38).....	7,115,743	32,489,798	39,605,541

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:

For pooling information see Note 26 in the Notes to Financial Statements. Other reinsurers included in the restatement are shown on Schedule F, Part 3.

**Sch. H - Pt. 1  
NONE**

**Sch. H - Pt. 2  
NONE**

**Sch. H - Pt. 3  
NONE**

**Sch. H - Pt. 4  
NONE**

**Sch. H - Pt. 5  
NONE**

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**

(\$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 (Cols. 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	(2)	0	(0)		(0)		3	XXX
2. 2009.....	0		0								0	
3. 2010.....			0								0	
4. 2011.....			0								0	
5. 2012.....			0								0	
6. 2013.....			0								0	
7. 2014.....			0								0	
8. 2015.....			0								0	
9. 2016.....			0								0	
10. 2017.....			0								0	
11. 2018.....			0								0	
12. Totals.....	XXX	XXX	XXX	0	(2)	0	(0)	0	(0)	0	3	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
2. 2009.....												0	
3. 2010.....												0	
4. 2011.....												0	
5. 2012.....												0	
6. 2013.....												0	
7. 2014.....												0	
8. 2015.....												0	
9. 2016.....												0	
10. 2017.....												0	
11. 2018.....												0	
12. Totals.....	0	0	2	2	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			XXX	0	0
2. 2009.....	0	0	0	0.0	0.0	0.0			0.10	0	0
3. 2010.....	0	0	0	0.0	0.0	0.0			0.10	0	0
4. 2011.....	0	0	0	0.0	0.0	0.0			0.10	0	0
5. 2012.....	0	0	0	0.0	0.0	0.0			0.10	0	0
6. 2013.....	0	0	0	0.0	0.0	0.0			0.10	0	0
7. 2014.....	0	0	0	0.0	0.0	0.0			0.10	0	0
8. 2015.....	0	0	0	0.0	0.0	0.0			0.10	0	0
9. 2016.....	0	0	0	0.0	0.0	0.0			0.10	0	0
10. 2017.....	0	0	0	0.0	0.0	0.0			0.10	0	0
11. 2018.....	0	0	0	0.0	0.0	0.0			0.10	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$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 (Cols. 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	1	7	0	(0)	0	(0)	0	(7)	XXX
2. 2009.....	508	1	507	312	(0)	18	0	64	0	3	395	146
3. 2010.....	560	1	559	384	(0)	21	(0)	68	0	5	472	170
4. 2011.....	636	1	634	436	(0)	21	(0)	74	0	5	531	187
5. 2012.....	750	1	749	515	(2)	22	(0)	86	(0)	5	625	216
6. 2013.....	834	1	833	542	(6)	21	(0)	92	(0)	5	662	220
7. 2014.....	838	1	837	533	(10)	17	(1)	89	(1)	5	652	214
8. 2015.....	829	1	828	543	(31)	15	(4)	86	(2)	4	680	217
9. 2016.....	835	1	834	523	(42)	10	(6)	86	(4)	4	671	213
10. 2017.....	808	1	807	456	(79)	5	(10)	78	(9)	4	639	198
11. 2018.....	873	88	785	265	(235)	2	(14)	63	(25)	3	603	189
12. Totals.....	XXX	XXX	XXX	4,508	(398)	151	(36)	788	(42)	45	5,924	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.....	8	8	0	0	0	0	0	0	0	0	0	0	0
2. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2011.....	0	0	1	1	0	0	0	0	0	0	0	0	0
5. 2012.....	1	1	1	1	0	0	0	0	0	0	0	0	0
6. 2013.....	5	5	3	3	0	0	0	0	0	0	0	0	1
7. 2014.....	4	4	7	7	1	1	1	1	1	1	0	0	1
8. 2015.....	7	7	18	18	2	2	1	1	2	2	0	0	2
9. 2016.....	17	17	26	26	4	4	3	3	4	4	0	0	3
10. 2017.....	41	41	41	41	6	6	4	4	9	9	0	0	5
11. 2018.....	123	123	164	164	7	7	8	8	33	33	0	0	26
12. Totals.....	207	207	261	261	20	20	18	18	51	51	0	0	38

	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			XXX	0	0
2. 2009.....	395	0	395	77.7	9.0	77.8			0.10	0	0
3. 2010.....	473	0	472	84.4	23.3	84.6			0.10	0	0
4. 2011.....	532	1	531	83.7	70.7	83.8			0.10	0	0
5. 2012.....	626	1	625	83.5	61.4	83.5			0.10	0	0
6. 2013.....	664	2	662	79.6	141.6	79.5			0.10	0	0
7. 2014.....	654	2	652	78.0	143.1	77.9			0.10	0	0
8. 2015.....	675	(6)	680	81.4	(586.6)	82.1			0.10	0	0
9. 2016.....	673	2	671	80.6	173.7	80.5			0.10	0	0
10. 2017.....	641	3	639	79.4	282.3	79.2			0.10	0	0
11. 2018.....	665	62	603	76.2	71.1	76.7			0.10	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$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 (Cols. 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)	XXX.....
2. 2009.....	38.....	3.....	35.....	22	2	1	0	3	0	0	0	25	6
3. 2010.....	45.....	3.....	42.....	27	1	1	0	3	0	0	0	30	7
4. 2011.....	50.....	4.....	46.....	27	1	2	0	3	0	0	0	31	8
5. 2012.....	57.....	5.....	53.....	38	2	2	0	4	(0)	0	0	41	9
6. 2013.....	67.....	6.....	62.....	41	2	2	0	5	(0)	1	1	45	10
7. 2014.....	80.....	8.....	72.....	55	4	3	0	6	(0)	0	0	59	11
8. 2015.....	96.....	10.....	86.....	70	(0)	3	(1)	6	(1)	1	1	82	14
9. 2016.....	111.....	7.....	104.....	68	(12)	2	(2)	7	(2)	1	1	92	15
10. 2017.....	123.....	5.....	118.....	58	(27)	1	(4)	6	(3)	1	1	99	15
11. 2018.....	141.....	20.....	121.....	30	(54)	0	(5)	5	(6)	0	0	99	15
12. Totals.....	XXX.....	XXX.....	XXX.....	437	(81)	17	(10)	47	(12)	5	5	603	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
2. 2009.....					0	0			0	0		0	0
3. 2010.....					0	0			0	0		0	0
4. 2011.....	0	0	0	0	0	0			0	0		0	0
5. 2012.....	0	0	0	0	0	0			0	0		0	0
6. 2013.....	1	1	0	0	0	0			0	0		0	0
7. 2014.....	3	3	0	0	0	0			0	0		0	0
8. 2015.....	6	6	2	2	1	1			1	1		0	0
9. 2016.....	14	14	4	4	2	2			2	2		0	0
10. 2017.....	18	18	13	13	3	3	1	1	3	3		0	1
11. 2018.....	24	24	43	43	2	2	3	3	7	7		0	2
12. Totals.....	66	66	62	62	8	8	5	5	13	13		0	3

	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.....			XXX.....	0	0
2. 2009.....	26.....	2.....	25.....	70.2	59.1	71.0			0.10	0	0
3. 2010.....	31.....	2.....	30.....	69.7	48.1	71.4			0.10	0	0
4. 2011.....	32.....	1.....	31.....	64.5	29.1	67.6			0.10	0	0
5. 2012.....	43.....	2.....	41.....	75.7	53.3	77.6			0.10	0	0
6. 2013.....	49.....	4.....	45.....	73.3	69.3	73.6			0.10	0	0
7. 2014.....	67.....	7.....	59.....	83.3	95.7	82.0			0.10	0	0
8. 2015.....	90.....	8.....	82.....	93.5	81.4	94.9			0.10	0	0
9. 2016.....	99.....	7.....	92.....	89.3	95.1	88.9			0.10	0	0
10. 2017.....	103.....	5.....	99.....	83.9	94.2	83.5			0.10	0	0
11. 2018.....	113.....	15.....	99.....	80.5	74.3	81.5			0.10	0	0
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported- Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				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.....	XXX.....
2. 2009.....			0.....								0.....	0.....
3. 2010.....			0.....								0.....	0.....
4. 2011.....			0.....								0.....	0.....
5. 2012.....			0.....								0.....	0.....
6. 2013.....			0.....								0.....	0.....
7. 2014.....			0.....								0.....	0.....
8. 2015.....			0.....								0.....	0.....
9. 2016.....			0.....								0.....	0.....
10. 2017.....			0.....								0.....	0.....
11. 2018.....			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.....
2. 2009.....												0.....	0.....
3. 2010.....												0.....	0.....
4. 2011.....												0.....	0.....
5. 2012.....												0.....	0.....
6. 2013.....												0.....	0.....
7. 2014.....												0.....	0.....
8. 2015.....												0.....	0.....
9. 2016.....												0.....	0.....
10. 2017.....												0.....	0.....
11. 2018.....												0.....	0.....
12. Totals.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	(0).....	0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	(0).....	0.....
2. 2009.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
3. 2010.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
4. 2011.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
5. 2012.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
6. 2013.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
7. 2014.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
8. 2015.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
9. 2016.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
10. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
11. 2018.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....			0.10.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	(0).....	0.....



**Sch. P - Pt. 1E**  
**NONE**

**Sch. P - Pt. 1F - Sn. 1**  
**NONE**

**Sch. P - Pt. 1F - Sn. 2**  
**NONE**

**Sch. P - Pt. 1G**  
**NONE**

**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							12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				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	XXX
2. 2009.....			.0								0	
3. 2010.....			.0								0	
4. 2011.....			.0								0	
5. 2012.....			.0								0	
6. 2013.....			.0								0	
7. 2014.....			.0								0	
8. 2015.....			.0								0	
9. 2016.....			.0								0	
10. 2017.....			.0								0	
11. 2018.....	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
2. 2009.....												0	
3. 2010.....												0	
4. 2011.....												0	
5. 2012.....												0	
6. 2013.....												0	
7. 2014.....												0	
8. 2015.....												0	
9. 2016.....												0	
10. 2017.....												0	
11. 2018.....			0	0			0	0	0	0		0	
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2009.....	0	0	0	0.0	0.0	0.0			0.10	0	0
3. 2010.....	0	0	0	0.0	0.0	0.0			0.10	0	0
4. 2011.....	0	0	0	0.0	0.0	0.0			0.10	0	0
5. 2012.....	0	0	0	0.0	0.0	0.0			0.10	0	0
6. 2013.....	0	0	0	0.0	0.0	0.0			0.10	0	0
7. 2014.....	0	0	0	0.0	0.0	0.0			0.10	0	0
8. 2015.....	0	0	0	0.0	0.0	0.0			0.10	0	0
9. 2016.....	0	0	0	0.0	0.0	0.0			0.10	0	0
10. 2017.....	0	0	0	0.0	0.0	0.0			0.10	0	0
11. 2018.....	0	0	0	82.2	121.5	0.0			0.10	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2009.....			.0								0	
3. 2010.....			.0								0	
4. 2011.....			.0								0	
5. 2012.....			.0								0	
6. 2013.....			.0								0	
7. 2014.....			.0								0	
8. 2015.....			.0								0	
9. 2016.....	.0	.0	.0					.0			0	0
10. 2017.....	.0	.0	.0	.0	.0	.0	(0)	.0	(0)	.0	0	0
11. 2018.....	.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		
2. 2009.....											0		
3. 2010.....											0		
4. 2011.....											0		
5. 2012.....											0		
6. 2013.....											0		
7. 2014.....											0		
8. 2015.....											0		
9. 2016.....											0		
10. 2017.....	.0	.0	.0	.0		.0	.0	.0	.0	.0	0	0	
11. 2018.....	.0	.0	.0	.0		.0	.0	.0	.0	.0	0	0	
12. Totals.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0	0	

	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			XXX	0	0
2. 2009.	.0	.0	.0	.0	.0	.0			.10	0	0
3. 2010.	.0	.0	.0	.0	.0	.0			.10	0	0
4. 2011.	.0	.0	.0	.0	.0	.0			.10	0	0
5. 2012.	.0	.0	.0	.0	.0	.0			.10	0	0
6. 2013.	.0	.0	.0	.0	.0	.0			.10	0	0
7. 2014.	.0	.0	.0	.0	.0	.0			.10	0	0
8. 2015.	.0	.0	.0	.0	.0	.0			.10	0	0
9. 2016.	.0	.0	.0	16.4	.0	62.0			.10	0	0
10. 2017.	.0	.0	.0	34.8	27.3	57.3			.10	0	0
11. 2018.	.0	.0	.0	90.9	90.1	92.7			.10	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	0	0

**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 omitted)

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34  Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26  Direct and Assumed	27  Ceded	28  Net	29  Direct and Assumed	30  Ceded	31  Net	32  Loss	33  Loss Expense		35  Losses Unpaid	36  Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....			.....XXX.....	.....0.....	.....0.....
2. 2017.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....				.....0.....	.....0.....
3. 2018.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....				.....0.....	.....0.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....10.....	.....13.....	.....1.....	.....(0).....	.....0.....	.....(3).....	.....4.....	.....2.....	.....XXX.....
2. 2017.....	.....453.....	.....7.....	.....446.....	.....297.....	.....14.....	.....1.....	.....(1).....	.....42.....	.....(3).....	.....87.....	.....329.....	.....178.....
3. 2018.....	.....481.....	.....51.....	.....430.....	.....256.....	.....12.....	.....1.....	.....(1).....	.....32.....	.....(4).....	.....40.....	.....282.....	.....157.....
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....563.....	.....39.....	.....3.....	.....(2).....	.....74.....	.....(10).....	.....132.....	.....613.....	.....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....	.....(2).....	.....(2).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....3.....	.....3.....	.....0.....	.....0.....	.....0.....
2. 2017....	.....(3).....	.....(3).....	.....2.....	.....2.....	.....0.....	.....0.....	.....0.....	.....0.....	.....3.....	.....3.....	.....0.....	.....0.....	.....0.....
3. 2018....	.....(18).....	.....(18).....	.....29.....	.....29.....	.....0.....	.....0.....	.....1.....	.....1.....	.....7.....	.....7.....	.....0.....	.....0.....	.....4.....
4. Totals..	.....(24).....	.....(24).....	.....31.....	.....31.....	.....0.....	.....0.....	.....2.....	.....2.....	.....13.....	.....13.....	.....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.....	.....	.....	.....XXX.....	.....0.....	.....0.....
2. 2017..	.....341.....	.....12.....	.....329.....	.....75.3.....	.....175.2.....	.....73.7.....	.....	.....	.....0.10.....	.....0.....	.....0.....
3. 2018..	.....309.....	.....26.....	.....282.....	.....64.1.....	.....51.9.....	.....65.6.....	.....	.....	.....0.10.....	.....0.....	.....0.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

**Sch. P - Pt. 1K  
NONE**

**Sch. P - Pt. 1L  
NONE**

**Sch. P - Pt. 1M  
NONE**

**Sch. P - Pt. 1N  
NONE**

**Sch. P - Pt. 1O  
NONE**

**Sch. P - Pt. 1P  
NONE**

**Sch. P - Pt. 1R - Sn. 1  
NONE**

**Sch. P - Pt. 1R - Sn. 2  
NONE**

**Sch. P - Pt. 1S  
NONE**

**Sch. P - Pt. 1T  
NONE**

**SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....	1	1	1	2	2	4	4	5	5	5	0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	162	122	108	101	102	97	96	96	96	88	(8)	(8)
2. 2009.....	357	336	335	334	333	331	330	330	330	330	(0)	0
3. 2010.....	XXX	385	400	404	406	404	406	404	405	405	0	1
4. 2011.....	XXX	XXX	425	454	459	458	459	457	457	457	0	0
5. 2012.....	XXX	XXX	XXX	523	542	543	543	540	538	539	0	(1)
6. 2013.....	XXX	XXX	XXX	XXX	589	591	577	570	570	569	(1)	(0)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	573	575	564	565	562	(3)	(2)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	586	585	584	592	7	7
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	598	585	581	(4)	(17)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	553	551	(1)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	515	XXX	XXX
12. Totals											(9)	(21)

**SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	16	11	10	9	8	8	8	8	8	8	(0)	(0)
2. 2009.....	30	27	26	24	22	22	22	22	22	22	0	(0)
3. 2010.....	XXX	34	32	29	28	27	27	27	27	27	0	(0)
4. 2011.....	XXX	XXX	33	32	29	28	28	28	28	28	(0)	0
5. 2012.....	XXX	XXX	XXX	42	39	38	38	38	37	37	(0)	(1)
6. 2013.....	XXX	XXX	XXX	XXX	53	42	43	42	41	41	(1)	(2)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	54	52	54	55	54	(1)	(0)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	68	70	74	74	(0)	4
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	80	84	4	5
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	90	1	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	XXX	XXX
12. Totals											2	7

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										(0)	(0)	(0)
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											(0)	(0)

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

NONE

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

NONE

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

1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

NONE

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)**

1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

NONE

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	1	0	0	0	1	1	1	1	1	1	0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

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

1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(0)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(0)	0



**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals	0	0

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	7	6	(1)	(8)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	291	285	(7)	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	XXX	XXX
										4. Totals	(7)	(8)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
										4. Totals	0	0

**SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
										4. Totals	0	0

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	0	0

**Sch. P - Pt. 2N**  
**NONE**

**Sch. P - Pt. 2O**  
**NONE**

**Sch. P - Pt. 2P**  
**NONE**

**Sch. P - Pt. 2R - Sn. 1**  
**NONE**

**Sch. P - Pt. 2R - Sn. 2**  
**NONE**

**Sch. P - Pt. 2S**  
**NONE**

**Sch. P - Pt. 2T**  
**NONE**

**SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS**

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		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....	.000.....	.....0	.....1	.....1	.....1	.....2	.....2	.....2	.....3	.....5	.....0	.....0
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....
9. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....
10. 2017.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....
11. 2018.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	.000.....	.....55	.....78	.....87	.....93	.....93	.....94	.....95	.....95	.....88	.....0	.....
2. 2009.....	.....154	.....270	.....309	.....322	.....326	.....328	.....329	.....330	.....330	.....330	.....81	.....64
3. 2010.....	.XXX.....	.....182	.....332	.....374	.....390	.....396	.....401	.....403	.....404	.....405	.....95	.....75
4. 2011.....	.XXX.....	.XXX.....	.....201	.....374	.....423	.....442	.....450	.....454	.....456	.....457	.....106	.....81
5. 2012.....	.XXX.....	.XXX.....	.XXX.....	.....246	.....446	.....503	.....523	.....531	.....535	.....539	.....121	.....95
6. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....272	.....478	.....531	.....550	.....558	.....569	.....123	.....96
7. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....272	.....472	.....523	.....542	.....562	.....121	.....92
8. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....283	.....490	.....540	.....592	.....123	.....92
9. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....291	.....485	.....581	.....119	.....91
10. 2017.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....266	.....551	.....107	.....86
11. 2018.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....515	.....78	.....84

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	.000.....	.....4	.....7	.....8	.....8	.....8	.....8	.....8	.....8	.....8	.....	.....
2. 2009.....	.....9	.....16	.....21	.....21	.....22	.....22	.....22	.....22	.....22	.....22	.....4	.....2
3. 2010.....	.XXX.....	.....10	.....19	.....23	.....26	.....26	.....27	.....27	.....27	.....27	.....5	.....3
4. 2011.....	.XXX.....	.XXX.....	.....11	.....22	.....25	.....27	.....27	.....28	.....28	.....28	.....5	.....3
5. 2012.....	.XXX.....	.XXX.....	.XXX.....	.....15	.....27	.....33	.....35	.....36	.....37	.....37	.....6	.....3
6. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....15	.....31	.....36	.....38	.....39	.....41	.....6	.....3
7. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....19	.....36	.....44	.....49	.....54	.....7	.....4
8. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....25	.....50	.....61	.....74	.....9	.....5
9. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....28	.....53	.....84	.....9	.....5
10. 2017.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....29	.....90	.....9	.....5
11. 2018.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....88	.....7	.....5

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....	.000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....
9. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....
10. 2017.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....
11. 2018.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	.000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....	.....
9. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....	.....
10. 2017.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....	.....
11. 2018.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.....	.....	.....

**NONE**

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018			
1. Prior.....	.000												
2. 2009.....													
3. 2010.....	.XXX												
4. 2011.....	.XXX	.XXX											
5. 2012.....	.XXX	.XXX	.XXX										
6. 2013.....	.XXX	.XXX	.XXX	.XXX									
7. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX								
8. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX							
9. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			

NONE

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

1. Prior.....	.000												
2. 2009.....													
3. 2010.....	.XXX												
4. 2011.....	.XXX	.XXX											
5. 2012.....	.XXX	.XXX	.XXX										
6. 2013.....	.XXX	.XXX	.XXX	.XXX									
7. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX								
8. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX							
9. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
11. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			

NONE

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

1. Prior.....	.000										.XXX	.XXX
2. 2009.....											.XXX	.XXX
3. 2010.....	.XXX										.XXX	.XXX
4. 2011.....	.XXX	.XXX									.XXX	.XXX
5. 2012.....	.XXX	.XXX	.XXX								.XXX	.XXX
6. 2013.....	.XXX	.XXX	.XXX	.XXX							.XXX	.XXX
7. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX						.XXX	.XXX
8. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.XXX	.XXX
9. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX	.XXX
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
11. 2018.....	.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	.1	.1	.1	.1	.1	.1		
2. 2009.....												
3. 2010.....	.XXX											
4. 2011.....	.XXX	.XXX										
5. 2012.....	.XXX	.XXX	.XXX									
6. 2013.....	.XXX	.XXX	.XXX	.XXX								
7. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
11. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	

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

1. Prior.....	.000											
2. 2009.....												
3. 2010.....	.XXX											
4. 2011.....	.XXX	.XXX										
5. 2012.....	.XXX	.XXX	.XXX									
6. 2013.....	.XXX	.XXX	.XXX	.XXX								
7. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX							
8. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
9. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0

**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	8	6	1	(0)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	275	285	114	65
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246	96	58

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior.....	000										XXX	XXX
2. 2009.....											XXX	XXX
3. 2010.....	XXX										XXX	XXX
4. 2011.....	XXX	XXX									XXX	XXX
5. 2012.....	XXX	XXX	XXX								XXX	XXX
6. 2013.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**Sch. P - Pt. 3N  
NONE**

**Sch. P - Pt. 3O  
NONE**

**Sch. P - Pt. 3P  
NONE**

**Sch. P - Pt. 3R - Sn. 1  
NONE**

**Sch. P - Pt. 3R - Sn. 2  
NONE**

**Sch. P - Pt. 3S  
NONE**

**Sch. P - Pt. 3T  
NONE**

**SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS**

Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)

Years in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....	0					1	2	2	2	
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior.....	87	32	13	6	4	1	0	0	0	
2. 2009.....	97	27	9	5	3	1	0	0	0	
3. 2010.....	XXX	85	28	9	6	2	2	0	0	
4. 2011.....	XXX	XXX	102	33	13	5	4	1	1	
5. 2012.....	XXX	XXX	XXX	142	40	16	10	6	1	
6. 2013.....	XXX	XXX	XXX	XXX	178	54	23	12	5	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	165	49	21	15	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	168	40	25	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175	46	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior.....	8	3	1	1	0					
2. 2009.....	13	4	3	1	0	0	0			
3. 2010.....	XXX	15	6	2	1	0	0	0		
4. 2011.....	XXX	XXX	14	4	1	0	1	0	0	
5. 2012.....	XXX	XXX	XXX	16	2	1	1	1	0	
6. 2013.....	XXX	XXX	XXX	XXX	22	2	2	1	0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	18	3	2	2	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	22	3	2	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	7	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX	<b>NONE</b>						
6. 2013.....	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX							
10. 2017.....	XXX	XXX	XXX							
11. 2018.....	XXX	XXX	XXX							

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX	<b>NONE</b>						
6. 2013.....	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX							
9. 2016.....	XXX	XXX	XXX							
10. 2017.....	XXX	XXX	XXX							
11. 2018.....	XXX	XXX	XXX							

**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	0	0	0	0	0					
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX



**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	3
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		32
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**Sch. P - Pt. 4N  
NONE**

**Sch. P - Pt. 4O  
NONE**

**Sch. P - Pt. 4P  
NONE**

**Sch. P - Pt. 4R - Sn. 1  
NONE**

**Sch. P - Pt. 4R - Sn. 2  
NONE**

**Sch. P - Pt. 4S  
NONE**

**Sch. P - Pt. 4T  
NONE**

## SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

### SECTION 1

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.0	.0	.0	.0	.0	.0				.0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

### SECTION 1

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	29	5	2	1	0	0	0	0	0	0
2. 2009.....	53	75	80	81	81	81	81	81	81	81
3. 2010.....	XXX	61	88	93	93	94	94	95	95	95
4. 2011.....	XXX	XXX	70	99	104	105	105	106	106	106
5. 2012.....	XXX	XXX	XXX	82	113	118	120	121	121	121
6. 2013.....	XXX	XXX	XXX	XXX	85	115	121	123	123	123
7. 2014.....	XXX	XXX	XXX	XXX	XXX	83	114	119	121	121
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	85	117	122	123
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	115	119
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	107
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78

### SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	7	2	1	0	0	0	0	0	0	0
2. 2009.....	22	4	1	0	0	0	0	0	0	0
3. 2010.....	XXX	26	4	2	1	1	1	0	0	0
4. 2011.....	XXX	XXX	26	5	2	1	1	0	0	0
5. 2012.....	XXX	XXX	XXX	27	6	2	1	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX	28	6	3	1	1	1
7. 2014.....	XXX	XXX	XXX	XXX	XXX	28	6	2	1	1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	29	6	3	2
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	6	3
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	5
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26

### SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	12	2	0	0	0	0	0	0	0	0
2. 2009.....	134	145	145	146	146	146	146	146	146	146
3. 2010.....	XXX	155	168	169	169	169	170	170	170	170
4. 2011.....	XXX	XXX	173	186	187	187	187	187	187	187
5. 2012.....	XXX	XXX	XXX	200	215	216	216	216	216	216
6. 2013.....	XXX	XXX	XXX	XXX	204	218	219	219	220	220
7. 2014.....	XXX	XXX	XXX	XXX	XXX	196	212	213	214	214
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	201	216	217	217
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200	212	213
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	186	198
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	189

**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2009.....	2	3	4	4	4	4	4	4	4	4
3. 2010.....	XXX	3	4	4	4	5	5	5	5	5
4. 2011.....	XXX	XXX	3	4	5	5	5	5	5	5
5. 2012.....	XXX	XXX	XXX	4	5	5	6	6	6	6
6. 2013.....	XXX	XXX	XXX	XXX	4	6	6	6	6	6
7. 2014.....	XXX	XXX	XXX	XXX	XXX	5	7	7	7	7
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	6	8	9	9
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9	9
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2009.....	1	0	0	0	0	0	0	0	0	0
3. 2010.....	XXX	1	0	0	0	0	0	0	0	0
4. 2011.....	XXX	XXX	1	0	0	0	0	0	0	0
5. 2012.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2013.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX	2	1	0	0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	2	1	0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	1	(0)	0	0	0	0	(0)	0	0	0
2. 2009.....	5	6	6	6	6	6	6	6	6	6
3. 2010.....	XXX	7	7	7	7	7	7	7	7	7
4. 2011.....	XXX	XXX	7	8	8	8	8	8	8	8
5. 2012.....	XXX	XXX	XXX	8	9	9	9	9	9	9
6. 2013.....	XXX	XXX	XXX	XXX	9	10	10	10	10	10
7. 2014.....	XXX	XXX	XXX	XXX	XXX	10	11	11	11	11
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	13	14	14	14
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	15	15
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	15
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**SECTION 1**

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....		0	0	0	0			0	0	0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....					0					
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**Sch. P - Pt. 5E - Sn. 1**  
**NONE**

**Sch. P - Pt. 5E - Sn. 2**  
**NONE**

**Sch. P - Pt. 5E - Sn. 3**  
**NONE**

**Sch. P - Pt. 5F - Sn. 1A**  
**NONE**

**Sch. P - Pt. 5F - Sn. 2A**  
**NONE**

**Sch. P - Pt. 5F - Sn. 3A**  
**NONE**

**Sch. P - Pt. 5F - Sn. 1B**  
**NONE**

**Sch. P - Pt. 5F - Sn. 2B**  
**NONE**

**Sch. P - Pt. 5F - Sn. 3B**  
**NONE**

## 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....						.0	.0	.0		
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....					.0	.0	.0	.0	.0	.0
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	(0)					.0	.0	.0		
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0



**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**Sch. P - Pt. 5R - Sn. 1A**  
**NONE**

**Sch. P - Pt. 5R - Sn. 2A**  
**NONE**

**Sch. P - Pt. 5R - Sn. 3A**  
**NONE**

**Sch. P - Pt. 5R - Sn. 1B**  
**NONE**

**Sch. P - Pt. 5R - Sn. 2B**  
**NONE**

**Sch. P - Pt. 5R - Sn. 3B**  
**NONE**

**Sch. P - Pt. 5T - Sn. 1**  
**NONE**

**Sch. P - Pt. 5T - Sn. 2**  
**NONE**

**Sch. P - Pt. 5T - Sn. 3**  
**NONE**

**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....	38	38	38	38	38	38	38	38	38	38	38	
3. 2010.....	XXX	45	45	45	45	45	45	45	45	45	45	
4. 2011.....	XXX	XXX	50	50	50	50	50	50	50	50	50	
5. 2012.....	XXX	XXX	XXX	57	57	57	57	57	57	57	57	
6. 2013.....	XXX	XXX	XXX	XXX	67	67	67	67	67	67	67	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	80	80	80	80	80	80	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	96	96	96	96	96	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111	111	111	111	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	123	123	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141	141
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141
13. Earned Prems.(P-Pt 1)	38	45	50	57	67	80	96	111	123	141	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....	3	3	3	3	3	3	3	3	3	3	3	
3. 2010.....	XXX	3	3	3	3	3	3	3	3	3	3	
4. 2011.....	XXX	XXX	4	4	4	4	4	4	4	4	4	
5. 2012.....	XXX	XXX	XXX	5	5	5	5	5	5	5	5	
6. 2013.....	XXX	XXX	XXX	XXX	6	6	6	6	6	6	6	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	8	8	8	8	8	8	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	7	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	20
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20
13. Earned Prems.(P-Pt 1)	3	3	4	5	6	8	10	7	5	20	XXX	

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	
13. Earned Prems.(P-Pt 1)											0	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	
13. Earned Prems.(P-Pt 1)											0	XXX

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0
13. Earned Prems.(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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0
13. Earned Prems.(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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0
13. Earned Prems.(P-Pt 1)												.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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	0
13. Earned Prems.(P-Pt 1)												.XXX

**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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0		.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
13. Earned Prems.(P-Pt 1)								.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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0		.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
13. Earned Prems.(P-Pt 1)								.0	.0	.0	.0	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0		.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
13. Earned Prems.(P-Pt 1)											.0	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior.....											.0	
2. 2009.....											.0	
3. 2010.....	XXX										.0	
4. 2011.....	XXX	XXX									.0	
5. 2012.....	XXX	XXX	XXX								.0	
6. 2013.....	XXX	XXX	XXX	XXX							.0	
7. 2014.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0		.0	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
13. Earned Prems.(P-Pt 1)											.0	XXX

**Sch. P - Pt. 6N - Sn. 1  
NONE**

**Sch. P - Pt. 6N - Sn. 2  
NONE**

**Sch. P - Pt. 6O - Sn. 1  
NONE**

**Sch. P - Pt. 6O - Sn. 2  
NONE**

**Sch. P - Pt. 6R - Sn. 1A  
NONE**

**Sch. P - Pt. 6R - Sn. 2A  
NONE**

**Sch. P - Pt. 6R - Sn. 1B  
NONE**

**Sch. P - Pt. 6R - Sn. 2B  
NONE**

**Sch. P - Pt. 7A - Sn. 1  
NONE**

**Sch. P - Pt. 7A - Sn. 2  
NONE**

**Sch. P - Pt. 7A - Sn. 3  
NONE**

**Sch. P - Pt. 7A - Sn. 4  
NONE**

**Sch. P - Pt. 7A - Sn. 5  
NONE**

**Sch. P - Pt. 7B - Sn. 1  
NONE**

**Sch. P - Pt. 7B - Sn. 2  
NONE**

**Sch. P - Pt. 7B - Sn. 3  
NONE**

**Sch. P - Pt. 7B - Sn. 4  
NONE**

**Sch. P - Pt. 7B - Sn. 5  
NONE**

**Sch. P - Pt. 7B - Sn. 6  
NONE**

**Sch. P - Pt. 7B - Sn. 7  
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 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 [X]  
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)? .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [ ] No [ ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [ ] No [ ] N/A[ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior.....	.....	.....
1.602	2009.....	.....	.....
1.603	2010.....	.....	.....
1.604	2011.....	.....	.....
1.605	2012.....	.....	.....
1.606	2013.....	.....	.....
1.607	2014.....	.....	.....
1.608	2015.....	.....	.....
1.609	2016.....	.....	.....
1.610	2017.....	.....	.....
1.611	2018.....	.....	.....
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 [X] 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 [X] 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 [X]

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 .....
  - 5.2 Surety .....

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 [X] No [ ]

- 7.2 An extended statement may be attached.  
Effective 12/1/18, the Company's parent, Infinity Insurance Company, entered into a 100% quota share agreement with Trinity Universal Insurance Company, an affiliate.  
The result is that members of the Infinity Insurance Pool will have no net reserves as of 12/31/18. For pooling information see Note 26 in the Notes to Financial Statements.

**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						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	0	0	0	0	0	0

**NONE**



# SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	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? (Y/N)	*
<b>Members</b>															
						New York Stock Exchange	Kemper Corporation.....	DE.....	UIP.....					..N..	
0215	Kemper Corporation.....	10920..	77-0475915..				Alliance United Insurance Company.....	CA.....	IA.....	Kemper Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..Y..	
	Kemper Corporation.....	00000..	77-0472398..				Alliance United Insurance Services, LLC.....	CA.....	NIA.....	Alliance United Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	03-0483872..				Infinity Property and Casualty Corporation.....	OH.....	UIP.....	Kemper Corporation.....			Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	20-4363792..				Infinity Financial Centers, LLC.....	DE.....	NIA.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	22268..	31-0943862..				Infinity Insurance Company.....	IN.....	UDP.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	74-2641866..				Infinity Agency of Texas.....	TX.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	39497..	75-1227771..				Infinity Assurance Insurance Company.....	OH.....	RE.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	11738..	34-0927698..				Infinity Auto Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	75-2280915..				Leader Mananging General Agency, Inc.....	TX.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	34-1852743..				Leader Group, Inc.....	OH.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	21792..	58-1132392..				Infinity Casualty Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	58-1293110..				Infinity Insurance Agency, Inc.....	AL.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	10061..	34-1767787..				Infinity Indemnity Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	10195..	34-1785809..				Infinity Preferred Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	16802..	73-0772113..				Infinity Safeguard Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	38873..	58-1806192..				Infinity Security Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	20260..	31-1333017..				Infinity Select Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	12599..	58-1806189..				Infinity Standard Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	58-1080659..				Infinity Property and Casualty Services, Inc.....	GA.....	NIA.....	Infinity Standard Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	58-0642684..				Casualty Underwriters, Inc.....	GA.....	NIA.....	Infinity Property and Casualty Services, Inc.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	13820..	43-6030348..				Infinity County Mutual Insurance Company.....	TX.....	IA.....	Infinity Insurance Company.....	Management.....		Kemper Corporation.....	..N..	7.....
	Kemper Corporation.....	00000..	31-1357130..				The Infinity Group, Inc.....	IN.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	27-3557296..				KAHG LLC.....	IL.....	NIA.....	Kemper Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..N..	1.....
	Kemper Corporation.....	00000..	36-4105161..				Kemper Corporate Services, Inc.....	IL.....	NIA.....	Kemper Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	19887..	75-0620550..				Trinity Universal Insurance Company.....	TX.....	IA.....	Kemper Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..Y..	
0215	Kemper Corporation.....	38156..	39-1344101..				Alpha Property & Casualty Insurance Company	WI.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..					Capitala Senior Liquid Loan Fund I, LLC.....	NC.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	50.000	Kemper Corporation.....	..N..	6.....
0215	Kemper Corporation.....	37524..	75-1636168..				Charter Indemnity Company.....	TX.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
	Kemper Corporation.....	00000..	04-3294619..				Direct Response Corporation.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	43044..	04-2794993..				Response Insurance Company.....	IL.....	IA.....	Direct Response Corporation.....	Ownership.....	100.000	Kemper Corporation.....	..Y..	
0215	Kemper Corporation.....	39004..	91-1119010..				Kemper Financial Indemnity Company.....	IL.....	IA.....	Response Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	
0215	Kemper Corporation.....	26050..	39-1341441..				Response Worldwide Insurance Company.....	IL.....	IA.....	Response Insurance Company.....	Ownership.....	100.000	Kemper Corporation.....	..N..	

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	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? (Y/N)	*
0215	Kemper Corporation.....	26085..	36-3423817..				Warner Insurance Company.....	IL.....	IA.....	Direct Response Corporation.....	Ownership.....	...100.000	Kemper Corporation.....	...Y....	
							Response Worldwide Direct Auto Insurance Company	IL.....	IA.....	Warner Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	20133..	61-6027355..				Financial Indemnity Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	19852..	95-1466743..				Kemper General Agency, Inc.....	TX.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	75-1865314..				Kemper Independence Insurance Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	10914..	36-4230019..				Merastar Industries LLC.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	1.....
		00000..	98-0426067..				Merastar Insurance Company.....	IL.....	IA.....	Merastar Industries LLC.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	31968..	62-0928337..				Security One Agency LLC.....	IL.....	NIA.....	Merastar Industries LLC.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	20-3046396..				NCM Management Corporation.....	DE.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	00000..	75-2538407..				Unitrin County Mutual Insurance Company.....	TX.....	IA.....	NCM Management Corporation.....	Management.....		Kemper Corporation.....	...N....	4.....
		29351..	74-1084315..				Senior Loan Fund JV, I LLC.....	NY.....	NIA.....	Trinity Universal Insurance Company.....	Ownership.....	...50.000	Kemper Corporation.....	...N....	5.....
		00000..					Union National Fire Insurance Company.....	LA.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	12998..	72-6019774..				United Casualty Insurance Company of America	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	11142..	23-1614367..				Unitrin Advantage Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	10881..	13-3974181..				Unitrin Auto and Home Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	16063..	52-1752227..				Unitrin Direct Insurance Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	10226..	36-4013825..				Unitrin Direct Property & Casualty Company.....	IL.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	75-2874538..				Kemper Personal Insurance General Agency, Inc.	TX.....	NIA.....	Unitrin Direct Property & Casualty Company...	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	25909..	13-5460208..				Unitrin Preferred Insurance Company.....	NY.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	40703..	39-1401314..				Unitrin Safeguard Insurance Company.....	WI.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	10698..	93-1217821..				Valley Property & Casualty Insurance Company	OR.....	IA.....	Trinity Universal Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	69930..	36-1896670..				United Insurance Company of America.....	IL.....	IA.....	Kemper Corporation.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	66397..	63-0148960..				Mutual Savings Life Insurance Company.....	AL.....	IA.....	United Insurance Company of America.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	31178..	63-0599704..				Mutual Savings Fire Insurance Company.....	AL.....	IA.....	Mutual Savings Life Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	68462..	73-0661453..				Reserve National Insurance Company.....	OK.....	IA.....	United Insurance Company of America.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	73-1281615..				Summerset Marketing Company.....	OK.....	NIA.....	Reserve National Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	73-1354019..				National Association of Self-Employed Business Owners	OK.....	NIA.....	Summerset Marketing Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	73-1288167..				Rural American Consumers a National Association	OK.....	NIA.....	Summerset Marketing Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	68357..	43-0476110..				The Reliable Life Insurance Company.....	MO.....	IA.....	United Insurance Company of America.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
		00000..	43-1511864..				Family Security Funerals Company.....	TX.....	NIA.....	The Reliable Life Insurance Company.....	Ownership.....	...100.000	Kemper Corporation.....	...N....	
0215	Kemper Corporation.....	29211..	75-0774903..				Capitol County Mutual Fire Insurance Company	TX.....	IA.....	The Reliable Life Insurance Company.....	Management.....		Kemper Corporation.....	...N....	2.....

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## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	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? (Y/N)	*
0215	Kemper Corporation.....	36625...	43-1156323..	.....	.....	.....	Old Reliable Casualty Company.....	MO.....	IA.....	Capitol County Mutual Fire Insurance Company	Management.....	.....	Kemper Corporation.....	.....N.....	3.....
0215	Kemper Corporation.....	69779...	72-0340280..	.....	.....	.....	Union National Life Insurance Company.....	LA.....	IA.....	United Insurance Company of America.....	Ownership.....	...100.000	Kemper Corporation.....	.....N.....	.....

**Asteri Explanation**

1	Each entity listed is a corporation, except for KAHG LLC, UICA Investment Holding LLC, Merastar Industries LLC, Security One Agency LLC and Alliance United Insurance Services LLC (the LLCs), which are limited liability companies. Percentages relate to stock ownership except for the LLCs, in which case the percentage relates to the owner's membership interest in the LLC.
2	Capitol County Mutual Fire Insurance Company (NAIC# 29211, domiciled in the state of Texas) is affiliated with The Reliable Life Insurance Company by virtue of a management agreement.
3	Old Reliable Casualty Company (NAIC# 36625, domiciled in the state of Missouri) is affiliated with Trinity Universal Insurance Company by virtue of its affiliation with Capitol County Mutual Fire Insurance Company.
4	Unitrin County Mutual Insurance Company (NAIC# 29351, domiciled in the state of Texas) is affiliated with NCM Management Corp. by virtue of a management agreement.
5	Senior Loan Fund JV, I LLC (SLFJV) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of SLFJV, with the other 50% vested in Fifth Street Finance Corp.
6	Capitala Senior Liquid Loan Fund I, LLC (CSLLF) is an affiliate of Trinity by virtue of Trinity having 50% control of the board of CSLLF, with the other 50% vested in Capitala Finance Corp.
7	Infinity County Mutual Insurance Company (NAIC# 13820, domiciled in the state of Texas) is affiliated with Infinity Insurance Company by virtue of a management agreement.

**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)
<b>Affiliated Transactions</b>												
00000	95-4255452	Kemper Corporation	880,850,000	(453,055,322)			23,062,601			55,000,000	505,857,279	
10920	77-0475915	Alliance United Insurance Company	51,200,000	20,000,000			(125,376,184)				(54,176,184)	
00000	77-0472398	Alliance United Insurance Services, LLC	(51,200,000)				(1,860,470)				(53,060,470)	
00000	03-0483872	Infinity Property and Casualty Corporation	(472,853,194)	343,746,482							(129,106,712)	
00000	20-4363792	Infinity Financial Centers, LLC									0	
22268	31-0943862	Infinity Insurance Company	(277,646,806)	(260,746,482)				44,964,881	*		(493,428,407)	1,423,247,356
00000	74-2641866	Infinity Agency of Texas									0	
39497	75-1227771	Infinity Assurance Insurance Company							*		0	
11738	34-0927698	Infinity Auto Insurance Company							*		0	(173,940,031)
00000	75-2280915	Leader Mananging General Agency, Inc.									0	
00000	34-1852743	Leader Group, Inc.									0	
21792	58-1132392	Infinity Casualty Insurance Company							*		0	
00000	58-1293110	Infinity Insurance Agency, Inc.							*		0	
10061	34-1767787	Infinity Indemnity Insurance Company							*		0	
10195	34-1785809	Infinity Preferred Insurance Company							*		0	
16802	73-0772113	Infinity Safeguard Insurance Company							*		0	
38873	58-1806192	Infinity Security Insurance Company							*		0	
20260	31-1333017	Infinity Select Insurance Company							*		0	
12599	58-1806189	Infinity Standard Insurance Company							*		0	
00000	58-1080659	Infinity Property and Casualty Services, Inc.									0	
00000	58-0642684	Casualty Underwriters, Inc.									0	
13820	43-6030348	Infinity County Mutual Insurance Company						(44,964,881)			(44,964,881)	175,385,073
00000	31-1357130	The Infinity Group, Inc.									0	
00000	27-3557296	KAHG LLC									0	
00000	36-4105161	Kemper Corporate Services, Inc.					80,922,145				80,922,145	
19887	75-0620550	Trinity Universal Insurance Company	(45,650,000)	350,055,322			8,767,020	13,439,054			326,611,396	(1,429,048,822)
38156	39-1344101	Alpha Property & Casualty Insurance Company					(13,473,001)				(13,473,001)	(6,343,786)
00000		Capitala Senior Liquid Loan Fund I, LLC									0	
37524	75-1636168	Charter Indemnity Company					(2,979,910)				(2,979,910)	(2,054,640)
00000	04-3294619	Direct Response Corporation					876,701				876,701	
43044	04-2794993	Response Insurance Company					(1,706,804)				(1,706,804)	(364,517)
39004	91-1119010	Kemper Financial Indemnity Company					(7,706)				(7,706)	15,489
26050	39-1341441	Response Worldwide Insurance Company					18,169				18,169	136,966
26085	36-3423817	Warner Insurance Company					(6,530)				(6,530)	84,346
20133	61-6027355	Response Worldwide Direct Auto Insurance Company					19,690				19,690	19,348
19852	95-1466743	Financial Indemnity Company					(42,847,188)				(42,847,188)	(15,297,740)
00000	75-1865314	Kemper General Agency, Inc.									0	
10914	36-4230019	Kemper Independence Insurance Company					(53,754,779)				(53,754,779)	39,992,222
00000	98-0426067	Merastar Industries LLC	850,000				2,057				852,057	
31968	62-0928337	Merastar Insurance Company					254,736,423				254,736,423	(277,446)
00000	20-3046396	Security One Agency LLC	(850,000)				2,395				(847,605)	

## 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)
00000	75-2538407	NCM Management Corporation									.0	
29351	74-1084315	Unitrin County Mutual Insurance Company					(15,952,919)				(15,952,919)	(13,262,932)
00000		Senior Loan Fund JV, I LLC									.0	
12998	72-6019774	Union National Fire Insurance Company					(8,099,014)	(2,430,816)			(10,529,830)	2,023,049
11142	23-1614367	United Casualty Insurance Company of America					(13,328,999)	(3,545,310)			(16,874,309)	1,121,369
10881	13-3974181	Unitrin Advantage Insurance Company					334,224				334,224	911,142
16063	52-1752227	Unitrin Auto and Home Insurance Company					(25,617,557)				(25,617,557)	(12,021,613)
10226	36-4013825	Unitrin Direct Insurance Company					(5,987,174)				(5,987,174)	1,132,727
10915	36-4230008	Unitrin Direct Property & Casualty Company					(810,713)				(810,713)	(2,206,102)
00000	75-2874538	Kemper Personal Insurance General Agency, Inc									.0	
25909	13-5460208	Unitrin Preferred Insurance Company					(7,221,137)				(7,221,137)	(6,480,799)
40703	39-1401314	Unitrin Safeguard Insurance Company					(20,034,402)				(20,034,402)	14,023,794
10698	93-1217821	Valley Property & Casualty Insurance Company					(3,135,897)				(3,135,897)	228,050
69930	36-1896670	United Insurance Company of America	(84,700,000)	(19,000,000)			17,329,538	28,384,117		(55,000,000)	(112,986,345)	(1,318,637,350)
66397	63-0148960	Mutual Savings Life Insurance Company					(20,973,337)				(20,973,337)	
31178	63-0599704	Mutual Savings Fire Insurance Company					(2,567,445)	(475,154)			(3,042,599)	595,887
68462	73-0661453	Reserve National Insurance Company		19,000,000			(10,045,214)				8,954,786	
00000	73-1281615	Summerset Marketing Company									.0	
00000	73-1354019	National Association of Self-Employed Business Owners									.0	
00000	73-1288167	Rural American Consumers a National Association									.0	
68357	43-0476110	The Reliable Life Insurance Company					(7,626,421)	(21,976,291)			(29,602,712)	821,928,336
00000	43-1511864	Family Security Funerals Company									.0	
29211	75-0774903	Capitol County Mutual Fire Insurance Company						(6,166,625)			(6,166,625)	1,716,674
36625	43-1156323	Old Reliable Casualty Company					(2,295,381)	(821,149)			(3,116,530)	664,937
69779	72-0340280	Union National Life Insurance Company					(362,781)	(6,407,826)			(6,770,607)	496,709,013
9999999	Control Totals		0	.0	0	.0	.0	0	XXX	0	0	0

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**Pooling Information**

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
22268	Infinity Insurance Company	99.10%			
39497	Infinity Assurance Insurance Company	0.10%			
11738	Infinity Auto Insurance Company	0.10%			
21792	Infinity Casualty Insurance Company	0.10%			
10061	Infinity Indemnity Insurance Company	0.10%			
10195	Infinity Preferred Insurance Company	0.10%			
16802	Infinity Safeguard Insurance Company	0.10%			
38873	Infinity Security Insurance Company	0.10%			
20260	Infinity Select Insurance Company	0.10%			
12599	Infinity Standard Insurance Company	0.10%			

# Infinity Assurance Insurance Company

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

### MARCH FILING

	Responses
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES

### APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will the Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES

### MAY FILING

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
---	-----

### JUNE FILING

9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

### AUGUST FILING

11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
---	-----

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

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

### MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trustee Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. 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
26. 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
27. 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
28. 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

### APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO

### AUGUST FILING

37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
--	-----

Annual Statement for the year 2018 of the **Infinity Assurance Insurance Company**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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**EXPLANATION:**

**BAR CODE:**

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## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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.

35. The data for this supplement is not required to be filed.



36. The data for this supplement is not required to be filed.



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