15341201520100100 2015 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Safepoint Insurance Company

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 15341 Employer's ID Number 46-3943172

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

Country of Domicile United States of America

Incorporated/Organized 10/23/2013 Commenced Business 11/21/2013

Statutory Home Office 12640 Telecom Dr (Street and Number), Temple Terrace, FL, US 33637 (City or Town, State, Country and Zip Code)

Main Administrative Office 12640 Telecom Dr (Street and Number)

Temple Terrace, FL, US 33637 (City or Town, State, Country and Zip Code) (813)651-3400 (Area Code) (Telephone Number)

Mail Address 12640 Telecom Dr (Street and Number or P.O. Box), Temple Terrace, FL, US 33637 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 12640 Telecom Dr (Street and Number)

Temple Terrace, FL, US 33637 (City or Town, State, Country and Zip Code) (813)651-3400 (Area Code) (Telephone Number)

Internet Website Address www.safepointins.com

Statutory Statement Contact John William Burns (Name) (813)435-6409 (Area Code)(Telephone Number)(Extension)

jburns@safepointins.com (E-Mail Address) (813)681-2400 (Fax Number)

OFFICERS

Name	Title
David Michael Flitman	President
Nancy Lee Baily	Secretary
John William Burns	Treasurer
Ryan Daniel Beck	Chief Claims Officer

OTHERS

DIRECTORS OR TRUSTEES

Amarjit Singh Dhaliwal
David Michael Flitman
John William Burns
Wayne Matthews #
Parminder Dhaliwal
Donald Michael Rhomberg
Benjamin Rosenblum

State of Florida
County of Hillsborough 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)	(Signature)	(Signature)
David Michael Flitman	Nancy Lee Baily	John William Burns
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2016

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

(Notary Public Signature)

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

15341201543010100 2015 Document Code: 430

NAIC Group Code: 0000

BUSINESS IN THE STATE OF **FLORIDA** DURING THE YEAR

NAIC Company Code: 15341

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 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	6,770,414	5,312,491		3,279,362	582,328	1,126,288	758,500	131,642	220,902	101,782	785,866	141,219
2.1 Allied lines	33,852,071	26,562,453		16,396,812	2,904,003	5,636,991	3,802,873	656,482	1,103,870	509,835	3,929,328	706,097
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	60,475,060	47,269,597		30,720,599	7,749,519	15,129,257	9,940,073	1,750,092	3,133,750	1,442,612	6,992,492	1,105,479
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	1,692,604	1,328,123		819,841	144,502	282,357	191,092	32,666	55,135	25,576	196,466	35,305
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)	102,790,149	80,472,664		51,216,613	11,380,351	22,174,893	14,692,538	2,570,882	4,513,657	2,079,806	11,904,151	1,988,100
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 $.....182,108

(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)

15341201543019100 2015 Document Code: 430

NAIC Group Code: 0000

BUSINESS IN THE STATE OF **LOUISIANA** DURING THE YEAR

NAIC Company Code: 15341

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 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	241,549	39,699		201,850		11,581	11,581		1,287	1,287	41,845	18,307
2.1 Allied lines	866,890	128,323		738,567		37,436	37,436		4,160	4,160	135,260	59,176
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	415,857	63,357		352,500		18,483	18,483		2,054	2,054	29,217	29,217
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)	1,524,296	231,379		1,292,918		67,500	67,500		7,500	7,500	206,322	106,701
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)

15341201543059100 2015 Document Code: 430

NAIC Group Code: 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code: 15341

19 Grand Total

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 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	7,011,964	5,352,189		3,481,213	582,328	1,137,869	770,081	131,642	222,189	103,069	827,710	159,527
2.1 Allied lines	34,718,961	26,690,776		17,135,379	2,904,003	5,674,427	3,840,309	656,482	1,108,030	513,995	4,064,588	765,273
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	60,890,917	47,332,954		31,073,099	7,749,519	15,147,740	9,958,556	1,750,092	3,135,803	1,444,666	7,021,709	1,134,696
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	1,692,604	1,328,123		819,841	144,502	282,357	191,092	32,666	55,135	25,576	196,466	35,305
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)	104,314,445	80,704,042		52,509,531	11,380,351	22,242,393	14,760,038	2,570,882	4,521,157	2,087,306	12,110,473	2,094,801
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 $.....182,108

(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	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Columns 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Other U.S. Unaffiliated Insurers														
59-3164851	10064	CITIZENS PROP INS CORP	FL	10,924					(5,288)	8,643				
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				10,924					(5,288)	8,643				
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				10,924					(5,288)	8,643				

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			
0299999 Total Reinsurance Assumed By Portfolio					

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	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	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Other U.S. Unaffiliated Insurers																		
22-2005057	26921	EVEREST REINS CO	DE		2,352							978		978	238		740	
13-1675535	25364	SWISS REINS AMER CORP	NY		834							346		346	52		294	
47-0574325	32603	BERKLEY INS CO	DE		19,935	385	176	953	185	567	63	11,818		14,147	2,954		11,193	
30-0703280	15529	TOKIO MILLENNIUM RE AG (US BRANCH)	NY		9,968	193	88	476	92	283	31	5,909		7,072	1,477		5,595	
47-0698507	23680	ODYSSEY REINS CO	CT		550							229		229	58		171	
05-0316605	21482	FACTORY MUT INS CO	RI		11													
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers					33,650	578	264	1,429	277	850	94	19,280		22,772	4,779		17,993	
Authorized - Pools - Mandatory Pools																		
AA-9991310	00000	FLORIDA HURRICANE CATASTROPHE FUND	FL		11,926							4,944		4,944	29		4,915	
1099999 Total - Authorized - Pools - Mandatory Pools					11,926							4,944		4,944	29		4,915	
Authorized - Other Non-U.S. Insurers																		
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		165							69		69	10		59	
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR		1,351							561		561	199		362	
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		204							85		85	30		55	
AA-1120163	00000	LLOYD'S SYNDICATE NUMBER 5678	GBR		105							43		43	12		31	
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		122	9	2	144				44		199	26		173	
AA-1120083	00000	Lloyd's Syndicate Number 1910	GBR		481							200		200	58		142	
AA-3194168	00000	Aspen Bermuda Ltd	BMU		1,086							451		451	152		299	
AA-3194139	00000	Axis Specialty Ltd	BMU		832							346		346	135		211	
AA-3194122	00000	DaVinci Reins Ltd	BMU		1,518							631		631	219		412	
AA-3190686	00000	Partner Reins Co Ltd	BMU		1,974							820		820	294		526	
AA-3190339	00000	RENAISSANCE REINS LTD	BMU		2,278							946		946	329		617	
AA-1126382	00000	LLOYD'S SYNDICATE NUMBER 382	GBR		121							50		50	14		36	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		227							94		94	24		70	
1299998 Total - Authorized - Other Non-U.S. Insurers (Under $100,000)																		
1299999 Total - Authorized - Other Non-U.S. Insurers					10,464	9	2	144				4,340		4,495	1,502		2,993	
1399999 Total - Authorized					56,040	587	266	1,573	277	850	94	28,564		32,211	6,310		25,901	
Unauthorized - Other Non-U.S. Insurers																		
AA-3191190	00000	Hamilton Re Ltd	BMU		331							137		137	34		103	
AA-1464104	00000	Allianz Risk Transfer	CHE		4,002							1,662		1,662	368		1,294	
	00000	Manatee Re Ltd	BMU		5,743							1,351		1,351	210		1,141	
39-6040366	19283	AMERICAN STANDARD INS CO OF WI	WI		210							87		87	13		74	
AA-5320039	00000	Peak Reins Co Ltd	HKG		212							88		88	24		64	
2599998 Total - Unauthorized - Other Non-U.S. Insurers (Under $100,000)																		
2599999 Total - Unauthorized - Other Non-U.S. Insurers					10,498							3,325		3,325	649		2,676	
2699999 Total - Unauthorized					10,498							3,325		3,325	649		2,676	
Certified - Other Non-U.S. Insurers																		
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BMU		1,059							440		440	117		323	
AA-3194126	00000	Arch Reins Ltd	BMU		210							87		87	13		74	
AA-3190870	00000	Validus Reins Ltd	BMU		634							263		263	111		152	
AA-3190829	00000	Markel Bermuda Ltd	BMU		1,118							464		464	196		268	
AA-3194200	00000	MS Frontier Reins Ltd	BMU		294							122		122	18		104	

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	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	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		3,677							1,527		1,527	461		1,066	
3899998 Total - Certified - Other Non-U.S. Insurers (under $100,000)																		
3899999 Total - Certified - Other Non-U.S. Insurers					6,992							2,903		2,903	916		1,987	
3999999 Total - Certified					6,992							2,903		2,903	916		1,987	
4099999 Total - Authorized, Unauthorized and Certified					73,530	587	266	1,573	277	850	94	34,792		38,439	7,875		30,564	
4199999 Total - Protected Cells																		
9999999 Totals					73,530	587	266	1,573	277	850	94	34,792		38,439	7,875		30,564	

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 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
1)	BERKLEY INS CO	14,147	19,935	Yes[ ] No[X]
2)	TOKIO MILLENNIUM RE AG (US BRANCH)	7,072	9,968	Yes[ ] No[X]
3)	FLORIDA HURRICANE CATASTROPHE FUND	4,944	11,926	Yes[ ] No[X]
4)	Allianz Risk Transfer	1,662	4,002	Yes[ ] No[X]
5)	Endurance Specialty Ins Ltd	1,527	3,677	Yes[ ] No[X]

SCHEDULE F - PART 4

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

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col. 11
Authorized - Other U.S. Unaffiliated Insurers												
47-0574325	32603	BERKLEY INS CO	DE	561						561		
30-0703280	15529	TOKIO MILLENNIUM RE AG (US BRANCH)	NY	281						281		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers				842						842		
Authorized - Other Non-U.S. Insurers												
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	11						11		
1299999 Total - Authorized - Other Non-U.S. Insurers				11						11		
1399999 Total - Authorized				853						853		
4099999 Total - Authorized, Unauthorized and Certified				853						853		
4199999 Total - Protected Cells												
9999999 Totals				853						853		

SCHEDULE F - PART 5

Provision for Unauthorized 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 Recoverable All Items Schedule F Pt. 3, Col.15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscel-laneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9 +10+11 But Not in Excess of Col. 5)	13 Provision for Unauth-orized Reins-urance (Col. 5 minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due Not In Dispute	15 20 % of Amount in Col. 14	16 20% of Amount in Dispute Included in Column 5	17 Provision for Overdue Reins-urance (Col. 15 plus Col. 16)	18 Total Provision for Reinsurance Ceded to Unauth-orized Reinsurers (Col. 13 + Col. 17 but not in Excess of Col. 5)
Other Non-U.S. Insurers																	
AA-3191190	00000	Hamilton Re Ltd	BMU	137		104	0001	34			137						
AA-1464104	00000	Allianz Risk Transfer	CHE	1,662		1,294	0002	368			1,662						
	00000	Manatee Re Ltd	BMU	1,351				210		100,000	1,351						
39-6040366	19283	AMERICAN STANDARD INS CO OF WI	WI	87		74	0003	13			87						
AA-5320039	00000	Peak Reins Co Ltd	HKG	88				24		64	88						
1299999 Total - Other Non-U.S. Insurers				3,325		1,472	XXX	649		100,064	3,325						
1399999 Total - Affiliates and Others				3,325		1,472	XXX	649		100,064	3,325						
1499999 Total - Protected Cells							XXX										
9999999 Totals				3,325		1,472	XXX	649		100,064	3,325						

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
0001	1	026007993	UBS AG	104
0002	1	026007993	UBS AG	1,294
0003	1	121000248	Wells Fargo Bank N.A.	74

SCHEDULE F - PART 6 - Section 1

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

1	2	3	4	5	6	7	8	9	10	11	Collateral Provided						18	19	20	21
											12	13	14	15	16	17				
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Multiple Beneficiary Trust	Funds held by Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Other Allowable Collateral	Total Collateral Provided (Col. 12 + 13 + 14 + 16)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col. 7 not to exceed 100%)	Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)
0899999 Total - Affiliates														XXX			XXX	XXX		
Other Non-U.S. Insurers																				
AA-3190770	00000	ACE TEMPEST REINS CO LTD	BMU	2	10/06/2010	10.000	323		323	32			322	0001		322	99.690	100.000	323	
AA-3194126	00000	Arch Reins Ltd	BMU	3	03/31/2011	20.000	74		74	15			74	0002		74	100.000	100.000	74	
AA-3190870	00000	Validus Reins Ltd	BMU	4	12/31/2013	50.000	152		152	76			152	0003		152	100.000	100.000	152	
AA-3190829	00000	Markel Bermuda Ltd	BMU	3	03/23/2011	20.000	268		268	54			269	0004		269	100.373	100.000	268	
AA-3194200	00000	MS Frontier Reins Ltd	BMU	3	06/14/2013	20.000	104		104	21			104	0005		104	100.000	100.000	104	
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU	4	06/01/2012	50.000	1,066		1,066	533			1,066	0006		1,066	100.000	100.000	1,066	
1299999 Total - Other Non-U.S. Insurers							1,987		1,987	731			1,987	XXX		1,987	XXX	XXX	1,987	
1399999 Total - Affiliates and Others							1,987		1,987	731			1,987	XXX		1,987	XXX	XXX	1,987	
1499999 Total - Protected Cells														XXX			XXX	XXX		
9999999 Totals							1,987		1,987	731			1,987	XXX		1,987	XXX	XXX	1,987	

(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
0001	1	021000089	CITIBANK, N.A.	322
0002	1	053000196	BANK OF AMERICA NA	74
0003	2	026002574	BARCLAYS BANK, PLC	27
0003	2	021001088	HSBC BANK USA, NA	27
0003	2	021000021	JPMORGAN CHASE BANK, NA	27
0003	2	021000018	THE BANK OF NEW YORK MELLON	19
0003	2	026002655	LLOYDS TSB BANK PLC	27
0003	2	061000104	SUNTRUST BANK	27
0004	1	021000089	CITIBANK, N.A.	269
0005	1	021001088	HSBC BANK USA, NA	104
0006	2	026009917	BANKING GROUP LIMITED	76
0006	2	071000288	BANK OF MONTREAL	148
0006	2	026005232	BANK OF NOVA SCOTIA	91
0006	2	026002574	BARCLAYS BANK, PLC	76
0006	2	021001033	DEUTSCHE BANK AG	91
0006	2	021001088	HSBC BANK USA, NA	76
0006	2	021000021	JPMORGAN CHASE BANK, NA	148
0006	2	026002655	LLOYDS TSB BANK PLC	119
0006	2	026007728	NATIONAL AUSTRALIA BANK	91
0006	2	121000248	WELLS FARGO BANK N.A.	148

26 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE

27 Schedule F Part 7 Overdue Authorized Reinsurance . . . . . NONE

28 Schedule F Part 8 Overdue Reinsurance . . . . . NONE

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)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	97,731,243		97,731,243
2. Premiums and considerations (Line 15)	5,666,876		5,666,876
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	853,103	(853,103)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	6,316,237		6,316,237
6. Net amount recoverable from reinsurers		30,564,364	30,564,364
7. Protected cell assets (Line 27)			
8. TOTALS (Line 28)	110,567,460	29,711,261	140,278,721
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	24,595,678	2,794,993	27,390,671
10. Taxes, expenses, and other obligations (Lines 4 through 8)	592,285		592,285
11. Unearned premiums (Line 9)	26,360,940	34,791,467	61,152,407
12. Advance premiums (Line 10)	2,538,950		2,538,950
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	7,875,199	(7,875,199)	0
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	20,659		20,659
17. Provision for reinsurance (Line 16)			
18. Other liabilities	6,839,160		6,839,160
19. TOTAL Liabilities excluding protected cell business (Line 26)	68,822,872	29,711,261	98,534,133
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	41,744,588	X X X	41,744,588
22. TOTALS (Line 38)	110,567,460	29,711,261	140,278,721

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/FARMOWNERS

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014	31,440	7,619	23,821	8,271	310	1,428	11	1,523	1	133	10,900	911
11. 2015	63,822	27,770	36,052	8,355	768	2,128	205	2,454	125	31	11,839	2,056
12. Totals	XXX	XXX	XXX	16,626	1,078	3,556	216	3,977	126	164	22,739	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						Number of Claims Outstanding Direct and Assumed
	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	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	
1. Prior													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014	1,977	144	519		822		58		34			3,266	142
11. 2015	8,153	989	3,602	490	1,407	133	400	54	1,156	60		12,992	855
12. Totals	10,130	1,133	4,121	490	2,229	133	458	54	1,190	60		16,258	997

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
3. 2007											
4. 2008											
5. 2009											
6. 2010											
7. 2011											
8. 2012											
9. 2013											
10. 2014	14,632	466	14,166	46.5	6.1	59.5				2,352	914
11. 2015	27,655	2,824	24,831	43.3	10.2	68.9				10,276	2,716
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	12,628	3,630

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

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014	268		268	52		9		5			66	7
11. 2015	1,328	163	1,165	121	12	26	3	15	2		145	43
12. Totals	XXX	XXX	XXX	173	12	35	3	20	2		211	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014	13		11		4		1					29	2
11. 2015	92	11	75	10	12	2	8	1	26	1		188	14
12. Totals	105	11	86	10	16	2	9	1	26	1		217	16

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
3. 2007											
4. 2008											
5. 2009											
6. 2010											
7. 2011											
8. 2012											
9. 2013											
10. 2014	95		95	35.4		35.4				24	5
11. 2015	375	42	333	28.2	25.8	28.6				146	42
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	170	47

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014												
11. 2015												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014													
11. 2015													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
3. 2007											
4. 2008											
5. 2009											
6. 2010											
7. 2011											
8. 2012											
9. 2013											
10. 2014											
11. 2015											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1I

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2014	23,622	5,294	18,328	4,162		520		994		11	5,676	XXX
3. 2015	45,496	19,738	25,758	4,596	416	945	91	1,578	61	6	6,551	XXX
4. Totals	XXX	XXX	XXX	8,758	416	1,465	91	2,572	61	17	12,227	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2014	739		370		253		41		13			1,416	46
3. 2015	3,537	429	2,568	350	505	47	285	39	706	35		6,701	326
4. Totals	4,276	429	2,938	350	758	47	326	39	719	35		8,117	372

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	7,092		7,092	30.0		38.7				1,109	307
3. 2015	14,720	1,468	13,252	32.4	7.4	51.4				5,326	1,375
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,435	1,682

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	8,587	12,610	4,023	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,406	XXX	XXX
12. TOTALS											4,023	

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	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												

NONE

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	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												

NONE

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	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												

NONE

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	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												

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 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	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												

NONE

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	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												

NONE

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	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												

NONE

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	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	66	90	24	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	295	XXX	XXX
12. TOTALS											24	

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	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												

NONE

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					
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,524	6,085	561	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,064	XXX	XXX
4. TOTALS											561	

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX								
2. 2014	XXX	XXX	XXX	XXX				XXX				XXX
3. 2015	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

SCHEDULE P - PART 2K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX								
2. 2014	XXX	XXX	XXX	XXX				XXX				XXX
3. 2015	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX								
2. 2014	XXX	XXX	XXX	XXX				XXX				XXX
3. 2015	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

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								
7. 2011	XXX	XXX	XXX	XXX								
8. 2012	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	XXX
12. TOTALS												

NONE

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/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID 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	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
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	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	3,878	9,378	480	289
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,510	530	671

SCHEDULE P - PART 3B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

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					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

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					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3D

WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

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					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E

COMMERCIAL MULTIPLE PERIL

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					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	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) 1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
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	XXX							
8. 2012	XXX	XXX	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			

NONE

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	XXX							
8. 2012	XXX	XXX	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			

NONE

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	XXX						XXX	XXX
8. 2012	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	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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	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	30	61	3	2
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132	13	16

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	XXX							
8. 2012	XXX	XXX	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			

NONE

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) 1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,338	4,682	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,034	XXX	XXX

SCHEDULE P - PART 3J

AUTO PHYSICAL DAMAGE

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

NONE

SCHEDULE P - PART 3K

FIDELITY/SURETY

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

NONE

SCHEDULE P - PART 3L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	X			000			XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	X			XXX			XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	X			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	X						XXX	XXX
8. 2012	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	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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/FARMOWNERS

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	1,020	577
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,458

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	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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	X						
7. 2011	XXX	XXX	XXX	X						
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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	X						
7. 2011	XXX	XXX	XXX	X						
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		
11. 2015	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. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	X						
7. 2011	XXX	XXX	XXX	X						
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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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	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	15	12
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72

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	X						
7. 2011	XXX	XXX	XXX	X						
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		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,735	411
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,464

SCHEDULE P - PART 4J

AUTO PHYSICAL DAMAGE

NONE

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

SCHEDULE P - PART 4K

FIDELITY/SURETY

NONE

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

SCHEDULE P - PART 4L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

NONE

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

SCHEDULE P - PART 4M

INTERNATIONAL

NONE

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	

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 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	218	480
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	530

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	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	401	142
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	855

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	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	822	911
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,056

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

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 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	1	3
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	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	3	2
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	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	5	7
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

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

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
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	Current Year Premiums Earned
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			XXX				
10. 2014	XXX	XXX	XXX	XXX			XXX	XXX			
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

NONE

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	Current Year Premiums Earned
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			XXX				
10. 2014	XXX	XXX	XXX	XXX			XXX	XXX			
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

NONE

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
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	Current Year Premiums Earned
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	268	268	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,328	
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)									268	1,328	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	Current Year Premiums Earned
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			
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	163	
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)										163	XXX

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: Yes[ ] No[X]

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[ ] No[ ] N/A[X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[ ] N/A[X]

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[X]

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 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? 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 $ 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? Yes[ ] No[X]

7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

	Direct Business only					
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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						

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
		00000	46-2932025				Safepoint Holdings, Inc.	FL	UDP	Amarjit Singh Dhaliwal	Ownership	48.8	Amarjit Singh Dhaliwal	
		00000	46-2932025				Safepoint Holdings, Inc.	FL	UDP	Parminder Dhaliwal	Ownership	23.9	Parminder Dhaliwal	
		15341	46-3943172				Safepoint Ins Co	FL	RE	Safepoint Holdings, Inc.	Ownership	100.0	Safepoint Holdings, Inc.	
		00000	46-2941255				Safepoint MGA LLC	FL	IA	Safepoint Holdings, Inc.	Ownership	100.0	Safepoint Holdings, Inc.	

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15341	46-3943172	SAFEPOINT INS CO		4,000,000			(31,296,033)				(27,296,033)	
	46-2932025	Safepoint Holdings, Inc.		(4,000,000)			9,452,373				5,452,373	
	46-2941255	Safepoint MGA, LLC					21,843,660				21,843,660	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Safepoint MGA, LLC is the exclusive managing general agent for Safepoint Insurance Company. In connection with the Managing General Agency and Claims Administration Agreement dated 11/14/2013, incurred expenses for policy administration services have been charged to other underwriting expenses and incurred expeses for claim administration and adjusting services have been charged to LAE. Safepoint MGA, LLC pays a management fee to Safepoint Holdings, Inc. to cover certain items, including debt service, director fees, and capital/surplus contributions. Safepoint MGA pays Safepoint Insurance Company rent under a lease agreement. Please see note 10, part c in the Note to Financial Statements for further detail on the lease agreement.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
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	
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 Management's Discussion and Analysis be filed by April 1?	Yes
7. Will the Supplemental Investment Risk 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?	Waived
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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it 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 Trusteed 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
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	No
31. 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
32. 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
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	No
AUGUST FILING	
34. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanations:

Bar Codes:

Statement (Annual, quarterly and combined)
15341201520100000 2015 Document Code: 201

Schedule SIS
15341201542000000 2015 Document Code: 420

Financial Guaranty Insurance Exhibit
15341201524000000 2015 Document Code: 240

Medicare Supplement Insurance Experience Exhibit
15341201536000000 2015 Document Code: 360

Supplement A to Schedule T
15341201545500000 2015 Document Code: 455

Trusteed Surplus Statement
15341201549000000 2015 Document Code: 490

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Premiums Attributed to Protected Cells Exhibit
15341201538500000 2015 Document Code: 385

Medicare Part D Coverage Supplement
15341201536500000 2015 Document Code: 365

Bail Bond Supplement
15341201550000000 2015 Document Code: 500

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Cybersecurity and Identity Theft Insurance Coverage Supplement
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Director and Officer Supplement
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15341201522500000 2015 Document Code: 225

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