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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For Year Ended December 31, 2015
(To Be Filed by April 1)

OF THE ..... NAIC COMPANY CODE .....

Direct Business in the State of _____

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account				
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2				
3.99 Total (Lines 3.1 through 3.5)				
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)				
5. Total (Lines 1+2+3.99+4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)				
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1+7.2+7.3)	XXX	XXX	XXX	
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Other Deductions				
10. Total (Lines 6+7.4+8+9)				
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year				
DETAILS OF WRITE-INS				
3.501				
3.502				
3.503				
3.598 Summary of remaining write-ins for Line 3.5 from overflow page				
3.599 Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above)				
0601				
0602				
0603				
0698 Summary of remaining write-ins for Line 6 from overflow page				
0699 Total (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0901				
0902				
0903				
0998 Summary of remaining write-ins for Line 9 from overflow page				
0999 Total (Lines 0901 through 0903 plus 0998) (Line 9 above)				

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OVERFLOW PAGE FOR WRITE-INS

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by April 1)

OF THE ..... NAIC COMPANY CODE .....

Direct Business in the State of _____

		1 Life Insurance Premium	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE					
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	3.2 All amounts	XXX	XXX	XXX	
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT, (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	
	4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
	5.2 All amounts	XXX	XXX	XXX	
	5.3 Amounts in excess of $2 million per contract. (New Jersey Only)	XXX	XXX	XXX	
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
	7.2 All amounts	XXX	XXX	XXX	
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract. (New Jersey Only)	XXX	XXX	XXX	
10.	Aggregate write-ins for other deductions				
BASE					
11.	Current Year (20)				
DETAILS OF WRITE-INS					
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page				
1099.	Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)				

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OVERFLOW PAGE FOR WRITE-INS

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ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2015

(To Be Filed by April 1)

		1	Individual					Group				
		Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
1	Premiums and annuity considerations for life and accident and health contracts (a)											
2	Considerations for supplementary contracts with life contingencies											
3	Net investment income											
4	Amortization of Interest Maintenance Reserve (IMR)											
5	Separate Accounts net gain from operations excluding unrealized gains or losses											
6	Commissions and expense allowances on reinsurance ceded											
7	Reserve adjustments on reinsurance ceded											
8	Miscellaneous Income:											
	8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts											
	8.2 Charges and fees for deposit-type contracts											
	8.3 Aggregate write-ins for miscellaneous income											
9	Totals (Lines 1 to 8.3)											
10	Death benefits											
11	Matured endowments (excluding guaranteed annual pure endowments)											
12	Annuity benefits											
13	Disability benefits and benefits under accident and health contracts											
14	Coupons, guaranteed annual pure endowments and similar benefits											
15	Surrender benefits and withdrawals for life contracts											
16	Group conversions											
17	Interest and adjustments on contract or deposit-type contract funds											
18	Payments on supplementary contracts with life contingencies											
19	Increase in aggregate reserves for life and accident and health contracts											
20	Totals (Lines 10 to 19)											
21	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)											
22	Commissions and expense allowances on reinsurance assumed											
23	General insurance expenses											
24	Insurance taxes, licenses and fees, excluding federal income taxes											
25	Increase in loading on deferred and uncollected premiums											
26	Net transfers to or (from) Separate Accounts net of reinsurance											
27	Aggregate write-ins for deductions											
28	Totals (Lines 20 to 27)											
29	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)											
30	Dividends to policyholders											
31	Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)											
32	Federal income taxes incurred (excluding tax on capital gains)											
33	Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)											
34	Policies/certificates in force end of year											
DETAILS OF WRITE-INS												
08.301												
08.302												
08.303												
08.398	Summary of remaining write-ins for Line 8.3 from overflow page											
08.399	Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)											
2701												
2702												
2703												
2798	Summary of remaining write-ins for Line 27 from overflow page											
2799	Total (Lines 2701 through 2703 plus 2798) (Line 27 above)											

(a) Premiums and annuity considerations for life and accident and health contracts includes $_____ for individual variable annuities not associated with guarantees, $_____ for individual variable annuities associated with guarantees, $_____ for group variable annuities not associated with guarantees, and $_____ for group variable annuities associated with guarantees

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes $_____ for individual variable annuities not associated with guarantees, $_____ for individual variable annuities associated with guarantees, $_____ for group variable annuities not associated with guarantees, and $_____ for group variable annuities associated with guarantees

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OVERFLOW PAGE FOR WRITE-INS

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ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, 2015

(To Be Filed by April 1)

	1	Individual					Group				
		2	3	4	5	6	7	8	9	10	11
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1 Reserve December 31, prior year											
2 Tabular net premiums or considerations											
3 Present value of disability claims incurred											
4 Tabular interest											
5 Tabular less actual reserve released											
6 Increase in reserve on account of change in valuation basis											
7 Other increases (net)											
8 Totals (Lines 1 to 7)											
9 Tabular cost	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10 Reserves released by death											
11 Reserves released by other terminations (net)											
12 Annuity, supplementary contract, and disability payments involving life contingencies											
13 Net transfers to or (from) Separate Accounts											
14 Total deductions (Lines 9 to 13)											
15 Reserve December 31, current year (a)											

(a) Reserve December 31, current year includes $_____ for individual variable annuities not associated with guarantees, $_____ for individual variable annuities associated with guarantees, $_____ for group variable annuities not associated with guarantees, and $_____ for group variable annuities associated with guarantees

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PROPERTY/CASUALTY SUPPLEMENTS

For the Year Ended December 31, 2015
(To Be Filed on or Before March 1)

Of The ..... Insurance Company

Address (City, State and Zip Code) .....

NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

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SCHEDULE F – PART 1

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

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amounts of Assets Pledged or Collateral Held In Trust
9999999 Totals														

SCHEDULE F – PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols 15 – [16+17]	Funds Held by Company Under Reinsurance Treaties
9999999 Totals																		

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)				Yes [ ] No [ ]
2)				Yes [ ] No [ ]
3)				Yes [ ] No [ ]
4)				Yes [ ] No [ ]
5)				Yes [ ] No [ ]

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SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P – PART 1 – SUMMARY
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11													XXX
12													XXX

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

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SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting & Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding-Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1D – WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1 Prior	XXX	XXX	XXX									XXX
2 2006												
3 2007												
4 2008												
5 2009												
6 2010												
7 2011												
8 2012												
9 2013												
10 2014												
11 2015												
12 Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1E – COMMERCIAL MULTIPLE PERIL
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1F – SECTION 1 – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE
($000 OMITTED)

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

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

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

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SCHEDULE P – PART 1F – SECTION 2 – MEDICAL PROESSIONAL LIABILITY – CLAIMS-MADE
($000 OMITTED)

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

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

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

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SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN, MARINE, AIRCRAFT, (ALL PERILS) BOILER AND MACHINERY)

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2006												XXX
3. 2007												XXX
4. 2008												XXX
5. 2009												XXX
6. 2010												XXX
7. 2011												XXX
8. 2012												XXX
9. 2013												XXX
10. 2014												XXX
11. 2015												XXX
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Directand Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1H – SECTION 1 – OTHER LIABILITY – OCCURRENCE
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE
($000 OMITTED)

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

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

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

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SCHEDULE P—PART 1I—SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

($000 OMITTED)

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

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

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

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2014												
3. 2015												
4. Totals	XXX	XXX	XXX									XXX

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

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

SCHEDULE P – PART 1K – FIDELITY/SURETY
($000 OMITTED)

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

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

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

SCHEDULE P – PART 1L – OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
($000 OMITTED)

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

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

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

SCHEDULE P – PART 1M – INTERNATIONAL
(\$000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

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SCHEDULE P – PART 1N – REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY
($000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11													XXX
12													XXX

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

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SCHEDULE P – PART 1O – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 – 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 – 5 + 6 – 7 + 8 – 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2006												XXX
3. 2007												XXX
4. 2008												XXX
5. 2009												XXX
6. 2010												XXX
7. 2011												XXX
8. 2012												XXX
9. 2013												XXX
10. 2014												XXX
11. 2015												XXX
12. Totals	XXX	XXX	XXX									XXX

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

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

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SCHEDULE P – PART 1P – REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				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									XXX
2 2006												XXX
3 2007												XXX
4 2008												XXX
5 2009												XXX
6 2010												XXX
7 2011												XXX
8 2012												XXX
9 2013												XXX
10 2014												XXX
11 2015												XXX
12 Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		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													XXX
2													XXX
3													XXX
4													XXX
5													XXX
6													XXX
7													XXX
8													XXX
9													XXX
10													XXX
11													XXX
12													XXX

	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	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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SCHEDULE P – PART 1R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				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									XXX
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014												
11. 2015												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		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													
2.													
3													
4													
5													
6													
7													
8.													
9													
10													
11													
12													

	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	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				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									XXX
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014												
11. 2015												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		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.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	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.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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SCHEDULE P – PART 1S – FINANCIAL GUARANTY/MORTGAGE GUARANTY
($000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				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									XXX
2 2014												XXX
3 2015												XXX
4 Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		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													
2													
3													
4													

	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	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P – PART 1T - WARRANTY
($000 OMITTED)

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

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

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

SCHEDULE P – PART 2 – SUMMARY

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

SCHEDULE P – PART 2A – HOMEOWNERS/FARMOWNERS

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

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

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

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

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

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

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

SCHEDULE P – PART 2E – COMMERCIAL MULTIPLE PERIL

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

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

SCHEDULE P – PART 2K – FIDELITY, SURETY

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

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

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

SCHEDULE P – PART 2M – INTERNATIONAL

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

SCHEDULE P – PART 2N – REINSURANCE NONPROPORTIONAL ASSUMED PROPERTY

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

SCHEDULE P – PART 2O – REINSURANCE NONPROPORTIONAL ASSUMED LIABILITY

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

SCHEDULE P – PART 2P – REINSURANCE NONPROPORTIONAL ASSUMED FINANCIAL LINES

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

SCHEDULE P – PART 2R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE

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

SCHEDULE P – PART 2R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE

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

SCHEDULE P – PART 2S – FINANCIAL GUARANTY/MORTGAGE GUARANTY

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

SCHEDULE P – PART 2T – WARRANTY

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

INSURANCE EXPENSE EXHIBIT FOR THE YEAR OF THE

Affix Bar Code Above

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code _____ BUSINESS IN THE STATE OF DURING THE YEAR NAIC Company Code _____

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1 Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A&H (group and individual)												
15.1 Collectively Renewable A&H (b)												
15.2 Non-Cancelable A&H (b)												
15.3 Guaranteed Renewable A&H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All other A&H (b)												
15.8 Federal Employees Health Benefits Plan Premium												
16 Workers' Compensation												
17.1 Other Liability—Occurrence												
17.2 Other Liability—Claims-Made												
17.3 Excess Workers' Compensation												
18 Products Liability												
19.1 Private Passenger Auto No-Fault (personal injury protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (personal injury protection)												
19.4 Other Commercial Auto Liability												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22 Aircraft (all perils)												
23 Fidelity												
24 Surety												
26 Burglary and Theft												
27 Boiler and Machinery												
28 Credit												
30 Warranty												
34 Aggregate Write-Ins for Other Lines of Business												
35 TOTAL (a)												
DETAILS OF WRITE-INS												
3401												
3402												
3403												
3498 Summary of remaining write-ins for Line 34 from overflow page												
3499 TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

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INSURANCE EXPENSE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by April 1)

OF THE (Name) .....

ADDRESS (City, State and Zip Code) .....

NAIC Group Code ..... NAIC Company Code ..... Employer's Identification Number (FEIN) .....

Contact Person ..... Title ..... Telephone (.....) .....

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INTERROGATORIES

1. Change in reserve for deferred maternity and other similar benefits are reflected in:

   1.1 Premiums Earned ..... [ ]

   1.2 Losses Incurred ..... [ ]

   1.3 Not Applicable ..... [ ]

2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:

   2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2 ..... $.....

   2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2 ..... $.....

   2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2 ..... $.....

   2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2 ..... $.....

   2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2 ..... $.....

3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:

   3.1 Net Investment Income ..... $.....

   3.2 Net realized Capital Gain or (Loss) ..... $.....

4.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [ ] No [ ]

4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Statement may be attached. Yes [ ] No [ ]

4.3 If yes, explain: .....

PART I – ALLOCATION TO EXPENSE GROUPS
(000 OMITTED)

Operating Expense Classifications	1 Loss Adjustment Expense	Other Underwriting Expenses 2 Acquisition, Field Supervision and Collection Expenses	3 General Expenses	4 Taxes, Licenses and Fees	5 Investment Expenses	6 Total Expenses
1. Claim adjustment services:						
1.1 Direct						
1.2 Reinsurance assumed						
1.3 Reinsurance ceded						
1.4 Net claim adjustment services (Lines 1.1+1.2-1.3)						
2. Commission and brokerage:						
2.1 Direct excluding contingent						
2.2 Reinsurance assumed excluding contingent						
2.3 Reinsurance ceded excluding contingent						
2.4 Contingent—direct						
2.5 Contingent—reinsurance assumed						
2.6 Contingent—reinsurance ceded						
2.7 Policy and membership fees						
2.8 Net commission and brokerage (Lines 2.1+2.2-2.3+2.4+2.5-2.6+2.7)						
3. Allowances to managers and agents						
4. Advertising						
5. Boards, bureaus and associations						
6. Surveys and underwriting reports						
7. Audit of assureds' records						
8. Salary related items:						
8.1 Salaries						
8.2 Payroll taxes						
9. Employee relations and welfare						
10. Insurance						
11. Directors' fees						
12. Travel and travel items						
13. Rent and rent items						
14. Equipment						
15. Cost or depreciation of EDP equipment and software						
16. Printing and stationery						
17. Postage, telephone and telegraph, exchange and express						
18. Legal and auditing						
19. Totals (Lines 3 to 18)						
20. Taxes, licenses and fees:						
20.1 State and local insurance taxes deducting guaranty association credits of $						
20.2 Insurance department licenses and fees						
20.3 Gross guaranty association assessments						
20.4 All other (excl. Fed. and foreign income and real estate)						
20.5 Total taxes, licenses and fees (Lines 20.1+20.2+20.3+20.4)						
21. Real estate expenses						
22. Real estate taxes						
23. Reimbursements by uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX
24. Aggregate write-ins for miscellaneous operating expenses						
25. TOTAL EXPENSES INCURRED						
DETAILS OF WRITE-INS						
2401.						
2402.						
2403.						
2498. Summary of remaining write-ins for Line 24 from overflow page						
2499. TOTAL (Lines 2401 through 2403 plus 2498) (Line 24 above)						

PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE

(000 OMITTED)

	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expense: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1 Fire		XXX		100 0																		
2 1 Allied Lines		XXX		100 0																		
2 2 Multiple Peril Crop		XXX		100 0																		
2 3 Federal Flood		XXX		100 0																		
2 4 Private Crop		XXX		100 0																		
3 Farmowners Multiple Peril		XXX		100 0																		
4 Homeowners Multiple Peril		XXX		100 0																		
5 1 Commercial Multiple Peril (Non-Liability Portion)		XXX		100 0																		
5 2 Commercial Multiple Peril (Liability Portion)		XXX		100 0																		
6 Mortgage Guaranty		XXX		100 0																		
8 Ocean Marine		XXX		100 0																		
9 Inland Marine		XXX		100 0																		
10 Financial Guaranty		XXX		100.0																		
11 Medical Professional Liability		XXX		100 0																		
12 Earthquake		XXX		100 0																		
13 Group A&H (See Interrogatory 1)		XXX		100 0																		
14 Credit A&H		XXX		100 0																		
15 Other A&H (See Interrogatory 1)		XXX		100 0																		
16 Workers' Compensation		XXX		100 0																		
17 1 Other Liability—Occurrence		XXX		100 0																		
17 2 Other Liability—Claims-Made		XXX		100 0																		
17 3 Excess Workers' Compensation		XXX		100 0																		
18 Products Liability		XXX		100 0																		
19 1, 19 2 Private Passenger Auto Liability		XXX		100 0																		
19 3, 19 4 Commercial Auto Liability		XXX		100 0																		
21 1 Private Passenger Auto Physical Damage		XXX		100 0																		
21 2 Commercial Auto Physical Damage		XXX		100 0																		
22 Aircraft (all perils)		XXX		100 0																		
23 Fidelity		XXX		100 0																		
24 Surety		XXX		100 0																		
26 Burglary and Theft		XXX		100 0																		
27 Boiler and Machinery		XXX		100 0																		
28 Credit		XXX		100 0																		
29 International		XXX		100 0																		
30 Warranty		XXX		100 0																		
31, 32, 33 Reinsurance Nonproportional Assumed		XXX		100 0																		
34 Aggregate Write-Ins for Other Lines of Business		XXX		100 0																		
35 TOTAL (Lines 1 through 34)		XXX		100 0																		
DETAILS OF WRITE-INS																						
3401		XXX		100 0																		
3402		XXX		100 0																		
3403		XXX		100 0																		
3498 Summary of remaining write-ins for Line 34 from overflow page		XXX		100.0																		
3499 TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)		XXX		100 0																		

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PART II – ALLOCATION TO LINES OF BUSINESS NET OF REINSURANCE (Continued)

PREMIUMS LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE (000 OMITTED)

	Other Underwriting Expenses																			
	Commission and Brokerage Expenses Incurred (IEE Pt 1, Line 2 8, Col 2)		Taxes, Licenses & Fees Incurred (IEE Pt 1, Line 20 5, Col 4)		Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt 1, Line 25 minus 2 8 Col 2)		General Expenses Incurred (IEE Pt 1, Line 25, Col 3)		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment Gain		Investment Gain on Funds Attributable to Insurance Transactions		Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus		Investment Gain Attributable to Capital and Surplus		Total Profit or Loss	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %	35 Amount	36 %	37 Amount	38 %	39 Amount	40 %	41 Amount	42 %
1 Fire																				
2 1 Allied Lines																				
2 2 Multiple Peril Crop																				
2 3 Federal Flood																				
2 4 Private Crop																				
3 Farmowners Multiple Peril																				
4 Homeowners Multiple Peril																				
5 1 Commercial Multiple Peril (Non-Liability Portion)																				
5 2 Commercial Multiple Peril (Liability Portion)																				
6 Mortgage Guaranty																				
8 Ocean Marine																				
9 Inland Marine																				
10 Financial Guaranty																				
11 Medical Professional Liability																				
12 Earthquake																				
13 Group A&H (See Interrogatory 1)																				
14 Credit A&H																				
15 Other A&H (See Interrogatory 1)																				
16 Workers' Compensation																				
17 1 Other Liability—Occurrence																				
17 2 Other Liability—Claims-Made																				
17 3 Excess Workers' Compensation																				
18 Products Liability																				
19 1, 19 2 Private Passenger Auto Liability																				
19 3, 19 4 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																				
29 International																				
30 Warranty																				
31, 32, 33 Reinsurance Nonproportional Assumed																				
34 Aggregate Write-Ins for Other Lines of Business																				
35 TOTAL (Lines 1 through 34)																				
DETAILS OF WRITE-INS																				
3401																				
3402																				
3403																				
3498 Summary of remaining write-ins for Line 34 from overflow page																				
3499 TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)																				

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.

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PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN

(000 OMITTED)

	Premiums Written		Premiums Earned		Dividends to Policyholders		Incurred Loss		Loss Adjustment Expense: Defense and Cost Containment Expenses Incurred		Loss Adjustment Expense: Adjusting and Other Expenses Incurred		Unpaid Losses		Loss Adjustment Expense: Defense and Cost Containment Expenses Unpaid		Loss Adjustment Expense: Adjusting and Other Expenses Unpaid		Unearned Premium Reserves		Agents' Balances	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %
1 Fire		XXX		100 0																		
2 1 Allied Lines		XXX		100 0																		
2 2 Multiple Peril Crop		XXX		100 0																		
2 3 Federal Flood		XXX		100 0																		
2 4 Private Crop		XXX		100 0																		
3 Farmowners Multiple Peril		XXX		100.0																		
4 Homeowners Multiple Peril		XXX		100 0																		
5 1 Commercial Multiple Peril (Non-Liability Portion		XXX		100 0																		
5 2 Commercial Multiple Peril (Liability Portion)		XXX		100 0																		
6 Mortgage Guaranty		XXX		100 0																		
8 Ocean Marine		XXX		100 0																		
9. Inland Marine		XXX		100 0																		
10 Financial Guaranty		XXX		100 0																		
11 Medical Professional Liability		XXX		100 0																		
12 Earthquake		XXX		100 0																		
13 Group A&H (See Interrogatory 1)		XXX		100 0																		
14 Credit A&H		XXX		100 0																		
15 Other A&H (See Interrogatory 1)		XXX		100 0																		
16 Workers' Compensation		XXX		100 0																		
17 1 Other Liability—Occurrence		XXX		100 0																		
17 2 Other Liability—Claims-Made		XXX		100 0																		
17 3 Excess Workers' Compensation		XXX		100 0																		
18 Products Liability		XXX		100.0																		
19 1, 19 2 Private Passenger Auto Liability		XXX		100 0																		
19 3, 19 4 Commercial Auto Liability		XXX		100 0																		
21 1 Private Passenger Auto Physical Damage		XXX		100 0																		
21 2 Commercial Auto Physical Damage		XXX		100 0																		
22 Aircraft (all perils)		XXX		100 0																		
23 Fidelity		XXX		100 0																		
24 Surety		XXX		100 0																		
26 Burglary and Theft		XXX		100 0																		
28 Credit		XXX		100 0																		
29 International		XXX		100 0																		
30 Warranty		XXX		100 0																		
34 Aggregate Write-Ins for Other Lines of Business		XXX		100 0																		
35 TOTAL (Lines 1 through 34)		XXX		100.0																		
DETAILS OF WRITE-INS																						
3401		XXX		100 0																		
3402		XXX		100 0																		
3403		XXX		100 0																		
3498 Summary of remaining write-ins for Line 34 from overflow page		XXX		100 0																		
3401 TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)		XXX		100 0																		

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PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (Continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN (000 OMITTED)

	Other Underwriting Expenses											
	Commission and Brokerage Expenses Incurred		Taxes, Licenses & Fees Incurred		Other Acquisitions, Field Supervision, and Collection Expenses Incurred		General Expenses Incurred		Other Income Less Other Expenses		Pre-Tax Profit or Loss Excluding All Investment	
	23 Amount	24 %	25 Amount	26 %	27 Amount	28 %	29 Amount	30 %	31 Amount	32 %	33 Amount	34 %
1 Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
3 Farmowners Multiple Peril												
4 Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6 Mortgage Guaranty												
8 Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12 Earthquake												
13 Group A&H (See Interrogatory 1)												
14. Credit A&H												
15 Other A&H (See Interrogatory 1)												
16 Workers' Compensation												
17.1 Other Liability—Occurrence												
17.2 Other Liability—Claims-Made												
17.3 Excess Workers' Compensation												
18 Products Liability												
19.1, 19.2 Private Passenger Auto Liability												
19.3, 19.4 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												
29 International												
30 Warranty												
34 Aggregate Write-Ins for Other Lines of Business												
35 TOTAL (Lines 1 through 34)												
DETAILS OF WRITE-INS												
3401												
3402												
3403												
3498 Summary of remaining write-ins for Line 34 from overflow page												
3499 TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above)												

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OVERFLOW PAGE FOR WRITE-INS

SUPPLEMENT FOR THE YEAR OF THE

Affix Bar Code Above

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
1	Premiums															
	1.1 Health premiums earned (From Part 2, Line 1.11)														XXX	
	1.2 Federal high risk pools														XXX	
	1.3 State high risk pools														XXX	
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)															
	1.5 Federal taxes and federal assessments															
	1.6 State assessments, premium and other taxes (Similar local taxes of $_____)															
	1.6a Community Benefit Expenditures (informational only)															
	1.7 Regulatory authority licenses and fees														XXX	
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)														XXX	
	1.9 Net assumed less ceded reinsurance premiums earned														XXX	
	1.10 Other adjustments due to MLR calculations – Premiums														XXX	
	1.11 Risk revenue														XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)															
2.	Claims															
	2.1 Incurred claims excluding prescription drugs														XXX	
	2.2 Prescription drugs														XXX	
	2.3 Pharmaceutical rebates														XXX	
	2.4 State stop loss, market stabilization and claim/tension based assessments (informational only)														XXX	
3	Incurred medical incentive pools and bonuses															
4	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)														XXX	
5	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)														XXX	
	5.1 Net assumed less ceded reinsurance claims incurred														XXX	
	5.2 Other adjustments due to MLR calculations – Claims										XXX	XXX			XXX	
	5.3 Rebates paid										XXX	XXX			XXX	
	5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
	5.5 Estimated rebates unpaid current year														XXX	
	5.6 Fee for service and co-pay revenue														XXX	
	5.7 Net incurred claims after reinsurance (Lines 5.0 – 5.1 + 5.2 + 5.3 – 5.4 + 5.5 – 5.6)															
6	Improving Health Care Quality Expenses Incurred															
	6.1 Improve Health Outcomes															
	6.2 Activities to prevent hospital readmissions															
	6.3 Improve patient safety and reduce medical errors															
	6.4 Wellness and health promotion activities															
	6.5 Health Information Technology expenses related to health improvement															
	6.6 Total of Defined Expenses incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)										XXX	XXX		XXX	XXX	XXX
7	Preliminary Medical Loss Ratio MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.9															
8	Claims Adjustment Expenses															
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
	8.2 All other claims adjustment expenses															
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)													XXX	XXX	XXX
9	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)															

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SUPPLEMENT FOR THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)

(To Be Filed By April 1 – Not for Rebate Purposes)

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1	2	3	4	5	6	7	8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
10	General and Administrative (G&A) Expenses															
	10.1 Direct sales salaries and benefits															
	10.2 Agents and brokers fees and commissions															
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)															
	10.4 Other general and administrative expenses															
	10.4a Community Benefit Expenditures (informational only)															
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)															
11	Underwriting Gain/Loss (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)														XXX	
12	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
14	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
15	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
16	ICD-10 Implementation Expenses (informational only, already included in general expenses and Line 6.5)															
	16a ICD-10 Implementation Expenses (informational only, already included in Line 6.5)															
	OTHER INDICATORS:															
1.	Number of Certificates/Policies															
2.	Number of Covered Lives															
3.	Number of Groups	XXX			XXX											
4.	Member Months															

Is run-off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included: Premiums $ Claims $

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES					
		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables					
1	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable (payable)				
2	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience rebates				
ACA Receipts and Payments					
4	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receivable (payable)				
5	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience rebates paid				

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SUPPLEMENT FOR THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR									10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written													
	1.2 Unearned premium prior year													
	1.3 Unearned premium current year													
	1.4 Change in unearned premium (Lines 1.2 – 1.3)													
	1.5 Paid rate credits													
	1.6 Reserve for rate credits current year													
	1.7 Reserve for rate credits prior year													
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7)													
	1.9 Premium balances written off													
	1.10 Group conversion charges													
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10)													
	1.12 Assumed premiums earned from non-affiliates													
	1.13 Net assumed less ceded premiums earned from affiliates													
	1.14 Ceded premiums earned to non-affiliates													
	1.15 Other adjustments due to MLR calculation – Premiums													
	1.16 Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15)													
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year													
	2.2 Direct claim liability current year													
	2.3 Direct claim liability prior year													
	2.4 Direct claim reserves current year													
	2.5 Direct claim reserves prior year													
	2.6 Direct contract reserves current year													
	2.7 Direct contract reserves prior year													
	2.8 Paid rate credits													
	2.9 Reserve for rate credits current year													
	2.10 Reserve for rate credits prior year													
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)													
	2.11a Paid medical incentive pools and bonuses current year													
	2.11b Accrued medical incentive pools and bonuses current year													
	2.11c Accrued medical incentive pools and bonuses prior year													
	2.12 Net health care receivables (Lines 2.12a – 2.12b)													
	2.12a Health care receivables current year													
	2.12b Health care receivables prior year													
	2.13 Group conversion charge													
	2.14 Multi-option coverage blended rate adjustment													
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14)													
	2.16 Assumed incurred claims from non-affiliates													
	2.17 Net assumed less ceded incurred claims from affiliates													
	2.18 Ceded incurred claims to non-affiliates													
	2.19 Other adjustments due to MLR calculation – Claims													
	2.20 Net Incurred Claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.16 + 2.17 – 2.18 + 2.19)													
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of $..... for stand-alone dental and $..... for stand-alone vision policies

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SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3

(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1 1 Salaries (including $____ for affiliated services)										
	1 2 Outsourced services										
	1 3 EDP equipment and software (incl $__ for affiliated services)										
	1 4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	1 5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	1 6 Other expenses (incl $__ for affiliated services)										
	1 7 Subtotal before reimbursements and taxes (1.1 to 1 6)										
	1 8 Reimbursements by uninsured plans and fiscal intermediaries										
	1 9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1 10 Total (1 7 to 1 9)										
	1 11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
2	Small Group Comprehensive Coverage Expenses:										
	2 1 Salaries (including $____ for affiliated services)										
	2 2 Outsourced Services										
	2 3 EDP equipment and software (incl $__ for affiliated services)										
	2 4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	2 5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	2 6 Other expenses (incl $__ for affiliated services)										
	2 7 Subtotal before reimbursements and taxes (2 1 to 2 6)										
	2 8 Reimbursements by uninsured plans and fiscal intermediaries										
	2 9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2 10 Total (2 7 to 2.9)										
	2 11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
3	Large Group Comprehensive Coverage Expenses:										
	3 1 Salaries (including $____ for affiliated services)										
	3 2 Outsourced services										
	3 3 EDP equipment and software (incl $__ for affiliated services)										
	3 4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	3.5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	3 6 Other expenses (incl $__ for affiliated services)										
	3 7 Subtotal before reimbursements and taxes (3 1 to 3 6)										
	3 8 Reimbursements by uninsured plans and fiscal intermediaries										
	3 9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3 10 Total (3 7 to 3 9)										
	3 11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

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SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)

(To Be Filed By April 1 – Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4	Individual Mini-Med Plans Expenses										
	4.1 Salaries (including $___ for affiliated services)										
	4.2 Outsourced services										
	4.3 EDP equipment and software (incl $__ for affiliated services)										
	4.4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	4.5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	4.6 Other expenses (incl $__ for affiliated services)										
	4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries										
	4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9)										
	4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5	Small Group Mini-Med Plans Expenses										
	5.1 Salaries (including $____ for affiliated services)										
	5.2 Outsourced services										
	5.3 EDP equipment and software (incl $__ for affiliated services)										
	5.4 Other equipment (excl. EDP) (incl $__ for affiliated services)										
	5.5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	5.6 Other expenses (incl $__ for affiliated services)										
	5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)										
	5.8 Reimbursements by uninsured plans and fiscal intermediaries										
	5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9)										
	5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6	Large Group Mini-Med Plans Expenses										
	6.1 Salaries (including $____ for affiliated services)										
	6.2 Outsourced services										
	6.3 EDP equipment and software (incl $__ for affiliated services)										
	6.4 Other equipment (excl. EDP) (incl $__ for affiliated services)										
	6.5 Accreditation and certification (incl $__ for affiliated services)		XXX	XXX	XXX	XXX					
	6.6 Other expenses (incl $__ for affiliated services)										
	6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)										
	6.8 Reimbursements by uninsured plans and fiscal intermediaries										
	6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9)										
	6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

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SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)

(To Be Filed By April 1 – Not for Rebate Purposes)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses										
	7.1 Salaries (including $___ for affiliated services)										
	7.2 Outsourced services										
	7.3 EDP equipment and software (incl $__ for affiliated services)										
	7.4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	7.5 Accreditation and certification (incl $_ for affiliated services)		XXX	XXX	XXX	XXX					
	7.6 Other expenses (incl $__ for affiliated services)										
	7.7 Subtotal before reimbursements and taxes (7.1 to 7.6)										
	7.8 Reimbursements by uninsured plans and fiscal intermediaries										
	7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	7.10 Total (7.7 to 7.9)										
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8	Large Group Expatriate Plans Expenses										
	8.1 Salaries (including $___ for affiliated services)										
	8.2 Outsourced services										
	8.3 EDP equipment and software (incl $__ for affiliated services)										
	8.4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	8.5 Accreditation and certification (incl $_ for affiliated services)		XXX	XXX	XXX	XXX					
	8.6 Other expenses (incl $__ for affiliated services)										
	8.7 Subtotal before reimbursements and taxes (8.1 to 8.6)										
	8.8 Reimbursements by uninsured plans and fiscal intermediaries										
	8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	8.10 Total (8.7 to 8.9)										
	8.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9	Student Health Plans Expenses										
	9.1 Salaries (including $___ for affiliated services)										
	9.2 Outsourced services										
	9.3 EDP equipment and software (incl $__ for affiliated services)										
	9.4 Other equipment (excl EDP) (incl $__ for affiliated services)										
	9.5 Accreditation and certification (incl $_ for affiliated services)		XXX	XXX	XXX	XXX					
	9.6 Other expenses (incl $__ for affiliated services)										
	9.7 Subtotal before reimbursements and taxes (9.1 to 9.6)										
	9.8 Reimbursements by uninsured plans and fiscal intermediaries										
	9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	9.10 Total (9.7 to 9.9)										
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

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Affix Bar Code Above

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

NAIC Group Code: _____ NAIC Company Code: _____

Description of allocation methodology:

_____

_____

_____

_____

_____

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
1 Improve Health Outcomes:		
2 Activities to Prevent Hospital Readmission:		
3 Improve Patient Safety and Reduce Medical Errors:		
4 Wellness & Health Promotion Activities:		
5. HIT Expenses for Health Care Quality Improvements:		

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