



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

Tower Hill Preferred Insurance Company

NAIC Group Code.....3484, 3484 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 29050	Employer's ID Number..... 56-1543230
Organized under the Laws of FL Incorporated/Organized..... November 26, 1986	State of Domicile or Port of Entry FL Commenced Business..... January 1, 1987	Country of Domicile US
Statutory Home Office 7201 N.W. 11th Place..... Gainesville FL US 32605 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>		
Main Administrative Office 7201 N.W. 11th Place..... Gainesville FL US..... 32605 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>		800-509-1592 <small>(Area Code) (Telephone Number)</small>
Mail Address P.O. BOX 147018..... Gainesville FL US 32614-7018 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records 7201 N.W. 11th Place..... Gainesville FL US 32605 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>		800-509-1592 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address www.thig.com		
Statutory Statement Contact Benjamin Lane Bussey III <small>(Name)</small> lbussey@thig.com <small>(E-Mail Address)</small>		352-333-1426 <small>(Area Code) (Telephone Number) (Extension)</small> 352-333-1426 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Donald Carl Matz Jr	President	2. Scott Parker Rowe	Secretary/Chief Compliance Officer
3. Benjamin Lane Bussey III	Chief Financial Officer/Treasurer	4. William John Shively	Chief Executive Officer

OTHER

Stephen Eric Allnutt	Chief Underwriting Officer
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DIRECTORS OR TRUSTEES

William John Shively, Chairman	Donald Carl Matz Jr.	Timothy Jon Meenan	Ernest Anthony Petrone
Kathy Smith Petrone	Scott Kevin Billings #		

State of..... Florida
County of..... Alachua

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

_____ (Signature) Donald Carl Matz Jr _____ 1. (Printed Name) President _____ (Title)	_____ (Signature) Scott Parker Rowe _____ 2. (Printed Name) Secretary/Chief Compliance Officer _____ (Title)	_____ (Signature) Benjamin Lane Bussey III _____ 3. (Printed Name) Chief Financial Officer/Treasurer _____ (Title)
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Subscribed and sworn to before me This _____ day of _____ 2017	a. Is this an original filing? Yes [X] No []
	b. If no
	1. State the amendment number _____
	2. Date filed _____
	3. Number of pages attached _____

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....3484 NAIC Company Code....29050

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....	24,675,158	37,025,242		8,673,409	7,909,500	11,207,243	3,442,900	175,630	249,312	76,926	5,830,089	431,815
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....	112,497,312	119,423,532		52,919,066	41,795,198	40,346,329	22,798,963	3,967,752	3,942,309	2,032,095	26,509,448	1,440,382
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....	325,399	338,527		154,798	92,645	101,845	19,700		933	1,895	73,215	6,085
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.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	137,497,869	156,787,301	0	61,747,273	49,797,343	51,655,417	26,261,563	4,143,382	4,192,554	2,110,916	32,412,752	1,878,282

DETAILS OF WRITE-INS

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

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

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

19FL

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....3484 NAIC Company Code....29050

BUSINESS IN GRAND TOTAL DURING THE YEAR

19.GT

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
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2.2 Multiple peril crop.....												
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13. Group accident and health (b).....												
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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.....												
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17.3 Excess workers' compensation.....												
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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.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	137,497,869	156,787,301	0	61,747,273	49,797,343	51,655,417	26,261,563	4,143,382	4,192,554	2,110,916	32,412,752	1,878,282

DETAILS OF WRITE-INS

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

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

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

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
Other U. S. Unaffiliated Insurers														
59-3164851..	10064.....	Citizens Property Insurance Corporation.....	FL.....			341	341							
35-2362296..	13621.....	Star & Shield Insurance Exchange.....	FL.....		4	4								
0999999.	Other U. S. Unaffiliated Insurers.....			0	4	341	345	0	0	0	0	0	0	0
9999999.	Totals.....			0	4	341	345	0	0	0	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
Reinsurance Ceded:					
AA-1460019.....	00000.....	Amlin AG.....	.05/31/2016.....	(2,359,981)	(1,533,988)
AA-1460018.....	00000.....	Cattin Re Switzerland Limited, Bermuda Branch.....	.05/31/2016.....	(2,359,981)	(1,533,988)
06-0237820.....	20699.....	Chubb Tempest Re US.....	.05/31/2016.....	(4,247,967)	(2,761,178)
35-2293075.....	11551.....	Endurance Reinsurance Company of America.....	.05/31/2016.....	(1,887,985)	(1,227,190)
AA-3770280.....	00000.....	Greenlight Reinsurance Limited.....	.05/31/2016.....	(4,719,963)	(3,067,976)
AA-3191194.....	00000.....	Orange Grove RE.....	.05/31/2016.....	(23,222,218)	(15,094,441)
13-3031176.....	38636.....	Partners Reinsurance Company.....	.05/31/2016.....	(2,831,978)	(1,840,786)
AA-3191179.....	00000.....	Third Point Re.....	.05/31/2016.....	(1,415,989)	(920,393)
30-0703280.....	15529.....	Tokio Millennium Reinsurance AG (US Branch).....	.05/31/2016.....	(3,775,970)	(2,454,381)
98-0702379.....	00000.....	Tower Hill Re.....	.05/31/2016.....	(14,537,486)	(9,449,366)
06-0237820.....	20699.....	Chubb Tempest Re US.....	.06/01/2016.....	12,271,904	6,135,952
AA-3191194.....	00000.....	Orange Grove RE.....	.06/01/2016.....	39,883,687	19,941,843
98-0702379.....	00000.....	Tower Hill Re.....	.06/01/2016.....	9,203,928	4,601,964
0199999.	Total Reinsurance Ceded by Portfolio.....			(0)	(9,203,928)

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 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 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 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
Authorized Affiliates-U.S. Non-Pool - Other																				
59-3600233.	11027...	Tower Hill Prime Insurance Company.....	FL.....		21,016										8,673		8,673		8,673	
0399999.	Total Authorized Affiliates - U.S. Non-Pool - Other.....				21,016	0	0	0	0	0	0	0	0	0	8,673	0	8,673	0	8,673	0
0499999.	Total Authorized Affiliates - U.S. Non-Pool - Total.....				21,016	0	0	0	0	0	0	0	0	0	8,673	0	8,673	0	8,673	0
Authorized Affiliates-Other (Non-U.S.) - Other																				
AA-3190339.	00000...	Renaissance Reinsurance Limited.....	BMU.....			13		6									19		19	
0699999.	Total Authorized Affiliates - Other (Non-U.S.) - Other.....				0	13	0	6	0	0	0	0	0	0	0	0	19	0	19	0
0799999.	Total Authorized Affiliates - Other (Non-U.S.) - Total.....				0	13	0	6	0	0	0	0	0	0	0	0	19	0	19	0
0899999.	Total Authorized Affiliates.....				21,016	13	0	6	0	0	0	0	0	0	8,673	0	8,692	0	8,692	0
Authorized Other U.S. Unaffiliated Insurers																				
06-0237820.	20699...	Chubb Tempest Re US.....	PA.....		8,350	988	257	826	112	835	157	3,821		6,996	1,159	318		5,519		
35-2293075.	11551...	Endurance Reinsurance Company of America.....	DE.....		(86)	6	99	99	26	95	18			343	(1)			344		
22-2005057.	26921...	Everest Reinsurance.....	DE.....		2,281	4	9	24	5	22	4	946		1,014	1,134	13		(133)		
25-0687550.	19445...	National Union Fire Insurance Co of Pittsburgh.....	PA.....			51	14	77	19	73	14			248		41		207		
13-3031176.	38636...	Partners Reinsurance Company.....	NY.....		(155)	134	33	161	41	154	29			552		30		522		
23-1641984.	10219...	QBE Reinsurance Corporation.....	PA.....		142							59		59		70		(11)		
30-0703280.	15529...	Tokio Millennium Reinsurance AG (US Branch).....	NY.....		(233)	127	28	143	36	137	26			497				497		
13-5616275.	19453...	Transatlantic Reinsurance Company.....	NY.....		729	(6)	5	1				304		304		364		(60)		
0999998.	Total Authorized Other U.S. Unaffiliated Insurers (Under \$100,000).....				16	(10)	45	54	11	48	9			157				128		
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....				11,044	1,294	490	1,385	250	1,364	257	5,130	0	10,170	2,726	431		7,013	0	
Authorized Pools-Mandatory Pools																				
AA-9991310.	00000...	Florida Hurricane Catastrophe Fund.....	FL.....		11,568							4,842		4,842				4,842		
AA-9992201.	00000...	National Flood Insurance Program.....	FL.....		3,659			2,799	119	644	25			3,587				3,587		
1099999.	Total Authorized Pools - Mandatory Pools.....				15,227	0	0	2,799	119	644	25	4,842	0	8,429	0	0		8,429	0	
Authorized Other Non-U.S. Insurers																				
AA-1126435.	00000...	Lloyd's Syndicate 0435 (Faraday).....	GBR.....		114	(6)	5	1				48		48				(7)		
AA-1127414.	00000...	Lloyd's Syndicate 1414 (Ascot).....	GBR.....		811	(2)	3					338		339		405		(66)		
AA-1120102.	00000...	Lloyd's Syndicate 1458 (Ren Re).....	GBR.....		627							259		259		311		(52)		
AA-1120083.	00000...	Lloyd's Syndicate 1910 (Ariel).....	GBR.....		455							189		189		227		(38)		
AA-1120084.	00000...	Lloyd's Syndicate 1955 (Baribican).....	GBR.....		289							120		120		144		(24)		
AA-1128001.	00000...	Lloyd's Syndicate 2001 (Amlin).....	GBR.....		811							325		325		390		(65)		
AA-1120071.	00000...	Lloyd's Syndicate 2007 (Novea).....	GBR.....		104							43		43		52		(9)		
AA-1128791.	00000...	Lloyd's Syndicate 2791 (MAP).....	GBR.....		400	(18)	19	1				167		169		198		(29)		
AA-1126004.	00000...	Lloyd's Syndicate 4444 (Canopus).....	GBR.....		148							62		62		74		(12)		
1299998.	Total Authorized Other Non-U.S. Insurers (Under \$100,000).....				175	(66)	64	4				68		70		81		(11)		
1299999.	Total Authorized Other Non-U.S. Insurers.....				3,934	(92)	91	6	0	0	0	1,619	0	1,624	1,937	0		(313)	0	
1399999.	Total Authorized.....				51,221	1,215	581	4,196	369	2,008	282	20,264	0	28,915	4,663	431		23,821	0	
Unauthorized Affiliates-Other (Non-U.S.) - Captives																				

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 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 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 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
AA-3191194	00000...	Orange Grove RE.....	BMU.....		26,535	452	424	1,840	148	1,905	356	12,419		17,544	993	851	15,700		
98-0702379	00000...	Tower Hill Re.....	CYM.....		5,548	105	98	425	34	439	82	2,866		4,049	229	196	3,624		
1899999	Total Unauthorized Affiliates - Other (Non-U.S.) - Captives.....				32,083	557	522	2,265	182	2,344	438	15,285	0	21,593	1,222	1,047	19,324	0	
2099999	Total Unauthorized Affiliates - Other (Non-U.S.) - Total.....				32,083	557	522	2,265	182	2,344	438	15,285	0	21,593	1,222	1,047	19,324	0	
2199999	Total Unauthorized Affiliates.....				32,083	557	522	2,265	182	2,344	438	15,285	0	21,593	1,222	1,047	19,324	0	
Unauthorized Other U.S. Unaffiliated Insurers																			
2299998	Total Unauthorized Other U.S. Unaffiliated Insurers (Under \$100,000).....				60							25		25	30		(5)		
2299999	Total Unauthorized Other U.S. Unaffiliated Insurers.....				60	0	0	0	0	0	0	25	0	25	30	0	(5)	0	
Unauthorized Other Non-U.S. Insurers																			
AA-3190978	00000...	AlphaCat Reinsurance, Limited.....	BMU.....		152							63		63	76		(13)		
AA-1460019	00000...	Amlin AG.....	CHE.....		381	127	42	176	41	131	25	214		756	256	35	465		
AA-3191271	00000...	AQR Catastrophe Opportunities Re Ltd.....	BMU.....			38	5	95	27	93	18			276			276		
AA-1460018	00000...	Catlin Re Switzerland Limited, Bermuda Branch.....	CHE.....		(146)	149	38	197	50	188	35			657		61	596		
AA-3194130	00000...	Endurance Specialty Insurance Limited.....	BMU.....		5	(73)	53	3						(17)		14	(31)		
AA-3191289	00000...	Fidelis Insurance Bermuda Limited.....	BMU.....		294							123		123	147		(24)		
AA-3770280	00000...	Greenlight Reinsurance Limited.....	CYM.....		(291)	74	31	576	136	434	83			1,334		194	1,140		
AA-3191190	00000...	Hamilton Reinsurance Limited.....	BMU.....		421							175		175	210		(35)		
AA-3191179	00000...	Third Point Re.....	BMU.....		(87)	96	23	116	30	111	21			397		12	385		
AA-3190757	00000...	XL Reinsurance Limited.....	BMU.....			42	14	79	12					147		15	132		
2599998	Total Unauthorized Other Non-U.S. Insurers (Under \$100,000).....				61	(97)	106	32	4	18	4	25		92	31	10	51		
2599999	Total Unauthorized Other Non-U.S. Insurers.....				790	356	312	1,274	300	975	186	600	0	4,003	720	341	2,942	0	
2699999	Total Unauthorized.....				32,933	913	834	3,539	482	3,319	624	15,910	0	25,621	1,972	1,388	22,261	0	
Certified Affiliates-Other (Non-U.S.) - Other																			
CR-3194122	00000...	DaVinci Reinsurance Limited.....	BMU.....		3,005							1,252		1,252	1,499		(247)		
CR-3190339	00000...	Renaissance Reinsurance Limited.....	BMU.....		3,005							1,252		1,252	1,500		(248)		
3299999	Total Certified Affiliates - Other (Non-U.S.) - Other.....				6,010	0	0	0	0	0	0	2,504	0	2,504	2,999	0	(495)	0	
3399999	Total Certified Affiliates - Other (Non-U.S.) - Total.....				6,010	0	0	0	0	0	0	2,504	0	2,504	2,999	0	(495)	0	
3499999	Total Certified Affiliates.....				6,010	0	0	0	0	0	0	2,504	0	2,504	2,999	0	(495)	0	
Certified Other Non-U.S. Insurers																			
CR-3194139	00000...	AXIS Specialty Limited.....	BMU.....		1,693							706		706	846		(140)		
CR-3190770	00000...	Chubb Tempest Reinsurance Ltd.....	BMU.....		426							177		177	213		(36)		
CR-3194130	00000...	Endurance Specialty Insurance Limited.....	BMU.....		3,354							1,398		1,398	1,673		(275)		
CR-3190829	00000...	Markel Bermuda Limited.....	BMU.....		853							356		356	426		(70)		
CR-3190686	00000...	Partner Reinsurance Company Limited.....	BMU.....		342							143		143	170		(27)		
CR-1460023	00000...	Tokio Millennium Reinsurance.....	CHE.....		377							157		157	188		(31)		
CR-3190870	00000...	Validus Reinsurance.....	BMU.....		463							193		193	231		(38)		
CR-3190757	00000...	XL Reinsurance Limited.....	BMU.....		1,331							554		554	664		(110)		
3899998	Total Certified Other Non-U.S. Insurers (Under \$100,000).....				179							74		74	90		(16)		

22.1

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 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 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 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
3899999	Total Certified Other Non-U.S. Insurers.....				9,018	0	0	0	0	0	0	0	0	3,758	0	3,758	4,501	0	(743)	0
3999999	Total Certified.....				15,028	0	0	0	0	0	0	0	0	6,262	0	6,262	7,500	0	(1,238)	0
4099999	Total Authorized, Unauthorized and Certified.....				99,182	2,128	1,415	7,735	851	5,327	906	42,436	0	60,798	0	60,798	14,135	1,819	44,844	0
9999999	Totals.....				99,182	2,128	1,415	7,735	851	5,327	906	42,436	0	60,798	0	60,798	14,135	1,819	44,844	0

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) Orange Grove RE.....	17,544	26,535	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(2) Tower Hill Prime Insurance Company.....	8,673	21,016	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(3) Chubb Tempest Re US (fka Ace Property & Casualty).....	6,996	8,350	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(4) Florida Hurricane Catastrophe Fund.....	4,842	11,568	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(5) Tower Hill Re.....	4,049	5,548	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue					10 Total Overdue Cols. 6 + 7 + 8 + 9			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days					
Authorized Affiliates-Other (Non-U.S.) - Other													
AA-3190339..	00000.....	Renaissance Reinsurance Limited.....	BMU.....	13						0	13	0.0	0.0
0699999..	Total Authorized - Affiliates - Other (Non-U.S.) - Other.....			13	0	0	0	0	0	0	13	0.0	0.0
0799999..	Total Authorized - Affiliates - Other (Non-U.S.) - Total.....			13	0	0	0	0	0	0	13	0.0	0.0
0899999..	Total Authorized - Affiliates.....			13	0	0	0	0	0	0	13	0.0	0.0
Authorized Other U.S. Unaffiliated Insurers													
47-0574325..	32603.....	Berkley Reinsurance America.....	DE.....	1	13					13	14	92.9	0.0
06-0237820..	20699.....	Chubb Tempest Re US.....	PA.....	330	915					915	1,245	73.5	0.0
35-2293075..	11551.....	Endurance Reinsurance Company of America.....	DE.....	26	79					79	105	75.2	0.0
22-2005057..	26921.....	Everest Reinsurance.....	DE.....		13					13	13	100.0	0.0
25-0687550..	19445.....	National Union Fire Insurance Co of Pittsburgh.....	PA.....	16	49					49	65	75.4	0.0
47-0698507..	23680.....	Odyssey America Reinsurance Corporation.....	CT.....	4	16					16	20	80.0	0.0
13-3031176..	38636.....	Partners Reinsurance Company.....	NY.....	40	127					127	167	76.0	0.0
13-1675535..	25364.....	Swiss Reinsurance American Corp.....	NY.....	1						0	1	0.0	0.0
30-0703280..	15529.....	Tokio Millennium Reinsurance AG (US Branch).....	NY.....	36	119					119	155	76.8	0.0
13-5616275..	19453.....	Transatlantic Reinsurance Company.....	NY.....	(1)						0	(1)	0.0	0.0
0999999..	Total Authorized - Other U.S. Unaffiliated Insurers.....			453	1,331	0	0	0	0	1,331	1,784	74.6	0.0
Authorized Other Non-U.S. Insurers													
AA-3194168..	00000.....	Aspen Insurance Limited Bermuda.....	BMU.....	1						0	1	0.0	0.0
AA-1126435..	00000.....	Lloyd's Syndicate 0435 (Faraday).....	GBR.....	(1)						0	(1)	0.0	0.0
AA-1127414..	00000.....	Lloyd's Syndicate 1414 (Ascot).....	GBR.....	1						0	1	0.0	0.0
AA-1128003..	00000.....	Lloyd's Syndicate 2003 (Catlin).....	GBR.....	(1)						0	(1)	0.0	0.0
AA-1128791..	00000.....	Lloyd's Syndicate 2791 (MAP).....	GBR.....	1						0	1	0.0	0.0
AA-1126190..	00000.....	Lloyd's Syndicate 4472 (Liberty Paris).....	GBR.....	(2)						0	(2)	0.0	0.0
1299999..	Total Authorized - Other Non-U.S. Insurers.....			(1)	0	0	0	0	0	0	(1)	0.0	0.0
1399999..	Total Authorized.....			465	1,331	0	0	0	0	1,331	1,796	74.1	0.0
Unauthorized Affiliates-Other (Non-U.S.) - Captives													
AA-3191194..	00000.....	Orange Grove RE.....	BMU.....	876						0	876	0.0	0.0
98-0702379..	00000.....	Tower Hill Re.....	CYM.....	203						0	203	0.0	0.0
1899999..	Total Unauthorized - Affiliates - Other (Non-U.S.) - Captives.....			1,079	0	0	0	0	0	0	1,079	0.0	0.0
2099999..	Total Unauthorized - Affiliates - Other (Non-U.S.) - Total.....			1,079	0	0	0	0	0	0	1,079	0.0	0.0
2199999..	Total Unauthorized - Affiliates.....			1,079	0	0	0	0	0	0	1,079	0.0	0.0
Unauthorized Other Non-U.S. Insurers													
AA-1340026..	00000.....	Allianz SE.....	DEU.....		(2)					(2)	(2)	100.0	0.0
AA-1460082..	00000.....	Allianz Suisse Versicherung Gesellschaft.....	CHE.....	(2)						0	(2)	0.0	0.0
AA-1460019..	00000.....	Amlin AG.....	CHE.....	34	135					135	169	79.9	0.0
AA-3191271..	00000.....	AQR Catastrophe Opportunities Re Ltd.....	BMU.....	43						0	43	0.0	0.0
AA-3190913..	00000.....	Canopus Reinsurance Limited.....	BMU.....	2						0	2	0.0	0.0
AA-1460018..	00000.....	Catlin Re Switzerland Limited, Bermuda Branch.....	CHE.....	41	146					146	187	78.1	0.0

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							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue				10 Total Overdue Cols. 6 + 7 + 8 + 9				
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days					
AA-3194130..	00000.....	Endurance Specialty Insurance Limited.....	BMU.....	(20)					0	(20)	.00	.00	
AA-3770280..	00000.....	Greenlight Reinsurance Limited.....	CYM.....	105					0	105	.00	.00	
AA-3190600..	00000.....	Renaissance Re Specialty	BMU.....	(6)	1				1	(5)	(20.0)	.00	
AA-3191179..	00000.....	Third Point Re.....	BMU.....	32	87				87	119	73.1	.00	
AA-1460023..	00000.....	Tokio Millennium Reinsurance.....	CHE.....	2	9				9	11	81.8	.00	
AA-3190870..	00000.....	Validus Reinsurance.....	BMU.....	1					0	1	.00	.00	
AA-1460006..	00000.....	Validus Reinsurance (Switzerland) Ltd.....	CHE.....	4					0	4	.00	.00	
AA-3190757..	00000.....	XL Reinsurance Limited.....	BMU.....	2	54				54	56	96.4	.00	
2599999.		Total Unauthorized - Other Non-U.S. Insurers.....		238	430	.0	.0	.0	430	668	64.4	.00	
2699999.		Total Unauthorized.....		1,317	430	.0	.0	.0	430	1,747	24.6	.00	
4099999.		Total Authorized, Unauthorized and Certified.....		1,782	1,761	.0	.0	.0	1,761	3,543	49.7	.00	
9999999.		Totals.....		1,782	1,761	.0	.0	.0	1,761	3,543	49.7	.00	

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	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F, Part 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. 7+8+10 + 11 + 12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Col. 6	Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
Affiliates-Other Non-U.S. Insurers - Captive																		
AA-3191194..	00000....	Orange Grove Re.....	BMU..		17,544		4,900	0001	993	851	11,027	17,544	0		0		0	0
98-0702379..	00000....	Tower Hill Re.....	CYM..		4,049		500	0002	229	196	3,613	4,049	0		0		0	0
0599999.	Total Affiliates - Other Non-U.S. Insurers - Captive.....				21,593	0	5,400	XXX	1,222	1,047	14,640	21,593	0	0	0	0	0	0
0799999.	Total Affiliates - U.S. Non-Pool - Total.....				21,593	0	5,400	XXX	1,222	1,047	14,640	21,593	0	0	0	0	0	0
0899999.	Total Affiliates.....				21,593	0	5,400	XXX	1,222	1,047	14,640	21,593	0	0	0	0	0	0
Other U.S. Unaffiliated Insurers																		
39-6040366..	19283....	America Standard Insurance Company of Wisconsin.....	WI....		25				30			25	0		0		0	0
0999999.	Total Other U.S. Unaffiliated Insurers.....				25	0	0	XXX	30	0	0	25	0	0	0	0	0	0
Other Non-U.S. Insurers																		
AA-1460082..	00000....	Allianz Suisse Versicherung Gesellschaft.....	CHE..		(1)							(1)	0		0		0	0
AA-3190978..	00000....	AlphaCat Reinsurance, Limited.....	BMU..		63				76			63	0		0		0	0
AA-1460019..	00000....	Amlin AG.....	CHE..		756		1,898	0004	256	35		756	0		0		0	0
AA-3191271..	00000....	AQR Catastrophe Opportunities Re Ltd.....	BMU..		276						1,634	276	0		0		0	0
AA-3190913..	00000....	Canopius Reinsurance Limited.....	BMU..		3		20	0005				3	0		0		0	0
AA-1460018..	00000....	Catlin Re Switzerland Limited, Bermuda branch.....	CHE..		657		4,772	0007		61		657	0		0		0	0
AA-1320035..	00000....	Colisee Reinsurance.....	FRA..				30	0008				0	0		0		0	0
AA-3194130..	00000....	Endurance Specialty Insurance Limited.....	BMU..		(17)		10	0014		14		(17)	0		0		0	0
AA-3191289..	00000....	Fidelis Insurance Bermuda Limited.....	BMU..		123				147			123	0		0		0	0
AA-3770280..	00000....	Greenlight Reinsurance Limited.....	CYM..		1,334		4,706	0009		194		1,334	0		0		0	0
AA-3191190..	00000....	Hamilton Reinsurance Limited.....	BMU..		175				210			175	0		0		0	0
AA-8310006..	00000....	Kelvin Reinsurance Limited.....	GGY..		25				30			25	0		0		0	0
AA-3190600..	00000....	Renaissance Re Specialty.....	BMU..		4		123	0010				4	0		0		0	0
AA-3191179..	00000....	Third Point Re.....	BMU..		397		443	0011		12		397	0		0		0	0
AA-1460023..	00000....	Tokio Millenium Reinsurance.....	CHE..		52		1,225	0012		10		52	0		0		0	0
AA-3190870..	00000....	Validus Reinsurance.....	BMU..		2		54	0013				2	0		0		0	0
AA-1460006..	00000....	Validus Reinsurance (Switzerland) Ltd.....	CHE..		7		269	0003				7	0		0		0	0
AA-3190757..	00000....	XL Reinsurance Limited.....	BMU..		147		853	0006		15		147	0		0		0	0
1299999.	Total Other Non-U.S. Insurers.....				4,003	0	14,403	XXX	719	341	1,634	4,003	0	0	0	0	0	0
1399999.	Total Affiliates and Others.....				25,621	0	19,803	XXX	1,971	1,388	16,274	25,621	0	0	0	0	0	0
9999999.	Totals.....				25,621	0	19,803	XXX	1,971	1,388	16,274	25,621	0	0	0	0	0	0

- Amounts in dispute totaling \$.....0 are included in Column 6.
- Amounts in dispute totaling \$.....0 are excluded from Column 15.

(a)	Issuing or Confirming	Letters of	American Bankers	Letters
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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	19	
ID Number	NAIC Company Code	Name of Reinsurer	Domi-ciliary Juris-diction	Special Code	Reinsurance Recoverable all Items Schedule F, Part 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. 7+8+10 + 11 + 12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount of Amount in Col. 15	20% of Amount in Dispute Included in Col. 6	Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)	
		Bank Reference Number	Credit Code	Association (ABA) Routing Number		Issuing or Confirming Bank Name											of Credit Amount		
		0001.....	1.....	071004899.....	Bank of Montreal.....											4,900			
		0002.....	1.....	121000248.....	Wells Fargo											500			
		0003.....	1.....	021000089.....	Citibank, N.A.											269			
		0004.....	1.....	026002574.....	Barclays											1,898			
		0005.....	1.....	026002574.....	Barclays											20			
		0006.....	1.....	021000089.....	Citibank, N.A.											853			
		0007.....	1.....	021000089.....	Citibank, N.A.											4,772			
		0008.....	1.....	021000089.....	Citibank, N.A.											30			
		0009.....	1.....	026009593.....	Bank of America											4,706			
		0010.....	1.....	121000248.....	Wells Fargo											123			
		0011.....	1.....	021000089.....	Citibank, N.A.											443			
		0012.....	1.....	026004307.....	Mizuho Bank, Ltd.....											1,225			
		0013.....	1.....	021202719.....	JP Morgan Chase											54			
		0014.....	1.....	021202719.....	JP Morgan Chase											10			

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 (Cols. 12 + 13 + 14 + 16)				
Affiliates-Other Non-U.S. Insurers - Other																				
CR-3194122	00000	DaVinci Reinsurance Limited	BMU	4	06/09/2011	0.50	(247)		(247)	(124)					0	0.00	0.00	0	0	
CR-3190339	00000	Renaissance Reinsurance Limited	BMU	3	12/29/2010	0.20	(248)		(248)	(50)					0	0.00	0.00	0	0	
0699999	Total Affiliates - Other Non-U.S. Insurers - Other						(495)	0	(495)	(173)	0	0	0	XXX	0	XXX	XXX	0	0	
0799999	Total Affiliates - Other Non-U.S. Insurers - Total						(495)	0	(495)	(173)	0	0	0	XXX	0	XXX	XXX	0	0	
0899999	Total Affiliates						(495)	0	(495)	(173)	0	0	0	XXX	0	XXX	XXX	0	0	
Other Non-U.S. Insurers																				
CR-3194168	00000	Aspen Insurance Limited Bermuda	BMU	3	05/06/2011	0.20	(7)		(7)	(1)					0	0.00	0.00	0	0	
CR-3194139	00000	AXIS Specialty Limited	BMU	3	05/23/2011	0.20	(140)		(140)	(28)					0	0.00	0.00	0	0	
CR-3190770	00000	Chubb Tempest Reinsurance Ltd	BMU	2	10/06/2010	0.10	(36)		(36)	(4)					0	0.00	0.00	0	0	
CR-3194130	00000	Endurance Specialty Insurance Limited	BMU	3	05/31/2012	0.20	(275)		(275)	(55)					0	0.00	0.00	0	0	
CR-3190875	00000	Hiscox Insurance Company Limited	BMU	3	11/04/2010	0.20	(2)		(2)	(0)					0	0.00	0.00	0	0	
CR-3190829	00000	Markel Bermuda Limited	BMU	3	03/23/2011	0.20	(70)		(70)	(14)					0	0.00	0.00	0	0	
CR-3194200	00000	MS Frontier Reinsurance Limited	BMU	3	06/01/2013	0.20	(7)		(7)	(1)					0	0.00	0.00	0	0	
CR-3190686	00000	Partner Reinsurance Company Limited	BMU	3	11/04/2010	0.20	(27)		(27)	(5)					0	0.00	0.00	0	0	
CR-1460023	00000	Tokio Millennium Reinsurance	CHE	3	02/25/2011	0.20	(31)		(31)	(6)					0	0.00	0.00	0	0	
CR-3190870	00000	Validus Reinsurance	BMU	3	08/08/2012	0.20	(38)		(38)	(8)					0	0.00	0.00	0	0	
CR-3190757	00000	XL Reinsurance Limited	BMU	3	06/17/2010	0.20	(110)		(110)	(22)					0	0.00	0.00	0	0	
1299999	Total Other Non-U.S. Insurers						(743)	0	(743)	(145)	0	0	0	XXX	0	XXX	XXX	0	0	
1399999	Total Affiliates and Others						(1,238)	0	(1,238)	(318)	0	0	0	XXX	0	XXX	XXX	0	0	
9999999	Totals						(1,238)	0	(1,238)	(318)	0	0	0	XXX	0	XXX	XXX	0	0	

Sch. F - Pt. 6 - Sn. 2
NONE

Sch. F - Pt. 7
NONE

Sch. F - Pt. 8
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, Col. 3)			
1. Cash and invested assets (Line 12).....	90,522,702		90,522,702
2. Premiums and considerations (Line 15).....	4,513,068		4,513,068
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	3,543,127	(3,543,127)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	1,964,830		1,964,830
6. Net amount recoverable from reinsurers.....		27,741,562	27,741,562
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	100,543,727	24,198,435	124,742,162
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	16,253,788	11,231,960	27,485,748
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	2,106,495	(1,819,166)	287,329
11. Unearned premiums (Line 9).....	19,311,159	28,921,071	48,232,230
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	14,135,430	(14,135,430)	0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....	1,101,942		1,101,942
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	155,804		155,804
19. Total liabilities excluding protected cell business (Line 26).....	53,064,618	24,198,435	77,263,053
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	47,479,109	.XXX	47,479,109
22. Totals (Line 38).....	100,543,727	24,198,435	124,742,162

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:

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

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

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

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

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10	11	12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported-Direct and Assumed	
1. Prior.....	XXX.....	XXX.....	XXX.....	64.....	47.....	55.....	42.....	1.....	.....	5.....	30.....	XXX.....
2. 2007.....	127,683.....	79,949.....	47,734.....	21,922.....	4,222.....	1,364.....	355.....	1,239.....	219.....	372.....	19,729.....	2,466.....
3. 2008.....	108,114.....	74,096.....	34,018.....	28,205.....	15,412.....	2,030.....	1,097.....	1,857.....	692.....	1,098.....	14,890.....	4,365.....
4. 2009.....	138,018.....	103,937.....	34,082.....	40,204.....	17,038.....	3,440.....	980.....	2,414.....	1,045.....	678.....	26,996.....	3,686.....
5. 2010.....	119,354.....	78,553.....	40,802.....	41,756.....	12,518.....	5,920.....	1,317.....	2,372.....	631.....	267.....	35,582.....	3,340.....
6. 2011.....	113,250.....	81,679.....	31,571.....	35,530.....	17,061.....	4,463.....	1,837.....	2,627.....	944.....	492.....	22,779.....	2,967.....
7. 2012.....	119,383.....	90,727.....	28,656.....	29,557.....	16,993.....	2,145.....	890.....	2,431.....	1,064.....	554.....	15,186.....	2,846.....
8. 2013.....	133,919.....	111,732.....	22,187.....	33,237.....	22,163.....	1,520.....	965.....	2,329.....	1,348.....	561.....	12,611.....	2,963.....
9. 2014.....	143,916.....	116,466.....	27,450.....	39,825.....	31,282.....	2,287.....	1,855.....	3,198.....	2,240.....	471.....	9,932.....	3,631.....
10. 2015.....	137,539.....	105,676.....	31,863.....	36,659.....	26,563.....	2,554.....	1,947.....	3,530.....	2,404.....	378.....	11,828.....	3,883.....
11. 2016.....	119,424.....	85,317.....	34,106.....	26,595.....	17,629.....	1,116.....	740.....	3,653.....	1,949.....	298.....	11,045.....	4,315.....
12. Totals.....	XXX.....	XXX.....	XXX.....	333,554.....	180,927.....	26,892.....	12,026.....	25,652.....	12,536.....	5,174.....	180,609.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed	
1. Prior.....	25.....	20.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5.....	1.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....
3. 2008.....	18.....	14.....	.....	.....	0.....	0.....	.....	.....	0.....	0.....	.....	5.....	1.....
4. 2009.....	70.....	.....	.....	.....	24.....	.....	.....	.....	24.....	.....	.....	118.....	3.....
5. 2010.....	507.....	120.....	.....	.....	53.....	13.....	.....	.....	30.....	9.....	1.....	448.....	6.....
6. 2011.....	361.....	115.....	5.....	2.....	19.....	6.....	1.....	0.....	20.....	6.....	9.....	276.....	5.....
7. 2012.....	82.....	29.....	81.....	31.....	18.....	6.....	8.....	3.....	26.....	9.....	16.....	137.....	5.....
8. 2013.....	395.....	206.....	263.....	142.....	68.....	22.....	25.....	14.....	94.....	52.....	16.....	409.....	19.....
9. 2014.....	945.....	425.....	718.....	317.....	124.....	46.....	68.....	30.....	193.....	84.....	32.....	1,146.....	43.....
10. 2015.....	2,831.....	755.....	2,148.....	610.....	380.....	101.....	204.....	58.....	587.....	159.....	201.....	4,467.....	157.....
11. 2016.....	7,351.....	3,253.....	7,458.....	3,571.....	417.....	161.....	698.....	335.....	1,120.....	497.....	379.....	9,228.....	581.....
12. Totals.....	12,584.....	4,936.....	10,673.....	4,673.....	1,103.....	355.....	1,003.....	440.....	2,094.....	817.....	654.....	16,238.....	821.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Inter-Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	5.....	0.....
2. 2007..	24,525.....	4,796.....	19,729.....	19.2.....	6.0.....	41.3.....	.....	.....	.....	0.....	0.....
3. 2008..	32,111.....	17,216.....	14,894.....	29.7.....	23.2.....	43.8.....	.....	.....	.....	5.....	0.....
4. 2009..	46,176.....	19,063.....	27,114.....	33.5.....	18.3.....	79.6.....	.....	.....	.....	70.....	48.....
5. 2010..	50,638.....	14,608.....	36,030.....	42.4.....	18.6.....	88.3.....	.....	.....	.....	387.....	61.....
6. 2011..	43,026.....	19,971.....	23,055.....	38.0.....	24.5.....	73.0.....	.....	.....	.....	249.....	27.....
7. 2012..	34,348.....	19,025.....	15,323.....	28.8.....	21.0.....	53.5.....	.....	.....	.....	104.....	34.....
8. 2013..	37,931.....	24,911.....	13,020.....	28.3.....	22.3.....	58.7.....	.....	.....	.....	310.....	100.....
9. 2014..	47,359.....	36,280.....	11,078.....	32.9.....	31.2.....	40.4.....	.....	.....	.....	921.....	225.....
10. 2015..	48,892.....	32,597.....	16,295.....	35.5.....	30.8.....	51.1.....	.....	.....	.....	3,614.....	852.....
11. 2016..	48,407.....	28,134.....	20,273.....	40.5.....	33.0.....	59.4.....	.....	.....	.....	7,985.....	1,243.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	13,649.....	2,590.....

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2007.....	325		325	554	(494)	14	(20)	17	(18)	4	1,116	43
3. 2008.....			0								0	3
4. 2009.....			0								0	
5. 2010.....			0								0	
6. 2011.....			0								0	
7. 2012.....			0								0	
8. 2013.....			0								0	
9. 2014.....			0								0	
10. 2015.....			0								0	
11. 2016.....			0								0	
12. Totals.....	XXX	XXX	XXX	554	(494)	14	(20)	17	(18)	4	1,116	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 2007.....											0		
3. 2008.....											0		
4. 2009.....											0		
5. 2010.....											0		
6. 2011.....											0		
7. 2012.....											0		
8. 2013.....											0		
9. 2014.....											0		
10. 2015.....											0		
11. 2016.....											0		
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2007.....	584	(532)	1,116	179.7	0.0	343.5				0	0
3. 2008.....	0	0	0	0.0	0.0	0.0				0	0
4. 2009.....	0	0	0	0.0	0.0	0.0				0	0
5. 2010.....	0	0	0	0.0	0.0	0.0				0	0
6. 2011.....	0	0	0	0.0	0.0	0.0				0	0
7. 2012.....	0	0	0	0.0	0.0	0.0				0	0
8. 2013.....	0	0	0	0.0	0.0	0.0				0	0
9. 2014.....	0	0	0	0.0	0.0	0.0				0	0
10. 2015.....	0	0	0	0.0	0.0	0.0				0	0
11. 2016.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Sch. P - Pt. 1C
NONE

Sch. P - Pt. 1D
NONE

Sch. P - Pt. 1E
NONE

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

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

Sch. P - Pt. 1G
NONE

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2007.....	0		0								0	0
3. 2008.....			0								0	0
4. 2009.....			0								0	0
5. 2010.....			0								0	0
6. 2011.....			0								0	0
7. 2012.....			0								0	0
8. 2013.....			0								0	0
9. 2014.....			0								0	0
10. 2015.....			0								0	0
11. 2016.....			0								0	0
12. Totals.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 2007.....											0		
3. 2008.....											0		
4. 2009.....											0		
5. 2010.....											0		
6. 2011.....											0		
7. 2012.....											0		
8. 2013.....											0		
9. 2014.....											0		
10. 2015.....											0		
11. 2016.....											0		
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2007.....	0	0	0	0.0	0.0	0.0				0	0
3. 2008.....	0	0	0	0.0	0.0	0.0				0	0
4. 2009.....	0	0	0	0.0	0.0	0.0				0	0
5. 2010.....	0	0	0	0.0	0.0	0.0				0	0
6. 2011.....	0	0	0	0.0	0.0	0.0				0	0
7. 2012.....	0	0	0	0.0	0.0	0.0				0	0
8. 2013.....	0	0	0	0.0	0.0	0.0				0	0
9. 2014.....	0	0	0	0.0	0.0	0.0				0	0
10. 2015.....	0	0	0	0.0	0.0	0.0				0	0
11. 2016.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2007.....			.0								0	
3. 2008.....			.0								0	
4. 2009.....			.0								0	
5. 2010.....			.0								0	
6. 2011.....			.0								0	
7. 2012.....			.0								0	
8. 2013.....			.0								0	
9. 2014.....			.0								0	
10. 2015.....			.0								0	
11. 2016.....			.0								0	
12. Totals.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....											0		
2. 2007.....											0		
3. 2008.....											0		
4. 2009.....											0		
5. 2010.....											0		
6. 2011.....											0		
7. 2012.....											0		
8. 2013.....											0		
9. 2014.....											0		
10. 2015.....											0		
11. 2016.....											0		
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 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
2. 2007.....	0	0	0	0.0	0.0	0.0				0	0
3. 2008.....	0	0	0	0.0	0.0	0.0				0	0
4. 2009.....	0	0	0	0.0	0.0	0.0				0	0
5. 2010.....	0	0	0	0.0	0.0	0.0				0	0
6. 2011.....	0	0	0	0.0	0.0	0.0				0	0
7. 2012.....	0	0	0	0.0	0.0	0.0				0	0
8. 2013.....	0	0	0	0.0	0.0	0.0				0	0
9. 2014.....	0	0	0	0.0	0.0	0.0				0	0
10. 2015.....	0	0	0	0.0	0.0	0.0				0	0
11. 2016.....	0	0	0	0.0	0.0	0.0				0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported- Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....4.....	.....4.....	.....15.....	.....15.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
2. 2015.....	.....37,433.....	.....37,321.....	.....112.....	.....918.....	.....900.....	.....3.....	.....3.....	.....72.....	.....72.....	.....19.....	.....19.....	.....XXX.....
3. 2016.....	.....37,364.....	.....37,224.....	.....140.....	.....7,857.....	.....7,820.....	.....5.....	.....5.....	.....318.....	.....317.....	.....38.....	.....38.....	.....XXX.....
4. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....8,779.....	.....8,723.....	.....23.....	.....23.....	.....390.....	.....389.....	.....0.....	.....57.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....2.....	.....2.....	.....	.....	.....	.....	.....	.....	.....0.....	.....1.....
2. 2015.....	.....	.....	.....5.....	.....3.....	.....	.....	.....0.....	.....0.....	.....1.....	.....0.....	.....2.....	.....1.....
3. 2016.....	.....2,799.....	.....2,799.....	.....657.....	.....649.....	.....109.....	.....109.....	.....24.....	.....13.....	.....13.....	.....23.....	.....9.....	.....79.....
4. Totals.....	.....2,799.....	.....2,799.....	.....663.....	.....653.....	.....109.....	.....109.....	.....24.....	.....13.....	.....14.....	.....23.....	.....0.....	.....81.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0.....	.....0.....
2. 2015..	.....999.....	.....978.....	.....21.....	.....2.7.....	.....2.6.....	.....18.5.....	.....	.....	.....	.....2.....	.....1.....
3. 2016..	.....11,782.....	.....11,734.....	.....47.....	.....31.5.....	.....31.5.....	.....33.8.....	.....	.....	.....	.....8.....	.....1.....
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....10.....	.....2.....

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 omitted)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2015..	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
3. 2016..	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....	.....0	.....0
4. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

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

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

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

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

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

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

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

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

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

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

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development		
	1	2	3	4	5	6	7	8	9	10	11	12	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year	
1. Prior.....	2,953	1,693	1,758	2,185	(7,738)	(8,210)	(8,150)	(8,267)	(8,184)	(8,170)	15	98	
2. 2007.....	17,035	17,648	18,254	18,367	18,616	18,639	18,666	18,656	18,701	18,709	7	53	
3. 2008.....	XXX	16,016	13,872	13,898	13,524	13,263	13,493	13,605	13,782	13,730	(52)	125	
4. 2009.....	XXX	XXX	23,515	24,156	25,356	25,595	25,146	25,437	25,635	25,720	85	283	
5. 2010.....	XXX	XXX	XXX	31,086	30,359	31,272	32,298	32,182	34,197	34,268	71	2,085	
6. 2011.....	XXX	XXX	XXX	XXX	18,955	21,485	20,660	20,014	21,145	21,358	213	1,345	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	14,270	14,168	13,732	13,877	13,939	62	207	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	10,753	11,475	11,916	11,997	81	521	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,675	10,969	10,011	(958)	(664)	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,644	14,742	98	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,945	XXX	XXX	
											12. Totals	(378)	4,053

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

1. Prior.....	2,447	1,694	1,050	834	839	851	842	842	839	839	0	(2)	
2. 2007.....	355	962	1,240	1,144	1,081	1,081	1,081	1,081	1,081	1,081	0	0	
3. 2008.....	XXX										0	0	
4. 2009.....	XXX	XXX									0	0	
5. 2010.....	XXX	XXX	XXX								0	0	
6. 2011.....	XXX	XXX	XXX	XXX							0	0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
											12. Totals	0	(2)

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

1. Prior.....											0	0	
2. 2007.....											0	0	
3. 2008.....	XXX										0	0	
4. 2009.....	XXX	XXX									0	0	
5. 2010.....	XXX	XXX	XXX								0	0	
6. 2011.....	XXX	XXX	XXX	XXX							0	0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
											12. Totals	0	0

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

1. Prior.....											0	0	
2. 2007.....											0	0	
3. 2008.....	XXX										0	0	
4. 2009.....	XXX	XXX									0	0	
5. 2010.....	XXX	XXX	XXX								0	0	
6. 2011.....	XXX	XXX	XXX	XXX							0	0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
											12. Totals	0	0

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....											0	0	
2. 2007.....											0	0	
3. 2008.....	XXX										0	0	
4. 2009.....	XXX	XXX									0	0	
5. 2010.....	XXX	XXX	XXX								0	0	
6. 2011.....	XXX	XXX	XXX	XXX							0	0	
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
											12. Totals	0	0

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	.XXX										0	0
4. 2009.....	.XXX	.XXX									0	0
5. 2010.....	.XXX	.XXX	.XXX								0	0
6. 2011.....	.XXX	.XXX	.XXX	.XXX							0	0
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX						0	0
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					0	0
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0	0
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0	.XXX
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals											0	0

NONE

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	.XXX										0	0
4. 2009.....	.XXX	.XXX									0	0
5. 2010.....	.XXX	.XXX	.XXX								0	0
6. 2011.....	.XXX	.XXX	.XXX	.XXX							0	0
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX						0	0
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					0	0
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0	0
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0	.XXX
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals											0	0

NONE

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	.XXX										0	0
4. 2009.....	.XXX	.XXX									0	0
5. 2010.....	.XXX	.XXX	.XXX								0	0
6. 2011.....	.XXX	.XXX	.XXX	.XXX							0	0
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX						0	0
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					0	0
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0	0
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0	.XXX
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals											0	0

NONE

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	.XXX										0	0
4. 2009.....	.XXX	.XXX									0	0
5. 2010.....	.XXX	.XXX	.XXX								0	0
6. 2011.....	.XXX	.XXX	.XXX	.XXX							0	0
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX						0	0
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					0	0
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0	0
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0	.XXX
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals											0	0

NONE

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

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	.XXX										0	0
4. 2009.....	.XXX	.XXX									0	0
5. 2010.....	.XXX	.XXX	.XXX								0	0
6. 2011.....	.XXX	.XXX	.XXX	.XXX							0	0
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX						0	0
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					0	0
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				0	0
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			0	.XXX
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals											0	0

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	2	3	4	5	6	7	8	9	10	11	12
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2	0	(2)	(3)
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	20	5	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	XXX	XXX
4. Totals											3	(3)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....											0	0
2. 2007.....											0	0
3. 2008.....	XXX										0	0
4. 2009.....	XXX	XXX									0	0
5. 2010.....	XXX	XXX	XXX								0	0
6. 2011.....	XXX	XXX	XXX	XXX							0	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

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

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

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior.....	.000	1,309	1,426	1,816	(8,445)	(8,531)	(8,386)	(8,390)	(8,204)	(8,175)	47,147	13,657
2. 2007.....	12,069	16,224	17,488	18,075	18,368	18,566	18,628	18,635	18,639	18,709	1,552	914
3. 2008.....	XXX	9,649	11,863	12,655	12,840	13,117	13,292	13,442	13,606	13,725	1,985	2,379
4. 2009.....	XXX	XXX	14,247	20,572	22,782	24,180	24,823	25,223	25,544	25,626	1,845	1,838
5. 2010.....	XXX	XXX	XXX	19,436	25,711	27,126	29,010	31,231	32,866	33,841	1,677	1,657
6. 2011.....	XXX	XXX	XXX	XXX	13,779	18,859	17,767	19,269	20,646	21,096	2,293	669
7. 2012.....	XXX	XXX	XXX	XXX	XXX	11,490	12,386	12,866	13,314	13,819	2,266	575
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	7,567	10,568	11,498	11,629	2,375	569
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,726	9,917	8,975	2,826	762
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,763	10,703	2,696	1,030
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,341	2,621	1,113

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

1. Prior.....	.000	679	805	821	827	839	842	842	839	839	2,895	385
2. 2007.....	219	608	1,114	1,081	1,081	1,081	1,081	1,081	1,081	1,081	40	3
3. 2008.....	XXX											3
4. 2009.....	XXX	XXX										
5. 2010.....	XXX	XXX	XXX									
6. 2011.....	XXX	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX	XXX	XXX							
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2007.....												
3. 2008.....	XXX											
4. 2009.....	XXX	XXX										
5. 2010.....	XXX	XXX	XXX									
6. 2011.....	XXX	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX	XXX	XXX							
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior.....	.000											
2. 2007.....												
3. 2008.....	XXX											
4. 2009.....	XXX	XXX										
5. 2010.....	XXX	XXX	XXX									
6. 2011.....	XXX	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX	XXX	XXX							
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000											
2. 2007.....												
3. 2008.....	XXX											
4. 2009.....	XXX	XXX										
5. 2010.....	XXX	XXX	XXX									
6. 2011.....	XXX	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX	XXX	XXX							
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.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. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.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. 2007.....											.XXX.....	.XXX.....
3. 2008.....	.XXX.....										.XXX.....	.XXX.....
4. 2009.....	.XXX.....	.XXX.....									.XXX.....	.XXX.....
5. 2010.....	.XXX.....	.XXX.....	.XXX.....								.XXX.....	.XXX.....
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							.XXX.....	.XXX.....
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						.XXX.....	.XXX.....
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					.XXX.....	.XXX.....
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				.XXX.....	.XXX.....
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			.XXX.....	.XXX.....
11. 2016.....	.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. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....			

NONE

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

1. Prior.....	.000.....											
2. 2007.....												
3. 2008.....	.XXX.....											
4. 2009.....	.XXX.....	.XXX.....										
5. 2010.....	.XXX.....	.XXX.....	.XXX.....									
6. 2011.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....								
7. 2012.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....							
8. 2013.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....						
9. 2014.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....					
10. 2015.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....	.XXX.....				
11. 2016.....	.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 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....000.....	.....1.....	.....1.....	.....XXX.....	.....XXX.....
2. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....13.....	.....18.....	.....XXX.....	.....XXX.....
3. 2016.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....37.....	.....XXX.....	.....XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....000.....	.....	.....	.....75.....	.....52.....
2. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....
3. 2016.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....000.....	.....	.....	.....XXX.....	.....XXX.....
2. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....XXX.....
3. 2016.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....XXX.....	.....XXX.....

NONE

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

1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....000.....	.....	.....	.....XXX.....	.....XXX.....
2. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....XXX.....
3. 2016.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....XXX.....	.....XXX.....

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
3. 2008.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
4. 2009.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
5. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
6. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
7. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
8. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
9. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....XXX.....	.....XXX.....
10. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....XXX.....
11. 2016.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....XXX.....	.....XXX.....

NONE

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

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

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

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

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

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

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

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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

Years in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....	1,189	61	141	29	94					
2. 2007.....	2,460	496	188	118	77					
3. 2008.....	XXX	4,122	1,111	309	117	15				
4. 2009.....	XXX	XXX	3,250	1,342	603	287	17			
5. 2010.....	XXX	XXX	XXX	5,031	1,262	532	905	7	142	
6. 2011.....	XXX	XXX	XXX	XXX	1,990	655	759	150	230	4
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,002	841	434	273	55
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,748	499	239	132
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,310	555	439
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,534	1,685
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,250

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

1. Prior.....	1,291	641	125							
2. 2007.....		349	125	63						
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

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

Years in Which Losses Were Incurred	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1	(0)
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

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

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

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

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

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

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

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	599	487	552	385	156	65	21	8	9	5
2. 2007.....	1,202	1,488	1,524	1,537	1,546	1,549	1,551	1,551	1,551	1,552
3. 2008.....	XXX	1,618	1,915	1,944	1,963	1,973	1,977	1,982	1,984	1,985
4. 2009.....	XXX	XXX	1,527	1,762	1,793	1,812	1,827	1,839	1,842	1,845
5. 2010.....	XXX	XXX	XXX	1,203	1,545	1,598	1,627	1,653	1,663	1,677
6. 2011.....	XXX	XXX	XXX	XXX	1,792	2,173	2,231	2,265	2,280	2,293
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,790	2,201	2,241	2,257	2,266
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,837	2,244	2,343	2,375
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,898	2,699	2,826
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,742	2,696
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,621

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	139	197	231	180	77	30	15	14	5	1
2. 2007.....	184	38	23	10	5	3	2	1	1	1
3. 2008.....	XXX	226	45	25	18	9	6	3	1	1
4. 2009.....	XXX	XXX	290	34	42	29	15	8	5	3
5. 2010.....	XXX	XXX	XXX	260	97	66	49	26	18	6
6. 2011.....	XXX	XXX	XXX	XXX	306	90	54	19	12	5
7. 2012.....	XXX	XXX	XXX	XXX	XXX	282	46	22	10	5
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	268	60	27	19
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	515	122	43
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	884	157
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	581

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	409	985	1,478	800	78	19	6	6	6	6
2. 2007.....	1,784	2,309	2,441	2,458	2,463	2,465	2,466	2,466	2,466	2,466
3. 2008.....	XXX	3,438	4,283	4,335	4,354	4,360	4,362	4,364	4,364	4,365
4. 2009.....	XXX	XXX	3,309	3,605	3,661	3,673	3,679	3,684	3,684	3,686
5. 2010.....	XXX	XXX	XXX	2,971	3,259	3,303	3,324	3,333	3,336	3,340
6. 2011.....	XXX	XXX	XXX	XXX	2,604	2,900	2,943	2,952	2,960	2,967
7. 2012.....	XXX	XXX	XXX	XXX	XXX	2,559	2,804	2,832	2,841	2,846
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	2,548	2,859	2,925	2,963
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,025	3,538	3,631
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,357	3,883
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,315

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	.77	.24								
2. 2007.....	.29	.40	.40	.40	.40	.40	.40	.40	.40	.40
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	.29	.9	.7	.3						
2. 2007.....	.8	.1	.1							
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	.7	.19	(.2)	(.4)						
2. 2007.....	.40	.44	.44	.43	.43	.43	.43	.43	.43	.43
3. 2008.....	XXX	.3	.3	.3	.3	.3	.3	.3	.3	.3
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Sch. P - Pt. 6D - 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 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prens.(P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prens.(P-Pt 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prens.(P-Pt 1)	0										XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prens.(P-Pt 1)											XXX

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....	16,238		0.0	38,180		0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....			0.0			0.0
7. Medical professional liability - claims-made.....			0.0			0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....			0.0			0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....	11		0.0	136		0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
17. Reinsurance - nonproportional assumed liability.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
18. Reinsurance - nonproportional assumed financial lines.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals.....	16,250	0	0.0	38,316	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 5

Years in Which Policies Were Issued	Net Reserve for Premium Adjustments and Accrued Retrospective Premiums at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....	16,238		0.0	38,180		0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....			0.0			0.0
7. Medical professional liability - claims-made.....			0.0			0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....			0.0			0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....	11		0.0	136		0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....			0.0			0.0
17. Reinsurance - nonproportional assumed liability.....			0.0			0.0
18. Reinsurance - nonproportional assumed financial lines.....			0.0			0.0
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals	16,250	0	0.0	38,316	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....										
2. 2007.....										
3. 2008.....	.XXX									
4. 2009.....	.XXX	.XXX								
5. 2010.....	.XXX	.XXX	.XXX							
6. 2011.....	.XXX	.XXX	.XXX	.XXX						
7. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.
- 1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [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:

		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	2007.....	.....	.....
1.603	2008.....	.....	.....
1.604	2009.....	.....	.....
1.605	2010.....	.....	.....
1.606	2011.....	.....	.....
1.607	2012.....	.....	.....
1.608	2013.....	.....	.....
1.609	2014.....	.....	.....
1.610	2015.....	.....	.....
1.611	2016.....	.....	.....
1.612	Totals.....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIM
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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
3484	Tower Hill Insurance Group...	00000...	27-3003250..				Omega Insurance Holdings, Inc.....	FL.....	NIA.....	Tower Hill Insurance Holdings, LLC.....	Ownership.....	...68.100	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	27-3003250..				Omega Insurance Holdings, Inc.....	FL.....	NIA.....	James H. Winston Revocable Trust.....	Ownership.....	...31.900	James H. Winston Revocable Trust.....	..N.....	
3484	Tower Hill Insurance Group...	38644...	59-1906611..				Omega Insurance Company.....	FL.....	IA.....	Omega Insurance Holdings, Inc.....	Ownership.....	...100.000	William J. Shively, James H. Winston Revocable Trust	..N.....	
3484	Tower Hill Insurance Group...	00000...	59-3619421..				Tomoka Re Holdings, Inc.....	FL.....	UDP.....	Tower Hill Insurance Holdings, LLC.....	Ownership.....	...59.500	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	59-3619421..				Tomoka Re Holdings, Inc.....	FL.....	UDP.....	Hillcrest Holdings.....	Ownership.....	...40.500	Hillcrest Holdings.....	..N.....	
3484	Tower Hill Insurance Group...	29050...	56-1543230..				Tower Hill Preferred Insurance Company.....	FL.....	RE.....	Tomoka Re Holdings, Inc.....	Ownership.....	...100.000	William J. Shively, Hillcrest Holdings.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	20-2097343..				Tower Hill Holdings, Inc.....	FL.....	NIA.....	Tower Hill Insurance Holdings, LLC.....	Ownership.....	...64.520	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	20-2097343..				Tower Hill Holdings, Inc.....	FL.....	NIA.....	RenaissanceRe Ventures, Ltd.....	Ownership.....	...32.260	RenaissanceRe Ventures, Ltd.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	20-2097343..				Tower Hill Holdings, Inc.....	FL.....	NIA.....	Benfield Investment Holdings, Ltd.....	Ownership.....	...3.220	Benfield Investment Holdings, Ltd.....	..N.....	
3484	Tower Hill Insurance Group...	11027...	59-3600233..				Tower Hill Prime Insurance Company.....	FL.....	IA.....	Tower Hill Holdings, Inc.....	Ownership.....	...100.000	William J. Shively, RenaissanceRe Ventures, Ltd., Benfield Investment Holdings, Ltd.	..N.....	
3484	Tower Hill Insurance Group...	12011...	20-1078811..				Tower Hill Select Insurance Company.....	FL.....	IA.....	Tower Hill Holdings, Inc.....	Ownership.....	...100.000	William J. Shively, RenaissanceRe Ventures, Ltd., Benfield Investment Holdings, Ltd.	..N.....	
3484	Tower Hill Insurance Group...	00000...	27-3916384..				Tower Hill Signature Insurance Holdings, Inc....	FL.....	NIA.....	Tower Hill Insurance Holdings, LLC.....	Ownership.....	...75.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	27-3916384..				Tower Hill Signature Insurance Holdings, Inc....	FL.....	NIA.....	RenaissanceRe Ventures, Ltd.....	Ownership.....	...25.000	RenaissanceRe Ventures, Ltd.....	..N.....	
3484	Tower Hill Insurance Group...	12538...	02-0772872..				Tower Hill Signature Insurance Company.....	FL.....	IA.....	Tower Hill Signature Insurance Holdings, Inc...	Ownership.....	...100.000	William J. Shively, RenaissanceRe Ventures, Ltd.	..N.....	
3484	Tower Hill Insurance Group...	00000...	59-3641974..				Tomoka Reinsurance Intermediaries, Inc.....	FL.....	NIA.....	William J. Shively.....	Ownership.....	...50.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	59-3641974..				Tomoka Reinsurance Intermediaries, Inc.....	FL.....	NIA.....	Patricia A. Shively.....	Ownership.....	...50.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	81-2934754..				Tower Hill Re Holdings, Inc.....	FL.....	NIA.....	Tower Hill Insurance Group II, Inc.....	Ownership.....	...74.500	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	81-2934754..				Tower Hill Re Holdings, Inc.....	FL.....	NIA.....	RenaissanceRe Ventures U.S. LLC.....	Ownership.....	...25.000	RRV US Holdings, Inc.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	81-2934754..				Tower Hill Re Holdings, Inc.....	FL.....	NIA.....	Alachua Capital Corporation.....	Ownership.....	...0.250	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	81-2934754..				Tower Hill Re Holdings, Inc.....	FL.....	NIA.....	ICS Software Acquisition, Inc.....	Ownership.....	...0.250	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	98-0702379..				Tower Hill Re.....	CYM.....	NIA.....	Tower Hill Re Holdings, Inc.....	Ownership.....	...100.000	Tower Hill Re Holdings, Inc.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	26-3299872..				Tower Hill Claims Management II, Inc.....	KY.....	NIA.....	William J. Shively.....	Ownership.....	...50.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	26-3299872..				Tower Hill Claims Management II, Inc.....	KY.....	NIA.....	Patricia A. Shively.....	Ownership.....	...50.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	90-0491808..				Bluegrass Insurance Management, LLC.....	KY.....	NIA.....	Tower Hill Claims Management II, Inc.....	Ownership.....	...75.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	90-0491808..				Bluegrass Insurance Management, LLC.....	KY.....	NIA.....	RRV US Holdings, Inc.....	Ownership.....	...25.000	RRV US Holdings, Inc.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	26-3299778..				Tower Hill Insurance Group II, Inc.....	FL.....	NIA.....	William J. Shively.....	Ownership.....	...90.600	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	26-3299778..				Tower Hill Insurance Group II, Inc.....	FL.....	NIA.....	WJS & DMS 2012 Family Trust.....	Ownership.....	...6.400	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	26-3299778..				Tower Hill Insurance Group II, Inc.....	FL.....	NIA.....	Donna M. Shively.....	Ownership.....	...3.000	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	27-0867974..				Tower Hill Insurance Group, LLC.....	FL.....	NIA.....	Tower Hill Insurance Group II, Inc.....	Ownership.....	...74.500	William J. Shively.....	..N.....	
3484	Tower Hill Insurance Group...	00000...	27-0867974..				Tower Hill Insurance Group, LLC.....	FL.....	NIA.....	RRV US Holdings, Inc.....	Ownership.....	...25.000	RRV US Holdings, Inc.....	..N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
3484	Tower Hill Insurance Group...	00000...	27-0867974..	.....	.....	.....	Tower Hill Insurance Group, LLC.....	FL.....	NIA.....	Alachua Capital Corporation.....	Ownership.....	.....0.250	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	27-0867974..	.....	.....	.....	Tower Hill Insurance Group, LLC.....	FL.....	NIA.....	ICS Software Acquisition, Inc.....	Ownership.....	.....0.250	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	26-3299830..	.....	.....	.....	Tower Hill Claims Service II, Inc.....	FL.....	NIA.....	William J. Shively.....	Ownership.....	.....50.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	26-3299830..	.....	.....	.....	Tower Hill Claims Service II, Inc.....	FL.....	NIA.....	Patricia A. Shively.....	Ownership.....	.....50.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	27-0867632..	.....	.....	.....	Tower Hill Claims Service, LLC.....	FL.....	NIA.....	Tower Hill Claims Service II, Inc.....	Ownership.....	.....75.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	27-0867632..	.....	.....	.....	Tower Hill Claims Service, LLC.....	FL.....	NIA.....	RenaissanceRe Finance Inc.....	Ownership.....	.....25.000	RenaissanceRe Finance Inc.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	00-0000000..	.....	.....	.....	Orange Grove Holdings, LTD.....	BMU.....	NIA.....	William J. Shively.....	Ownership.....	.....18.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	00-0000000..	.....	.....	.....	Orange Grove Holdings, LTD.....	BMU.....	NIA.....	Parner Reinsurance Company.....	Ownership.....	.....45.300	Partner Reinsurance Company.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	00-0000000..	.....	.....	.....	Orange Grove Re.....	BMU.....	NIA.....	Orange Grove Holdings, LTD.....	Ownership.....	.....100.000	Orange Grove Holdings, LTD.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	46-2269743..	.....	.....	.....	Tower Hill Insurance Holdings, LLC.....	FL.....	UIP.....	William J. Shively.....	Ownership.....	.....48.600	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	46-2269743..	.....	.....	.....	Tower Hill Insurance Holdings, LLC.....	FL.....	UIP.....	Patricia A. Shively.....	Ownership.....	.....50.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	46-2269743..	.....	.....	.....	Tower Hill Insurance Holdings, LLC.....	FL.....	UIP.....	Donald C. Matz, Jr.....	Ownership.....	.....1.400	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	00-0000000..	.....	.....	.....	Three Puddles, LLC.....	FL.....	NIA.....	Donald C. Matz, Jr.....	Ownership.....	.....100.000	Donald C. Matz, Jr.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	47-2194924..	.....	.....	.....	Dixiana Real Estate Holdings, LLC.....	KY.....	NIA.....	William J. Shively.....	Ownership.....	.....80.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	47-2194924..	.....	.....	.....	Dixiana Real Estate Holdings, LLC.....	KY.....	NIA.....	Donna M. Shively.....	Ownership.....	.....10.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	47-2194924..	.....	.....	.....	Dixiana Real Estate Holdings, LLC.....	KY.....	NIA.....	WJS & DMS 2012 Family Trust.....	Ownership.....	.....10.000	William J. Shively.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	46-4190343..	.....	.....	.....	Dixiana Properties Commercial, LLC.....	KY.....	NIA.....	Dixiana Real Estate Holdings, LLC.....	Ownership.....	.....100.000	Dixiana Real Estate Holdings, LLC.....	...N.....	.....
3484	Tower Hill Insurance Group...	00000...	27-0897761..	.....	.....	.....	Dixiana Properties, LLC.....	KY.....	NIA.....	William J. Shively.....	Ownership.....	.....100.000	William J. Shively.....	...N.....	.....

97.1

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	AA-3194122	DaVinci Reinsurance Limited									0	1,134,000
	AA-3191194	Orange Grove Re Ltd									0	(87,759,000)
	AA-3190339	Renaissance Reinsurance Limited									0	1,363,000
	99-0702379	Tower Hill Re									0	(93,514,000)
	59-3619421	Tomoka Re Holdings, Inc.	5,000,000				2,143,485				7,143,485	
	20-2097343	Tower Hill Holdings, Inc.		(18,000,000)			7,080,912				(10,919,088)	
	27-3003250	Omega Insurance Holdings, Inc.		(3,000,000)			1,646,963				(1,353,037)	
	27-3916384	Tower Hill Signature Holdings, Inc.	5,000,000	(2,000,000)			1,899,261				4,899,261	
	27-0867632	Tower Hill Claims Service LLC					13,027,155				13,027,155	
	90-0491808	Bluegrass Insurance Management LLC					3,725,916				3,725,916	
	59-1461078	Tower Hill Insurance Group Inc.			(13,313,405)		(517,564,048)				(530,877,453)	
29050	56-1543230	Tower Hill Preferred Insurance Company Inc.	(5,000,000)		2,744,402		81,443,958				79,188,360	28,568,000
11027	59-3600233	Tower Hill Prime Insurance Company Inc.		14,000,000	5,157,901		183,981,460				203,139,361	76,097,000
12011	20-1078811	Tower Hill Select Insurance Company Inc.		4,000,000	1,833,076		75,844,080				81,677,156	28,963,000
38644	59-1906611	Omega Insurance Co.		3,000,000	1,061,176		49,619,902				53,681,078	20,147,000
12538	02-0772872	Tower Hill Signature Insurance Company, Inc.	(5,000,000)	2,000,000	2,516,850		97,150,956				96,667,806	25,001,000
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Tower Hill Preferred Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

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

MAY FILING

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	NO
---	----

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the 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 partners be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
--	----

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

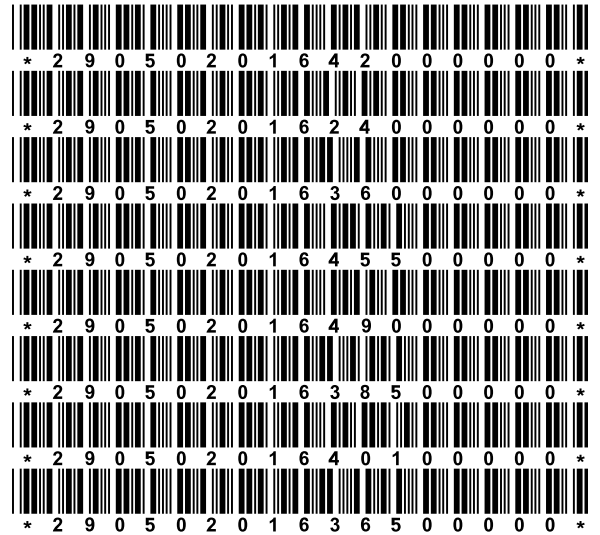
EXPLANATIONS:

BAR CODE:

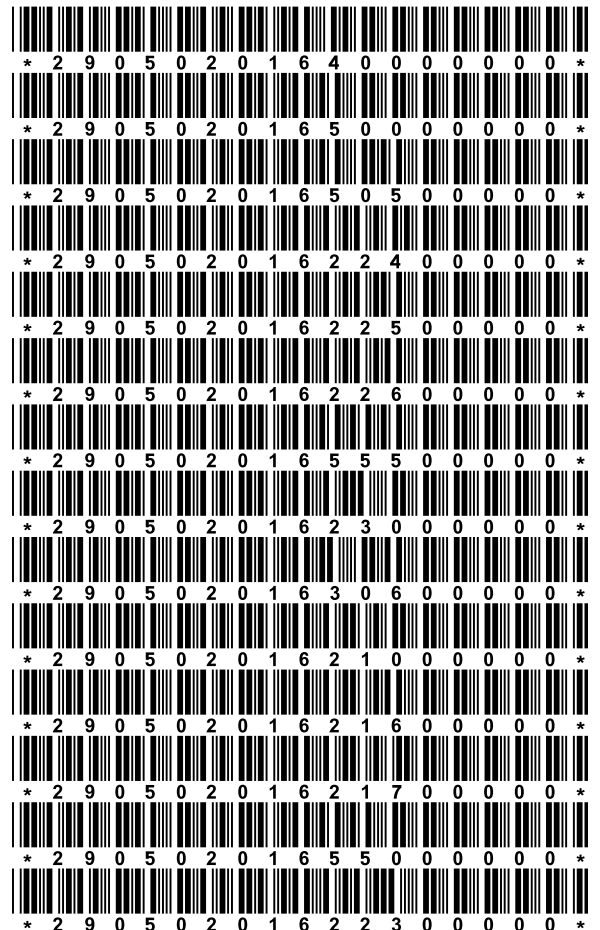
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- 23. The data for this supplement is not required to be filed.
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- 33. The data for this supplement is not required to be filed.
- 34. The data for this supplement is not required to be filed.
- 35. The data for this supplement is not required to be filed.

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