



# ANNUAL STATEMENT

## For the Year Ended DECEMBER 31, 2015

### OF THE CONDITION AND AFFAIRS OF THE

# Mount Beacon Insurance Company

NAIC Group Code 0000 , 0000 NAIC Company Code 15592 Employer's ID Number 47-1689973  
(Current Period) (Prior Period)

Organized under the Laws of Florida , State of Domicile or Port of Entry Florida

Country of Domicile United States of America

Incorporated/Organized 09/02/2014 Commenced Business 09/02/2014

Statutory Home Office 1000 112th Circle North; Suite 1400 , Saint Petersburg, FL, US 33716  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1000 112th Circle North; Suite 1400  
(Street and Number)

Saint Petersburg, FL, US 33716 (844)279-7312  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1000 112 Circle North; Suite 1400 , Saint Petersburg, FL, US 33716  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7785 66th Street N.  
(Street and Number)

Pinellas Park, FL, US 33781 (844)279-7312  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.mountbeaconins.net

Statutory Statement Contact Patrick Joseph Morrison (727)202-1474  
(Name) (Area Code)(Telephone Number)(Extension)

pmorrison@mountbeaconins.com (813)501-1142  
(E-Mail Address) (Fax Number)

### OFFICERS

Name	Title
Gary Lee Winterbottom Jr.	CEO
Preston Breckenridge Kavanagh III	CFO and Treasurer
Walter Patersen Burrell	Secretary

### OTHERS

### DIRECTORS OR TRUSTEES

Frank Thomas Fischer	Jason Richard McAlpine
Robert Arthur Wood	Walter Patersen Burrell
Gary Lee Winterbottom Jr.	

State of Florida  
 County of Pinellas ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

\_\_\_\_\_  
(Signature)  
 Gary Lee Winterbottom Jr.  
(Printed Name)  
 1.  
 CEO  
(Title)

\_\_\_\_\_  
(Signature)  
 Preston Breckenridge Kavanagh III  
(Printed Name)  
 2.  
 Treasurer and CFO  
(Title)

\_\_\_\_\_  
(Signature)  
 Walter Patersen Burrell  
(Printed Name)  
 3.  
 Secretary  
(Title)

Subscribed and sworn to before me this  
29 day of February , 2016

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

Yes[X] No[ ]

\_\_\_\_\_  
(Notary Public Signature)

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0000

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Company Code: 15592

19 Florida

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	4,689,164	1,604,293		3,084,871		6,916	6,916	615	2,876	2,876	147,778	100,837
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	43,973,612	19,714,202		24,259,410	1,852,624	4,506,936	2,654,313	268,166	362,853	362,853	1,330,007	907,532
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												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
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												
35. TOTALS (a)	48,662,776	21,318,494		27,344,282	1,852,624	4,513,852	2,661,229	268,781	365,729	365,729	1,477,785	1,008,369

**DETAILS OF WRITE-INS**

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

(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: 0000

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 15592

19 Grand Total

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	4,689,164	1,604,293		3,084,871		6,916	6,916	615	2,876	2,876	147,778	100,837
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	43,973,612	19,714,202		24,259,410	1,852,624	4,506,936	2,654,313	268,166	362,853	362,853	1,330,007	907,532
5.1 Commercial multiple peril (non - liability portion)												
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10. Financial guaranty												
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14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
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15.5 Other accident only												
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15.7 All other A & H (b)												
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17.3 Excess Workers' Compensation												
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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												
35. TOTALS (a)	48,662,776	21,318,494		27,344,282	1,852,624	4,513,852	2,661,229	268,781	365,729	365,729	1,477,785	1,008,369

**DETAILS OF WRITE-INS**

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3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(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 Columns 6 + 7							
<b>Other U.S. Unaffiliated Insurers</b>														
59-3164851	10064	CITIZENS PROP INS CORP	FL	13,993						140				
0999998 Total - Other U.S. Unaffiliated Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
0999999 Total - Other U.S. Unaffiliated Insurers					13,993					140				
1099998 Total - Pools and Associations - Mandatory Pools - Reinsurance for which the total of Column 8 is less than \$100,000														
1099999 Total - Pools and Associations - Mandatory Pools - Pools, Associations or Other Similar Facilities														
1199998 Total - Pools and Associations - Voluntary Pools - Reinsurance for which the total of Column 8 is less than \$100,000														
1199999 Total - Pools and Associations - Voluntary Pools - Pools, Associations or Other Similar Facilities														
1299999 Total - Pools and Associations														
1399998 Total - Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999 Total - Other Non-U.S. Insurers														
9999999 Totals					13,993					140				

## SCHEDULE F - PART 2

### Premium Portfolio Reinsurance Effectuated 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
<div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">N O N E</div>					
0299999 Total Reinsurance Assumed By Portfolio .....					

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																				
AA-9991310	00000	FLORIDA HURRICANE CATASTROPHE FUND	FL		3,966												(2,834)	2,834		
22-2005057	26921	EVEREST REINS CO	DE		1,044												272	(272)		
47-0698507	23680	ODYSSEY REINS CO	CT		506												132	(132)		
13-6108721	26433	HARCO NATL INS CO	IL		13,742								13,742		13,742		4,810	8,933	5,497	
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																				
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers					19,258								13,742		13,742		2,380	11,362	5,497	
<b>Authorized - Other Non-U.S. Insurers</b>																				
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		70												18	(18)		
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		28												7	(7)		
AA-1120158	00000	LLOYD'S SYNDICATE NUMBER 2014	GBR		35												9	(9)		
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		367												96	(96)		
AA-3190873	00000	Ariel Reins Co Ltd	BMU		264												69	(69)		
59-3164851	10064	CITIZENS PROP INS CORP	FL														172	(172)		
1299998 Total - Authorized - Other Non-U.S. Insurers (Under \$100,000)																				
1299999 Total - Authorized - Other Non-U.S. Insurers					765													372	(372)	
1399999 Total - Authorized					20,023									13,742		13,742	2,752	10,990	5,497	
<b>Unauthorized - Affiliates - Other (Non-U.S.) - Other</b>																				
AA-3190677	00000	Horseshoe Re Ltd	BMU		6,234	572											572	258	314	
1999999 Total - Unauthorized - Affiliates - Other (Non-U.S.) - Other					6,234	572											572	258	314	
2099999 Total - Unauthorized - Affiliates - Other (Non-U.S.) - Total					6,234	572											572	258	314	
2199999 Total - Unauthorized - Affiliates					6,234	572											572	258	314	
<b>Unauthorized - Other Non-U.S. Insurers</b>																				
AA-1344101	00000	Allianz Global Risks Reins Co	DEU		5,280												1,376	(1,376)		
AA-3190686	00000	Partner Reins Co Ltd	BMU		572												149	(149)		
AA-3194122	00000	DaVinci Reins Ltd	BMU		106												28	(28)		
AA-3194224	00000	Poseidon Re LTd	BMU		987												257	(257)		
AA-3190339	00000	RENAISSANCE REINS LTD	BMU		159												41	(41)		
AA-3191266	00000	Rubik Reins Ltd	BMU		70												18	(18)		
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																				
2599999 Total - Unauthorized - Other Non-U.S. Insurers					7,173													1,870	(1,870)	
2699999 Total - Unauthorized					13,406	572											572	2,129	(1,556)	
<b>Certified - Other Non-U.S. Insurers</b>																				
AA-3194154	00000	Ace Tempest Life Reins Ltd	BMU		742												193	(193)		
AA-3194126	00000	Arch Reins Ltd	BMU		287												75	(75)		
AA-3190870	00000	Validus Reins Ltd	BMU		677												176	(176)		
3899998 Total - Certified - Other Non-U.S. Insurers (under \$100,000)																				
3899999 Total - Certified - Other Non-U.S. Insurers					1,706													444	(444)	
3999999 Total - Certified					1,706													444	(444)	
4099999 Total - Authorized, Unauthorized and Certified					35,135	572								13,742		14,315	5,324	8,990	5,497	
4199999 Total - Protected Cells																				
9999999 Totals					35,135	572								13,742		14,315	5,324	8,990	5,497	

**Schedule F Part 3 Ceded Reinsurance (continued)**

NOTE: 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	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1)	Horseshoe Re Ltd .....	15.000	6,233,612
2)	Harco National Insurance Company .....	25.000	13,742,358
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	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1)	Harco National Insurance Company .....	13,742,358	13,742,358	Yes[ ] No[X] ...
2)	Horseshoe Re Ltd .....	313,869	6,233,612	Yes[X] No[ ] ...
3)	.....			Yes[ ] No[X] ...
4)	.....			Yes[ ] No[X] ...
5)	.....			Yes[ ] No[X] ...

## SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue				11 Total Due Cols. 5 + 10			
					6 1 - 29 Days	7 30-90 Days	8 91-120 Days	9 Over 120 Days		10 Total Overdue Columns 6 + 7 + 8 + 9		
<b>Unauthorized - Affiliates - U.S. Non-Pool - Other</b>												
AA-3190677	00000	Horseshoe Re Ltd	BMU	572						572		
1699999 Total - Unauthorized - Affiliates - U.S. Non-Pool - Other				572						572		
1799999 Total - Unauthorized - Affiliates - U.S. Non-Pool - Total				572						572		
2099999 Total - Unauthorized - Affiliates - Other (Non-U.S.) - Total												
2199999 Total - Unauthorized - Affiliates				572						572		
2699999 Total - Unauthorized				572						572		
4099999 Total - Authorized, Unauthorized and Certified				572						572		
4199999 Total - Protected Cells												
9999999 Totals				572						572		

## SCHEDULE F - PART 5

### Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable All Items Schedule F Pt. 3, Col.15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6+7+9 +10+11 But Not in Excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	20 % of Amount in Col. 14	20% of Amount in Dispute Included in Column 5	Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 + Col. 17 but not in Excess of Col. 5)
<b>Affiliates - Other (Non-U.S.) - Other</b>																	
AA-3190677	00000	Horseshoe Re Ltd	BMU	572				258			258	314					314
0699999 Total - Affiliates - Other (Non-U.S.) - Other				572			X X X	258			258	314					314
0799999 Total - Affiliates - Other (Non-U.S.) - Total				572			X X X	258			258	314					314
0899999 Total - Affiliates				572			X X X	258			258	314					314
<b>Other Non-U.S. Insurers</b>																	
AA-1344101	00000	Allianz Global Risks Reins Co	DEU					1,376									
AA-3190686	00000	Partner Reins Co Ltd	BMU					149									
AA-3194122	00000	DaVinci Reins Ltd	BMU					28									
AA-3194224	00000	Poseidon Re LTd	BMU					257									
AA-3190339	00000	RENAISSANCE REINS LTD	BMU					41									
AA-3191266	00000	Rubik Reins Ltd	BMU					18									
1299999 Total - Other Non-U.S. Insurers							X X X	1,869									
1399999 Total - Affiliates and Others				572			X X X	2,127			258	314					314
1499999 Total - Protected Cells							X X X										
9999999 Totals				572			X X X	2,127			258	314					314

1. Amounts in dispute totaling \$.....0 are included in Column 5.  
 2. Amounts in dispute totaling \$.....0 are excluded from Column 14.

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letter of Credit Amount
.....	.....	.....	.....	.....

# SCHEDULE F - PART 6 - Section 1

## Provision for Reinsurance Ceded to Certified Reinsurers as of December 31 Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Certified Reinsurer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	11 Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Collateral Provided					18 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	19 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col. 7 not to exceed 100%)	20 Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)								
											12 Multiple Beneficiary Trust	13 Funds held by Company Under Reinsurance Treaties	14 Letters of Credit	15 Issuing or Confirming Bank Reference Number (a)	16 Other Allowable Collateral					17 Total Collateral Provided (Col. 12 + 13 + 14 + 16)							
0899999 Total - Affiliates																											
<b>Other Non-U.S. Insurers</b>																											
AA-3194154	00000	Ace Tempest Life Reins Ltd	BMU	2	11/08/2011	10.000	(193)		(193)	(19)																	
AA-3194126	00000	Arch Reins Ltd	BMU	3	04/01/2011	20.000	(75)		(75)	(15)																	
AA-3190870	00000	Validus Reins Ltd	BMU	4	08/08/2012	50.000	(176)		(176)	(88)																	
1299999 Total - Other Non-U.S. Insurers																											
1399999 Total - Affiliates and Others																											
1499999 Total - Protected Cells																											
9999999 Totals																											

(a)

Issuing or Confirming Bank Reference Number	Letter of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## SCHEDULE F - PART 6 - Section 2

### Provision for Overdue Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable on Paid Loss and LAE More Than 90 Days Overdue (a)	6 Total Reinsurance Recoverable on Paid Losses and LAE (b)	7 Amounts Received Prior 90 Days	8 Percent More Than 90 Days Overdue	9 20% of Amount in Col. 5	10 20% of Amounts in Dispute Excluded from Col. 5	11 Amount of Credit Allowed for Net Recoverables (Sch. F Part 6 Section 1, Col. 20)	Complete if Column 8 is 20% or Greater			15 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of Col. 9 + Col. 10 or Col. 14) not to exceed Col. 11
											12 Total Collateral Provided (Sch. F Part 6, Section 1 Col. 17) not to exceed Col. 11	13 Net Unsecured Recoverable for which Credit is Allowed (Col. 11 - Col. 12)	14 20% of Amount in Col. 13	
1399999 Total - Affiliates and Others .....														
1499999 Total - Protected Cells .....														
9999999 Totals .....														

(a) From Schedule F - Part 4 Columns 8 + 9, total certified, less \$.....0 in dispute.  
 (b) From Schedule F - Part 3 Columns 7 + 8, total certified, less \$.....0 in dispute.

## SCHEDULE F - PART 7

### Provision for Overdue Authorized Reinsurance as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11
ID Number	NAIC Company Code	Name of Reinsurer	Reinsurance Recoverable on Paid Losses & LAE More Than 90 Days Overdue (a)	Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	Amounts Received Prior 90 Days	Column 4 Divided By (Cols. 5 + 6)	Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7	Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7	20% of Amount in Col. 9	Amount Reported in Col. 8 x 20% + Col. 10
			N O N E							
9999999 Totals .....						X X X				

(a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$.....0 in dispute.  
 (b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$.....0 in dispute.

## SCHEDULE F - PART 8

### Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in Excess of Column 4	11 Column 4 minus Column 10	12 Greater of Column 11 or Schedule F Part 4 Col. 8+9
AA-3190677	00000	Horseshoe Re Ltd	314							314	
9999999 Totals			314							314	

1. Total	
2. Line 1 x .20	
3. Schedule F - Part 7 Column 11	
4. Provision for Overdue Authorized Reinsurance (Line 2 + 3)	
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F Part 5 Col. 18 x 1000)	313,869
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F Part 6, Sn 1, Col. 21 x 1000)	
7. Provision for Overdue Reins. Ceded to Certified Reinsrs (Sch. F Part 6, Sn 2, Col. 15 x 1000)	
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)	313,869

## SCHEDULE F - PART 9

### 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, Column 3)</b>			
1. Cash and invested assets (Line 12) .....	53,816,277		53,816,277
2. Premiums and considerations (Line 15) .....	3,248,632		3,248,632
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	572,306	(572,306)	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	1,659,662		1,659,662
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....			
8. TOTALS (Line 28) .....	59,296,877	(572,306)	58,724,571
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	6,824,208		6,824,208
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	622,750		622,750
11. Unearned premiums (Line 9) .....	13,742,360	13,742,360	27,484,720
12. Advance premiums (Line 10) .....	1,308,085		1,308,085
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	5,324,384	(5,324,384)	
15. Funds held by company under reinsurance treaties (Line 13) .....	5,496,943	(5,496,943)	
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....	313,869		313,869
18. Other liabilities .....	113,281		113,281
19. TOTAL Liabilities excluding protected cell business (Line 26) .....	33,745,880	2,921,033	36,666,913
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	25,550,997	X X X	25,550,997
22. TOTALS (Line 38) .....	59,296,877	2,921,033	62,217,910

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

If yes, give full explanation:

30 Schedule H Part 1 A & H Exhibit ..... NONE

31 Schedule H Parts 2, 3 & 4 - A & H Exh Cont ..... NONE

32 Schedule H Part 5 Health Claims ..... NONE

# SCHEDULE P - PART 1A HOMEOWNERS/FAROWNERS

(\$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 (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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 ...	X X X	X X X	X X X									X X X
2. 2006 ...												
3. 2007 ...												
4. 2008 ...												
5. 2009 ...												
6. 2010 ...												
7. 2011 ...												
8. 2012 ...												
9. 2013 ...												
10. 2014 ...	3,744	2,289	1,455	477		98			751			1,326
11. 2015 ...	47,738	28,873	18,865	6,598	572	1,074			3,368	72		10,468
12. Totals ...	X X X	X X X	X X X	7,074	572	1,172			4,120	72		11,794

	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		Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior ...													
2. 2006 ...													
3. 2007 ...													
4. 2008 ...													
5. 2009 ...													
6. 2010 ...													
7. 2011 ...													
8. 2012 ...													
9. 2013 ...													
10. 2014 ...	18		56		11		10		3			97	6
11. 2015 ...	2,328		2,668		355		419		945			6,715	337
12. Totals ...	2,345		2,724		366		429		948			6,812	343

	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 ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2006 ...											
3. 2007 ...											
4. 2008 ...											
5. 2009 ...											
6. 2010 ...											
7. 2011 ...											
8. 2012 ...											
9. 2013 ...											
10. 2014 ...	1,423		1,423	38.0		97.8				73	24
11. 2015 ...	17,755	572	17,183	37.2	2.0	91.1				4,996	1,719
12. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X	5,069	1,742

36 Schedule P - Part 1B - Private Passenger Auto Liability/Medical ..... NONE

37 Schedule P - Part 1C - Comm. Auto/Truck Liability/Medical ..... NONE

38 Schedule P - Part 1D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

39 Schedule P - Part 1E - Commercial Multiple Peril ..... NONE

40 Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence ..... NONE

41 Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made ..... NONE

42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) ..... NONE

43 Schedule P - Part 1H Sn 1 - Other Liability - Occurrence ..... NONE

44 Schedule P - Part 1H Sn 2 - Other Liability - Claims-Made ..... NONE

# 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 (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 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 ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
2. 2014 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ...
3. 2015 ...	..... 4,708	..... 2,843	..... 1,865	..... 12	.....	..... 4	.....	..... 12	.....	.....	.....	... X X X ...
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	..... 12	.....	..... 4	.....	..... 12	.....	.....	.....	... X X X ...

	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		Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2014 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015 ...	..... 6	.....	..... 2	.....	..... 3	.....	..... 0	.....	..... 1	.....	.....	..... 12	..... 2
4. Totals ...	..... 6	.....	..... 2	.....	..... 3	.....	..... 0	.....	..... 1	.....	.....	..... 12	..... 2

	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 ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	.....	.....
2. 2014 ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015 ...	..... 40	.....	..... 40	..... 0.8	.....	..... 2.1	.....	.....	.....	..... 8	..... 4
4. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	..... 8	..... 4

- 46 Schedule P - Part 1J - Auto Physical Damage ..... NONE
  
- 47 Schedule P - Part 1K - Fidelity/Surety ..... NONE
  
- 48 Schedule P - Part 1L - Other (Incl. Credit, Accident and Health) ..... NONE
  
- 49 Schedule P - Part 1M - International ..... NONE
  
- 50 Schedule P - Part 1N - Reins. Nonproportional Assumed Property ..... NONE
  
- 51 Schedule P - Part 1O - Reins. Nonproportional Assumed Liability ..... NONE
  
- 52 Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines ..... NONE
  
- 53 Schedule P - Part 1R Sn 1 - Products Liability - Occurrence ..... NONE
  
- 54 Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made ..... NONE
  
- 55 Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty ..... NONE
  
- 56 Schedule P - Part 1T - Warranty ..... NONE

## SCHEDULE P - PART 2A HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	651		18	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,870	669	XXX	XXX
12. TOTALS											18	

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

## SCHEDULE P - PART 2E COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

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

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	XXX	XXX	XXX	XXX								
9. 2013	XXX	XXX	XXX	XXX								
10. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. TOTALS												

## 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	XXX	XXX
4. TOTALS .....												

## SCHEDULE P - PART 2J

### AUTO PHYSICAL DAMAGE

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2014 .....	XXX	XXX	XXX	XXX				XXX					XXX
3. 2015 .....	XXX	XXX	XXX	XXX				XXX	XXX			XXX	XXX
4. TOTALS .....													

## SCHEDULE P - PART 2K

### FIDELITY/SURETY

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2014 .....	XXX	XXX	XXX	XXX				XXX					XXX
3. 2015 .....	XXX	XXX	XXX	XXX				XXX	XXX			XXX	XXX
4. TOTALS .....													

## SCHEDULE P - PART 2L

### OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>								
2. 2014 .....	XXX	XXX	XXX	XXX				XXX					XXX
3. 2015 .....	XXX	XXX	XXX	XXX				XXX	XXX			XXX	XXX
4. TOTALS .....													

## SCHEDULE P - PART 2M

### INTERNATIONAL

1. Prior .....														
2. 2006 .....														
3. 2007 .....	XXX													
4. 2008 .....	XXX	XXX												
5. 2009 .....	XXX	XXX	XXX											
6. 2010 .....	XXX	XXX	XXX	XXX	<b>NONE</b>									
7. 2011 .....	XXX	XXX	XXX	XXX										
8. 2012 .....	XXX	XXX	XXX	XXX				XXX	XXX	XXX				
9. 2013 .....	XXX	XXX	XXX	XXX				XXX	XXX	XXX				
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX		
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
12. TOTALS .....														

60 Schedule P - Part 2N - Reins. Nonproportional Assumed Property . . . . . NONE

60 Schedule P - Part 2O - Reins. Nonproportional Assumed Liability . . . . . NONE

60 Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

61 Schedule P - Part 2R Sn 1 - Products Liability - Occurrence . . . . . NONE

61 Schedule P - Part 2R Sn 2 - Products Liability - Claims-Made . . . . . NONE

61 Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty . . . . . NONE

61 Schedule P - Part 2T - Warranty . . . . . 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015			
1. Prior	000												
2. 2006													
3. 2007	X X X												
4. 2008	X X X	X X X											
5. 2009	X X X	X X X	X X X										
6. 2010	X X X	X X X	X X X	X X X									
7. 2011	X X X	X X X	X X X	X X X	X X X								
8. 2012	X X X	X X X	X X X	X X X	X X X	X X X							
9. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X						
10. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		96	574	95	95
11. 2015	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	7,100	1,349	1,349	1,349

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

1. Prior	000												
2. 2006													
3. 2007	X X X												
4. 2008	X X X	X X X											
5. 2009	X X X	X X X	X X X										
6. 2010	X X X	X X X	X X X	X X X									
7. 2011	X X X	X X X	X X X	X X X	X								
8. 2012	X X X	X X X	X X X	X X X	X								
9. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2015	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

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

1. Prior	000												
2. 2006													
3. 2007	X X X												
4. 2008	X X X	X X X											
5. 2009	X X X	X X X	X X X										
6. 2010	X X X	X X X	X X X	X X X									
7. 2011	X X X	X X X	X X X	X X X	X								
8. 2012	X X X	X X X	X X X	X X X	X								
9. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2015	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

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

1. Prior	000												
2. 2006													
3. 2007	X X X												
4. 2008	X X X	X X X											
5. 2009	X X X	X X X	X X X										
6. 2010	X X X	X X X	X X X	X X X									
7. 2011	X X X	X X X	X X X	X X X	X								
8. 2012	X X X	X X X	X X X	X X X	X								
9. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2015	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

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

1. Prior	000												
2. 2006													
3. 2007	X X X												
4. 2008	X X X	X X X											
5. 2009	X X X	X X X	X X X										
6. 2010	X X X	X X X	X X X	X X X									
7. 2011	X X X	X X X	X X X	X X X	X								
8. 2012	X X X	X X X	X X X	X X X	X								
9. 2013	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10. 2014	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
11. 2015	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015			
1. Prior	000												
2. 2006													
3. 2007	XXX												
4. 2008	XXX	XXX											
5. 2009	XXX	XXX	XXX										
6. 2010	XXX	XXX	XXX	XXX									
7. 2011	XXX	XXX	XXX	XXX	X								
8. 2012	XXX	XXX	XXX	XXX	X								
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	000												
2. 2006													
3. 2007	XXX												
4. 2008	XXX	XXX											
5. 2009	XXX	XXX	XXX										
6. 2010	XXX	XXX	XXX	XXX									
7. 2011	XXX	XXX	XXX	XXX	X								
8. 2012	XXX	XXX	XXX	XXX	X								
9. 2013	XXX												
10. 2014	XXX												
11. 2015	XXX												

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

1. Prior	000											XXX	XXX
2. 2006												XXX	XXX
3. 2007	XXX											XXX	XXX
4. 2008	XXX	XXX										XXX	XXX
5. 2009	XXX	XXX	XXX									XXX	XXX
6. 2010	XXX	XXX	XXX	XXX								XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	X							XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	X							XXX	XXX
9. 2013	XXX				XXX	XXX							
10. 2014	XXX			XXX	XXX								
11. 2015	XXX		XXX	XXX									

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

1. Prior	000												
2. 2006													
3. 2007	XXX												
4. 2008	XXX	XXX											
5. 2009	XXX	XXX	XXX										
6. 2010	XXX	XXX	XXX	XXX									
7. 2011	XXX	XXX	XXX	XXX	X								
8. 2012	XXX	XXX	XXX	XXX	X								
9. 2013	XXX												
10. 2014	XXX												
11. 2015	XXX												

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

1. Prior	000												
2. 2006													
3. 2007	XXX												
4. 2008	XXX	XXX											
5. 2009	XXX	XXX	XXX										
6. 2010	XXX	XXX	XXX	XXX									
7. 2011	XXX	XXX	XXX	XXX	X								
8. 2012	XXX	XXX	XXX	XXX	X								
9. 2013	XXX												
10. 2014	XXX												
11. 2015	XXX												

### 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 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	XXX	XXX

### SCHEDULE P - PART 3J

#### AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX				000				
2. 2014	XXX	XXX	XXX	XXX				XXX				
3. 2015	XXX	XXX	XXX	XXX				XXX	XXX			

NONE

### SCHEDULE P - PART 3K

#### FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX				000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX				XXX			XXX	XXX
3. 2015	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				000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX				XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX

NONE

### SCHEDULE P - PART 3M

#### INTERNATIONAL

1. Prior	000										XXX	XXX
2. 2006											XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX									XXX	XXX
5. 2009	XXX	XXX	XXX								XXX	XXX
6. 2010	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011	XXX	XXX	XXX	XXX							XXX	XXX
8. 2012	XXX				XXX	XXX						
9. 2013	XXX			XXX	XXX							
10. 2014	XXX		XXX	XXX								
11. 2015	XXX											

NONE

65 Schedule P - Part 3N - Reins. Nonproportional Assumed Property ..... NONE

65 Schedule P - Part 3O - Reins. Nonproportional Assumed Liability ..... NONE

65 Schedule P - Part 3P - Reins. Nonproportional Assumed Financial Lines ..... NONE

66 Schedule P - Part 3R Sn 1 - Products Liability - Occurrence ..... NONE

66 Schedule P - Part 3R Sn 2 - Products Liability - Claims-Made ..... NONE

66 Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty ..... NONE

66 Schedule P - Part 3T - Warranty ..... NONE

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	66
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,087

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

**NONE**

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

**NONE**

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

**NONE**

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

**NONE**

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

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

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX							
7. 2011	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX							
9. 2013	XXX									
10. 2014	XXX									
11. 2015	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SCHEDULE P - PART 4J**

**AUTO PHYSICAL DAMAGE**

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX		
2. 2014 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	
3. 2015 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX

**SCHEDULE P - PART 4K**

**FIDELITY/SURETY**

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX		
2. 2014 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	
3. 2015 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX

**SCHEDULE P - PART 4L**

**OTHER (INCLUDING CREDIT ACCIDENT AND HEALTH)**

1. Prior .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX		
2. 2014 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	
3. 2015 .....	XXX	XXX	XXX	XXX	<b>NONE</b>			XXX	XXX	XXX

**SCHEDULE P - PART 4M**

**INTERNATIONAL**

1. Prior .....										
2. 2006 .....										
3. 2007 .....	XXX									
4. 2008 .....	XXX	XXX								
5. 2009 .....	XXX	XXX	XXX		<b>NONE</b>					
6. 2010 .....	XXX	XXX	XXX	XXX						
7. 2011 .....	XXX	XXX	XXX	XXX						
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property . . . . . NONE

70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability . . . . . NONE

70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . . NONE

71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . . NONE

71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . . NONE

71 Schedule P - Part 4T - Warranty . . . . . 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	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....										
2. 2006 .....										
3. 2007 .....	X X X									
4. 2008 .....	X X X	X X X								
5. 2009 .....	X X X	X X X	X X X							
6. 2010 .....	X X X	X X X	X X X	X X X						
7. 2011 .....	X X X	X X X	X X X	X X X	X X X					
8. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		8
11. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,349

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....										
2. 2006 .....										
3. 2007 .....	X X X									
4. 2008 .....	X X X	X X X								
5. 2009 .....	X X X	X X X	X X X							
6. 2010 .....	X X X	X X X	X X X	X X X						
7. 2011 .....	X X X	X X X	X X X	X X X	X X X					
8. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		63
11. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	337

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior .....										
2. 2006 .....										
3. 2007 .....	X X X									
4. 2008 .....	X X X	X X X								
5. 2009 .....	X X X	X X X	X X X							
6. 2010 .....	X X X	X X X	X X X	X X X						
7. 2011 .....	X X X	X X X	X X X	X X X	X X X					
8. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2013 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2014 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		80
11. 2015 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,686

73	Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 1	NONE
73	Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 2	NONE
73	Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Sn 3	NONE
74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 1	NONE
74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 2	NONE
74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 3	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 1	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 2	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 3	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 1	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 2	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 3	NONE
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 1A	NONE
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 2A	NONE
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 3A	NONE
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 1B	NONE
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 2B	NONE
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 3B	NONE
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 1A	NONE
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 2A	NONE
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 3A	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 1B	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 2B	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 3B	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 1A	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 2A	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 3A	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 1B	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 2B	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 3B	NONE
83	Schedule P - Part 5T - Warranty - Sn 1	NONE
83	Schedule P - Part 5T - Warranty - Sn 2	NONE
83	Schedule P - Part 5T - Warranty - Sn 3	NONE
84	Schedule P - Part 6C - Comm. Auto/Truck Liability/Medical - Sn 1	NONE
84	Schedule P - Part 6C - Comm. Auto/Truck Liability/Medical - Sn 2	NONE
84	Schedule P - Part 6D - Workers' Comp. (Excl. Excess Workers' Comp.) - Sn 1	NONE
84	Schedule P - Part 6D - Workers' Comp. (Excl. Excess Workers' Comp.) - Sn 2	NONE
85	Schedule P - Part 6E - Commercial Multiple Peril - Sn 1	NONE
85	Schedule P - Part 6E - Commercial Multiple Peril - Sn 2	NONE
85	Schedule P - Part 6H - Other Liability - Occurrence - Sn 1A	NONE
85	Schedule P - Part 6H - Other Liability - Occurrence - Sn 2A	NONE
86	Schedule P - Part 6H - Other Liability - Claims-Made - Sn 1B	NONE
86	Schedule P - Part 6H - Other Liability - Claims-Made - Sn 2B	NONE
86	Schedule P - Part 6M - International - Sn 1	NONE
86	Schedule P - Part 6M - International - Sn 2	NONE
87	Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 1	NONE
87	Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 2	NONE
87	Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 1	NONE
87	Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 2	NONE
88	Schedule P - Part 6R - Products Liability - Occurrence - Sn 1A	NONE
88	Schedule P - Part 6R - Products Liability - Occurrence - Sn 2A	NONE
88	Schedule P - Part 6R - Products Liability - Claims-Made - Sn 1B	NONE
88	Schedule P - Part 6R - Products Liability - Claims-Made - Sn 2B	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 1	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 2	NONE
89	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 3	NONE
90	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 4	NONE
90	Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 5	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 1	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 2	NONE
91	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 3	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 4	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 5	NONE
92	Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 6	NONE

**92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - 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 to be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? 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?
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?
- 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?
- 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:

Yes[ ] No[X]  
 \$ ..... 0  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]  
 Yes[ ] No[ ] N/A[X]

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 2006 .....	.....	.....
1.603 2007 .....	.....	.....
1.604 2008 .....	.....	.....
1.605 2009 .....	.....	.....
1.606 2010 .....	.....	.....
1.607 2011 .....	.....	.....
1.608 2012 .....	.....	.....
1.609 2013 .....	.....	.....
1.610 2014 .....	.....	.....
1.611 2015 .....	.....	.....
1.612 TOTALS .....	.....	.....

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?
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?
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? 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.

Yes[X] No[ ]  
 Yes[X] No[ ]  
 Yes[ ] No[X]

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity \$ ..... 0  
 5.2 Surety \$ ..... 0

6. Claim count information is reported per claim or per claimant (Indicate which).

6.1 per claim .....  
 6.2 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?
- 7.2 An extended statement may be attached.

Yes[ ] No[X]

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

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

**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
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
.....	.....	00000	47-0970751	.....	.....	.....	Mount Beacon Holdings, LLC	DE	UDP	.....	.....	.....	.....	.....
.....	.....	15592	47-1689973	.....	.....	.....	Mount Beacon Insurance Company	FL	RE	Mount Beacon Holdings, LLC	Ownership	100.0	Mount Beacon Holdings, LLC	.....
.....	.....	00000	47-1292375	.....	.....	.....	Mount Beacon MGA, LLC	DE	NIA	Mount Beacon Holdings, LLC	Ownership	100.0	Mount Beacon Holdings, LLC	.....
.....	.....	00000	47-2298961	.....	.....	.....	Mount Beacon Claims, LLC	DE	NIA	Mount Beacon Holdings, LLC	Ownership	100.0	Mount Beacon Holdings, LLC	.....
.....	.....	00000	471999567	.....	.....	.....	Ohana Insurance Agency LLC	FL	NIA	Mount Beacon Holdings, LLC	Ownership	100.0	Mount Beacon Holdings, LLC	.....

Asterisk	Explanation
0000001	.....

## 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/(Disburse- ments) 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)
15592	47-1689973	MOUNT BEACON INS CO					(8,854,272)				(8,854,272)	
00000	470970751	Mount Beacon Holdings, LLC										
00000	471292375	Mount Beacon MGA, LLC					8,854,272				8,854,272	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



Exceptions to the Reinsurance Attestation Supplement



Bail Bond Supplement



Director and Officer Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



Credit Insurance Exhibit



LTC Supplemental Interrogatories



Accident and Health Policy Experience Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



Cybersecurity and Identity Theft Insurance Coverage Supplement



## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Miscellaneous Expenses .....		272,179		272,179
2405. Bank Charges .....		119,816		119,816
2497. Summary of remaining write-ins for Line 24 (Lines 2404 through 2496) .....		391,995		391,995

**PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT  
FOR THE YEAR ENDED DECEMBER 31, 2015**



(To be filed by March 1)

Of the Mount Beacon Insurance Company

NAIC Group Code: 0000      NAIC Company Code: 15592      Employer's ID Number: 47-1689973

Supp41

Line of Business	Premiums				Losses					Loss Adjustment Expenses			
	1 Attributed	2 Prior Year	3 Current Year	4 Earned Premiums	5 Paid	Unpaid December 31			9 Incurred	10 Paid	Unpaid December 31		13 Incurred
						6 Adjusted or in Process	7 Incurred But Not Reported	8 Prior Year Total			11 Current Year	12 Prior Year	
1. Fire													
2. Allied lines													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5. Commercial multiple peril													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11.1 Medical professional liability occurrence													
11.2 Medical professional liability claims-made													
12. Earthquake													
13. Group accident and health													
14. Credit accident and health (group and individual)													
15. Other accident and health													
16. Workers' compensation													
17.1 Other liability - occurrence													
17.2 Other liability - claims-made													
17.3 Excess Workers' Compensation													
18.1 Products liability - occurrence													
18.2 Products liability - claims-made													
19.1 19.2 Private passenger auto liability													
19.3 19.4 Commercial auto liability													
21. Auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
29. International													
30. Warranty													
31. Reinsurance-Nonproportional Assumed Property													
32. Reinsurance-Nonproportional Assumed Liability													
33. Reinsurance-Nonproportional Assumed Financial Lines													
34. Aggregate write-ins for other lines of business													
35. TOTALS													
<b>DETAILS OF WRITE-INS</b>													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page ...													
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) ...													

**NONE**





**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (Part 2)**

For The Year Ended DECEMBER 31, 2015

NAIC Group Code 0000

To Be Filed by March 1

NAIC Company Code 15592

(A) Financial Impact			
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated without Interrogatory 9 Reinsurance
A01. Assets .....	59,296,877	(34,236,313)	93,533,190
A02. Liabilities .....	33,745,880	(2,779,273)	36,525,153
A03. Surplus as regards to policyholders .....	25,550,997	(31,457,038)	57,008,035
A04. Income before taxes .....	951,355	(31,143,169)	32,094,524

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives
Stop loss attaching at 25% gross loss ratio .....	Protection against potential catastrophic events. ....
Calendar year 2015-2016 quota share with a loss ratio cap and sliding scale commission that allows payment of losses to be deferred until the end of the contract .....	To reduce volatility from potential catastrophic events as well as increase the Company's capacity to write new business without straining the Company's Surplus. ....

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contract is treated differently for GAAP and SAP.:

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