

PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

For the Year Ended December 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

WESTERN AGRICULTURAL INSURANCE COMPANY

NAIC Group Code00513,	00513NAIC Company	Code 27871 Employer	r's ID Number86-0259779
(Current Period)	(Prior Period)		8
Organized under the Laws of	lowa	, State of Domicile or Port of Entry	lowa
Country of Domicile		United States	
Incorporated/Organized	10/15/1971	Commenced Business	01/01/1972
Statutory Home Office	5400 University Avenue	, West Des I	Moines, IA, US 50266-5997
	(Street and Number)	(City or Tov	wn, State, Country and Zip Code)
Main Administrative Office	5400 University Avenue	West Des Moines, IA, US 50266-5	
	(Street and Number)	(City or Town, State, Country and Zip Cod	
-	University Avenue	-·	es, IA, US 50266-5997
,	t and Number or P.O. Box)	, ,	ate, Country and Zip Code)
Primary Location of Books and Records	5400 University Avenue (Street and Number)	West Des Moines, IA, US 50 (City or Town, State, Country and 2	
Internet Web Site Address	(Sueet and Number)	www.fbfs.com	(Alea Code) (Telephone Number
	Connie Teresa Dresen	WWW.IDIS.SOIII	515-225-5400
Statutory Statement Contact		(Area Code)	(Telephone Number) (Extension)
connie.dresen@f	(Name)	515-226	
(E-Mail Addres		(Fax Nur	
	OFF	CERS	,
Name	Title	Name	Title
DANIEL DAVID PITCHER		MARTIN JOSEPH SCHWAGER	, Sr. V.P. & Secretary
	Chief Executive Officer Chief Financial Officer, Treasurer	MARTIN JUSEPH SCHWAGER	, Sr. V.P. & Secretary
DONALD JOSEPH SEIBEL			-t/
	OTHER C	OFFICERS	
MARK ALLEN MCHARGUE #	Chairman	LORI KAY GEADELMANN,	Vice President & Assistant Secretary
IEEEDEV ADNOLD MUITELIEAD	01:-111-05	DOMALD LEE MEAD #	Chief Operating Officer-Property
JEFFREY ARNOLD WHITEHEAD,	Chief Investment Officer	RONALD LEE MEAD #,	Casualty Vice President-Marketing & Agency
KELLI ANN EDDY	Vice President-Property Casualty	DANIEL MARVIN KOSTER	Services
SANJEEV KUMAR SINGH	Chief Information Officer	Drance in according	00111000
		OR TRUSTEES STEFANIE ANDREA	
WESLEY KIM AUSTEN	DONALD KENNETH KEMP	SMALLHOUSE	SCOTT EVERETT VANDERWAL
POENT ELICENE JOUNGON	WILLIAM D. EDAZEE	DANIEL ALLEN HENRY GLESSING	STEVEN BRADLEY MCCLOUD
BRENT EUGENE JOHNSON KATHRINE ANN OLSON #	WILLIAM R. FRAZEE LARRY WAYNE REAGAN #	BRIAN RICHARD FELDPAUSCH #	JOSEPH VINCENT NEWLAND #
TATTIMIL AND DECON #	EARKT WATTE KLAGAN #	DITAT TOTALD I ELDI AGGOTT	BOOLITI VIITOLINI NEW M
State oflowa			
	88		
County ofPolk			
The officers of this reporting entity, being duly above, all of the herein described assets were that this statement, together with related exhib liabilities and of the condition and affairs of the and have been completed in accordance with may differ; or, (2) that state rules or regulations knowledge and belief, respectively. Furthermowhen required, that is an exact copy (except for regulators in lieurof or in addition to the epclos DANIEL DAVID PITCHER Chief Executive Officer Subscribed and sworn to before me this 7th day of	the absolute property of the said reporting its, schedules and explanations therein consider reporting entity as of the reporting of the NAIC Annual Statement Instructions as require differences in reporting not relate re, the scope of this attestation by the desor formatting differences due to electronic and statement.	g entity, free and clear from any liens or claim ontained, annexed or referred to, is a full and eriod stated above, and of its income and decind Accounting Practices and Procedures may ad to accounting practices and procedures, a ciribed officers also includes the related correfiling) of the enclosed statement. The electro	is thereon, except as herein stated, and true statement of all the assets and ductions therefrom for the period ended, nual except to the extent that: (1) state law coording to the best of their information, isponding electronic filing with the NAIC, potentially may be requested by various CONNIE TERESA DRESEN Accounting Vice Presidenting? Yes [X] No []
Tori Lynn Merkley, № Accounting Mahager August 09, 2025	O		
nagast 03, 2023			



ASSETS

		OOLIO			
			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	3,013,454		3,013,454	3,017,840
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks			3,126,804	
3.	Mortgage loans on real estate (Schedule B):				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3.1 First liens				
	3.2 Other than first liens	i			
4.	Real estate (Schedule A):				
٦.	,				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)				
	4.2 Properties held for the production of income				
	(less \$ encumbrances)				
	4.3 Properties held for sale (less				
	\$encumbrances)				
5.	Cash (\$(6,032,007) , Schedule E-Part 1), cash equivalents				
	(\$, Schedule E-Part 2) and short-term				
	investments (\$, Schedule DA)	(6,032,007)		(6,032,007)	(1,436,244)
6.	Contract loans (including \$premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)			1	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)	i			
11.	Aggregate write-ins for invested assets				
12.				i i	
	Subtotals, cash and invested assets (Lines 1 to 11)	110,100		110,100	4,342,430
13.	Title plants less \$				
	only)				
14.	Investment income due and accrued	4 , 436		4,436	4,449
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	257 , 676		257 , 676	366,704
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)				
16					
16.	Reinsurance:	004 000		004 000	4 040 050
	16.1 Amounts recoverable from reinsurers			904,823	
	16.2 Funds held by or deposited with reinsured companies				40,072
	16.3 Other amounts receivable under reinsurance contracts			209,724	212,057
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit	132 , 109		132 , 109	9,806
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
	(\$)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates	i			
23.	Receivables from parent, subsidiaries and affiliates			12,948,563	
24.	Health care (\$				
25.	Aggregate write-ins for other-than-invested assets			.200,000	
		200,000	 	200,000	
26.	Total assets excluding Separate Accounts, Segregated Accounts and	44 007 570		44 007 570	4F F00 040
	Protected Cell Accounts (Lines 12 to 25)	14,807,579		14,807,579	10,522,910
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.	i		44 007 570	
28.	Total (Lines 26 and 27)	14,807,579		14,807,579	15,522,910
DETAIL	S OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	i			
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Other Assets	200 000		200,000	/10 N20
i				i i	
2502.					
2503.		i	i		
2598.	Summary of remaining write-ins for Line 25 from overflow page			i	
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	200,000		200,000	418,029

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	45,597	90 , 449
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	774	774
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	74,501	59,755
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))	46,951	251,717
7.2	Net deferred tax liability.	1,063,144	1,064,796
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$172,839,942 and including warranty reserves of \$		
	health experience rating refunds including \$ for medical loss ratio rebate per the Public Health		
	Service Act)		
	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
	Ceded reinsurance premiums payable (net of ceding commissions)		
	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.			
16.	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		1 , 125
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ and interest thereon \$		
25.	Aggregate write-ins for liabilities	334,622	201,574
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	4,644,170	5 , 529 , 930
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	4 , 644 , 170	5 , 529 , 930
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	2,808,650	2,808,650
31.	Preferred capital stock		
32.	Aggregate write-ins for other-than-special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	6 , 184 , 704	6 , 184 , 704
35.	Unassigned funds (surplus)	1 , 170 , 055	999,626
36.	Less treasury stock, at cost:		
	36.1shares common (value included in Line 30 \$		
	36.2shares preferred (value included in Line 31 \$		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	10,163,409	9,992,980
	Totals (Page 2, Line 28, Col. 3)	14,807,579	15,522,910
	LS OF WRITE-INS	, ,	.,.,,
2501	Deferred Compensation.	207 ,622	201 57/
	Other Liabilities		201,011
	VIIII EIGHTTITO	·	
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	334.622	201.574
		, ,	,,,
	Common of complete ine fact time 20 from professionary		
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

	STATEMENT OF INCOME	4	0
		1 Current Year	2 Prior Year
	UNDERWRITING INCOME		
1.			
2	DEDUCTIONS: Losses incurred (Part 2, Line 35, Column 7)		
i	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	i i	i
i	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	i i	
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		
i	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
	INVESTMENT INCOME		
	Net investment income earned (Exhibit of Net Investment Income, Line 17)	31,636	32,637
10.	Net realized capital gains (losses) less capital gains tax of \$	21 626	22 627
11.	Net investment gain (loss) (Lines 9 + 10)		
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount		
12	charged off \$	i	i
i	Aggregate write-ins for miscellaneous income		
i	Total other income (Lines 12 through 14)		
1	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	04.000	00.007
17	(Lines 8 + 11 + 15)	31,636	32,637
i	Dividends to policyholders		
10.	(Line 16 minus Line 17)	31,636	32,637
19.	Federal and foreign income taxes incurred	47,017	251,832
20.	Net income (Line 18 minus Line 19) (to Line 22)	(15,381)	(219, 195)
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	9.992.980	10.043.004
	Net income (from Line 20)		
23.	Net transfers (to) from Protected Cell accounts		
	Change in net unrealized capital gains or (losses) less capital gains tax of \$35,261		
25.	Change in net unrealized foreign exchange capital gain (loss)	26 042	240.204
	Change in net deferred income tax		
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		(10,200)
	Change in surplus notes		
l	Surplus (contributed to) withdrawn from protected cells		
i	5 51 1		
32.	Capital changes:		
	32.1 Paid in		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		
	1 1		
34	33.3 Transferred from capital		
i	Dividends to stockholders		
	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
ı	Aggregate write-ins for gains and losses in surplus	,72	/52 22 1
1	Change in surplus as regards policyholders for the year (Lines 22 through 37)	170,429	(50,024)
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) LS OF WRITE-INS	10,163,409	9,992,980
i	LS OF WRITE-INS		
0503.			
	Summary of remaining write-ins for Line 5 from overflow page		
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
1			
i			
	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
i			
	Summary of remaining write-ins for Line 37 from overflow page		
1	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		
		L	

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		(355,900
	Net investment income	′	48 , 503
3.	Miscellaneous income		(20,309
4.	Total (Lines 1 through 3)		(327,706
5.	Benefit and loss related payments	(291,568)	(5,634
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	Commissions, expenses paid and aggregate write-ins for deductions	, , ,	423 , 36
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital gain		(5,96
10.	Total (Lines 5 through 9)	(299,555)	411,76
11.	Net cash from operations (Line 4 minus Line 10)		(739,46
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		1,000,00
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds	1	1,513,06
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1	2,513,06
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase/(decrease) in contract loans and premium notes		
	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		2,513,06
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock	l l	
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	1	
	16.5 Dividends to stockholders	1	
	16.6 Other cash provided (applied)		(1,307,17
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.0		(1,307,17
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMI	,	
18	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(4.595.763)	466.42
	Cash, cash equivalents and short-term investments:	(1,000)	
	19.1 Beginning of year	(1.436.244)	(1,902,66
	19.2 End of year (Line 18 plus Line 19.1)	(6,032,007)	(1,436,24

Part 1 - Premiums Earned NONE

Part 1A - Recapitulation of All Premiums

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

	PART	1B - PREMI	UMS WRIT	TEN			
		1		ice Assumed		nce Ceded	6
		Direct Business	2 From	3 From	4 To	5 To	Net Premiums Written Cols.
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	1+2+3-4-5
1.	Fire			79,453	79,453		
2.1	Allied lines	10,864			10,864		
2.2	Multiple peril crop	196,064,553				196,064,553	
2.3	Federal flood						
2.4	Private crop					13.781.122	
2.5	Private flood						
3.	Farmowners multiple peril	l l		l l		2,941,354	
4.	Homeowners multiple peril				62,541,455	5,203,546	
						6,709,412	
5.1	Commercial multiple peril (non-liability portion)			i i			i
5.2	Commercial multiple peril (liability portion)				0,812,019	1,363,782	
6.	Mortgage guaranty						
8.	Ocean marine	i		l l			
9.	Inland marine	1,432,930			1,380,562	52,368	
10.	Financial guaranty						
11.1	Medical professional liability-occurrence						
11.2	Medical professional liability-claims-made						
12.	Earthquake						ļ
13.1	Comprehensive (hospital and medical) individual						
13.2	Comprehensive (hospital and medical) group						
14.	Credit accident and health (group and individual)						
15.1	Vision only						
15.2	Dental only						
15.3	Disability income			i			
15.4	Medicare supplement						
15.4	* '						
	Medicaid Title XIX			+			
15.6	Medicare Title XVIII						
15.7	Long-term care			i i			
15.8	Federal employees health benefits plan						
15.9	Other health						
16.	Workers' compensation				22,092,850	2,556,834	
17.1	Other liability-occurrence	8,063,192			7 , 254 , 695	808,497	
17.2	Other liability-claims-made						
17.3	Excess workers' compensation						
18.1	Products liability-occurrence						
18.2	Products liability-claims-made						
19.1	Private passenger auto no-fault (personal injury protection)	1,771,220			1,766,708	4,512	
19.2	Other private passenger auto liability			i i	37 ,058 ,718	90,169	
19.3	Commercial auto no-fault (personal injury protection)			1 ' 1	113,172	316	
19.4	Other commercial auto liability			1	6,425,675	16,893	
21.1	Private passenger auto physical				43,437,473	1,448,156	
					6,895,439		
21.2	Commercial auto physical damage				u, 090, 439	230,34U	
22.	, ,			+			
23.	Fidelity			+			
24.	Surety						
26.	Burglary and theft						
27.	Boiler and machinery						
28.	Credit						
29.	International					ļ	ļ
30.	Warranty						
31.	Reinsurance-nonproportional assumed property	xxx				 	
32.	Reinsurance-nonproportional assumed liability	xxx					
33.	Reinsurance-nonproportional assumed financial lines						
34.	Aggregate write-ins for other lines of business						
35.	TOTALS	492,870,363		694,402	262,286,911	231,277,854	
		702,010,000		004,402	202,200,011	201,211,004	
	G OF WRITE-INS						
3401.				+			·····
3402.		·····					
3403.						<u> </u>	
3498.	Sum. Of remaining write-ins for Line 34 from overflow page			+			
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			les [] No [X			

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

	PART 2 - LOSSES PAID AND INCURRED								
			Losses Paid Less Salvage			5	6	7	8
	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire								
2.1	Allied lines	6,350							
2.2	Multiple peril crop			279,806,070					
2.3	Federal flood								
2.4	Private crop	11,604,296		11,604,296					
2.5	Private flood						-	-	-
3.	Farmowners multiple peril						-	-	-
4. 5.1	Commercial multiple peril (non-liability portion)	34,473,579					-	-	-
5.2	Commercial multiple peril (flori-ilability portion)	2,072,271		2,072,271				-	
6.	Mortgage guaranty	2,072,271							
8.	Ocean marine								
9.	Inland marine	703.949		703.949					
10.	Financial guaranty			·					
11.1	Medical professional liability-occurrence Medical professional liability-claims-made							.	
11.2	Medical professional liability-claims-made							.	
12.	Earthquake						-	-	-
13.1.	Comprehensive (hospital and medical) individual								
13.2. 14.	Comprehensive (hospital and medical) group						-	-	-
15.1.	Vision only							-	
15.1.	Dental only							-	
15.3.	Disability income							-	
15.4.	Medicare supplement								
15.5.	Medicaid Title XIX								
15.6.	Medicare Title XVIII								
15.7.	Long-term care								
15.8.	Federal employees health benefits plan								
15.9.	Other health								
16.	Workers' compensation		310,717					-	
17.1 17.2	Other liability-occurrence						-	-	-
17.2	Excess workers' compensation.						-	-	-
18.1	Products liability-occurrence								
18.2	Products liability-claims-made								
19.1	Private passenger auto no-fault (personal injury protection)	984,908		984,908					
19.2	Other private passenger auto liability	21,347,916	53,080	21,400,996					
19.3	Commercial auto no-fault (personal injury protection)	41,136		41 , 136					
19.4	Other commercial auto liability	3,075,201							
21.1	Private passenger auto physical damage	27,482,663		27,482,663					
21.2	Commercial auto physical damage	4,087,875		4,087,875			-	-	-
22. 23.	Aircraft (all perils)						-		-
24.	Surety								
26.	Burglary and theft	····						-	
27.	Boiler and machinery								
28.	Credit								
29.	International								
30.	Warranty							.	
31.	Reinsurance-nonproportional assumed property	xxx							
32.	Reinsurance-nonproportional assumed liability		804	804			-	-	-
33.	Reinsurance-nonproportional assumed financial lines	xxx						-	
34.	Aggregate write-ins for other lines of business	460.576.570	401.094	460.977.664		1	+		+
35.	OF WRITE-INS	400,370,570	401,094	400,977,004		1	+		+
DETAILS 3401.	OL ANKII E-INO								
3401. 3402.							·	-	
3403.		····						-	
3498.	Sum. of remaining write-ins for Line 34 from overflow page								
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)								

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

	Reported Losses Incurred But Not Reported					8	9			
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1+2-3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Cols. 4+5+6-7)	Net Unpaid Los Adjustment Expenses
Fire				6,220						
Allied lines							 			
Multiple peril crop		84,496,790		84,496,790		7 , 169 , 000		7 , 169 , 000		
		1,017,974		1,017,974		212,000		212,000		
Farmowners multiple peril		6,430,028		6,430,028		6 ,450 ,000		6,450,000		
Homeowners multiple peril				6,427,590		11,438,000		11,438,000		
Commercial multiple peril (12,918,011		12,918,011		12,919,000		12,919,000		
Commercial multiple peril (4,044,000		4,044,000		
Mortgage guaranty										
										
		33,517		33,517						
Financial guaranty										
Medical professional liabilit Medical professional liabilit	ty-occurrence						ļļ			
	ty-claims-made									
Earthquake										
Comprehensive (hospital a	and medical) individual								(a)	
Comprehensive (hospital a	and medical) group								(a)	
Credit accident and health	(group and individual)									
Vision only					.1		l		(a)	
Dental only					1		<u> </u>		(a)	
Disability income									(a)	
Medicare supplement									(a)	
									(a)	
									(a)	
Long-term care									(a)	
Federal employees health	henefits plan				1				(a)	
Other health	bollonio piari								(a)	
		13.188.049	828.378	.14.016.427	T	13,860,000	434.392	14,294,392	(4)	
Other liability-occurrence				.690,501		1,242,000		1,242,000		
Other liability-claims-made										
Excess workers' compensa	ation									
Products liability-occurrence	na									
Products liability-claims-ma	ada				1		T			
Private passenger auto no	-fault (personal injury protection)	504,386		.504,386	1			.44,000		·
Other private passenger at	uto liability	18,681,177	106.403			14,751,000		14,790,257		
Commercial auto no-fault ((personal injury protection)	(25,003)	100,403	(25,003)		21,000		21,000		
Other commercial auto liab	nility	2,125,842		2.,125,842		4 . 444 . 000	ļ	4,444,000		1
Private passenger auto ph	ysical damage			2,123,642		2,433,000		2,433,000		
Commercial auto physical	damaga	833.310				2,433,000		2,433,000		·†
Aircraft (all perils)						314,000		314,000		†
							<u> </u>			·
					+		 			·
							 			·
Burglary and theft Boiler and machinery							 			+
							 			+
Credit							 			+
International							·····			+
Warranty							ł			+
Reinsurance-nonproportion		XXX				XXX	····			
Reinsurance-nonproportion	nai assumed liability	XXX	10,577	10,577	ļ	XXX	8,254			
Reinsurance-nonproportion	nal assumed financial lines	xxx				XXX	 			-
Aggregate write-ins for oth	er lines of business									
TOTALS		151,558,535	951,578	152,510,113		79,401,000	481,903	79,882,903		
LS OF WRITE-INS										
							ļļ			
Sum. of remaining write-in:	s for Line 34 from overflow page n 3403 + 3498) (Line 34 above)									
	0.400 + 0.400) (1 i 0.4 -1)	1			1		1			1

(a) Including \$...for present value of life indemnity claims reported in lines 13 and 15.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	PART 3	- EXPENSES			
		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:				
	1.1 Direct	9,782,077			9,782,077
	1.2 Reinsurance assumed	2,498			2,498
	1.3 Reinsurance ceded	9,784,575			9,784,575
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)				
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		39,406,451		39,406,451
	2.2 Reinsurance assumed, excluding contingent				208,066
	2.3 Reinsurance ceded, excluding contingent				39,614,517
	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 (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3	Allowances to manager and agents				
	Advertising				
	Boards, bureaus and associations				
	Surveys and underwriting reports				
	Audit of assureds' records				
	Salary and related items:				
0.	-				
	8.1 Salaries				
0	8.2 Payroll taxes				
	Employee relations and welfare				
	Insurance				
	Directors' fees		i		
	Travel and travel items				
	Rent and rent items				
	Equipment				
	Cost or depreciation of EDP equipment and software				
	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 (excluding federal and foreign income and real estate)				
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses				
	Total expenses incurred				(a)
	Less unpaid expenses-current year			774	
	Add unpaid expenses-prior year				
	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, prior year				
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)				
	LS OF WRITE-INS				
	Summary of remaining write-ins for Line 24 from overflow page				
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				L

(a) Includes management fees of \$ to	to affiliates and \$.to non-affiliates.
---------------------------------------	----------------------	---------------------

EXHIBIT OF NET INVESTMENT INCOME

	LXIIIDII OI INTINALINI	1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)31,645	31,631
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
	Common stocks of affiliates		
3.	Mortgage loans	` '	
4.	Real estate		
5.	Contract loans		_
6.	Cash, cash equivalents and short-term investments		1
7.	Derivative instruments		
8.	Other invested assets		
9.	Aggregate write-ins for investment income	2	
10.	Total gross investment income	31,650	, , , , , , , , , , , , , , , , , , , ,
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)	Γ	31,636
1	LS OF WRITE-INS		
0901.	MISCELLANEOUS.	2	2
0902.			
0903.			
	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	2	2
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(b) Incl (c) Incl (d) Incl	udes \$ 95 accrual of discount less \$ 4,481 amortization of premium and less \$ udes \$	paid for accrued paid for accrued to ac	d dividends on purchases. d interest on purchases.
	udes \$accrual of discount less \$amortization of premium.	paid for doordor	a sor on paronasos.
	udes \$investment expenses and \$investment taxes, licenses and fees, exc	luding federal income taxes	s. attributable to
	regated and Separate Accounts.	.aag lodoral illoomlo taxoc	,
	udes \$ interest on surplus notes and \$ interest on capital notes.		
	udes \$depreciation on real estate and \$depreciation on other invested asse	ts.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

		O . O	.,,	_ ,	- ,	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)				167,908	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)				167,908	
DETA	LS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	LAMBIT OF NONAL	1		3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1	Bonds (Schedule D)		Nonaumitted Assets	(001. 2 - 001. 1)
	Stocks (Schedule D):			
2.				
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and			
	short-term investments (Schedule DA)			
6.	Contract loans			
	Derivatives (Schedule DB)			
	Other invested assets (Schedule BA)			
İ	Receivables for securities			
1				
1	Securities lending reinvested collateral assets (Schedule DL)			
İ	Aggregate write-ins for invested assets			
İ	Subtotals, cash and invested assets (Lines 1 to 11)			
1	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection			
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
	Current federal and foreign income tax recoverable and interest thereon			
İ	2 Net deferred tax asset			
1	Guaranty funds receivable or on deposit			
İ	·			
İ	Electronic data processing equipment and software			
1	Furniture and equipment, including health care delivery assets			
İ	Net adjustment in assets and liabilities due to foreign exchange rates			
1	Receivables from parent, subsidiaries and affiliates			
1	Health care and other amounts receivable			
25.	Aggregate write-ins for other-than-invested assets		16,250	16,250
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)		16,250	16,250
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)		16,250	16,250
	LS OF WRITE-INS			
1				
	Summary of remaining write-ins for Line 11 from overflow page			
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)		40.055	
	Other Assets			16,250
i				
1				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		16,250	16,250

NOTES TO FINANCIAL STATEMENTS

1. Accounting Practices

A. The accompanying financial statements of Western Agricultural Insurance Company (we or the Company) are presented on the basis of accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa.

The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual has been adopted by the state of Iowa. The state has the right to prescribe practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed or permitted by the State of Iowa is shown below.

	<u>NET INCOME</u>	SSAP#	F/S Page	F/S Line #	2023	2022
(1)	Western Agricultural Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ (15,381) \$	(219,195)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	_
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	
(4)	NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$ (15,381) \$	(219,195)
	<u>SURPLUS</u>					
(5)	Western Agricultural Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 10,163,409 \$	9,992,980
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	_
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				\$ — \$	_
(8)	NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$ 10,163,409 \$	9,992,980

B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statutory-basis financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed on a pro-rata basis over the terms of the policies and are stated net of reinsurance placed with other companies.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments, cash and cash equivalents are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the effective interest method. NAIC 3-6 rated bonds not backed by other loans are stated at the lower of cost or fair value. We review for credit deterioration on an ongoing basis. If the review indicates a decline in market value that is deemed other than temporary, the Company will reduce the carrying value to fair value through a specific write down to realized capital losses.
- (3) Common stocks are stated at NAIC value or fair value.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) The Company has no mortgage rouns.(6) The Company does not own any loan-backed securities.
- (7) The Company does not hold investments in affiliated entities.
- (8) The Company has no ownership interest in joint ventures.
- (9) The Company has no derivative instruments.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts Premiums
- (11) The reserves for losses and loss adjustment expenses are determined using case-basis evaluations and statistical analysis and represent estimates of the ultimate net cost of all unpaid losses incurred through December 31 of each year. These reserves include estimates of future trends in claim severity, frequency and other factors that could vary as the losses are ultimately settled. Although considerable variability is inherent in such estimates, management believes that the reserves for losses and loss adjustment expenses are adequate. The estimates are continually reviewed and, as adjustments to these reserves become necessary, such adjustments are reflected in current operations. These reserves have been stated net of reinsurance recoverable from other companies and salvage and subrogation recoverable.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company has no pharmaceutical rebate receivables.

D. Going Concern

Management's assessment of the relevant conditions as of the issue date of this report do not give rise to substantial doubt of the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company had no accounting changes and corrections of errors during the two-year period ended December 31, 2023.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method: The Company was not party to any business combinations under the statutory purchase method during the two-year period ended December 31, 2023.
- B. Statutory Merger: The Company was not party to any statutory merger during the two-year period ended December 31, 2023.
- C. Impairment Loss: No impairment losses were recognized in 2023 or 2022.
- D. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill: The Company was not party to any goodwill transactions during the two-year period ended December 31, 2023.

Discontinued Operations

The Company had no discontinued operations during the two-year period ended December 31, 2023.

Investments

- A. Mortgage Loans including Mezzanine Real Estate Loans: The Company had no mortgage loans outstanding during the two-year period ended December 31, 2023.
- B. Debt Restructuring: The Company was not involved in debt restructuring during the two-year period ended December 31, 2023.
- C. Reverse Mortgages: The Company has no reverse mortgages.
- D. Loan-Backed Securities

ANNUAL STATEMENT AS OF DECEMBER 31, 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

- (1)-(5) The Company does not own any loan-backed securities.
- E. Dollar Repurchase Agreements: The Company has no repurchase agreements.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- H. Repurchase Agreements Transactions Accounted for as a Sale: None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None
- $\label{eq:J.} J. \quad \mbox{Real Estate: The Company has no real estate.}$
- K. Low-income housing tax credits: The Company has no low-income housing tax credits.
- L. Restricted Assets:
 - (1) Restricted Assets (Including Pledged)

						Current Year					
					dmitted) Resti	ricted				Perce	ntage
	1		Current Ye				7	0	0	10	1.1
	I	2	3	4	5	6	7	8	9	10	11
Restricted Asset category	Total General Account (G/A)	G/A Supportin g Protected Cell Account Activity (a)	Total Protected Cell Account Restricte d Assets	Protected Cell Account Assets Supportin g G/A Activity (b)	Total (1 plus3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitte d Restricted	Total Admitted Restricted (5 minus 8)	Gross Restricte d (Admitte d & Nonadmi tted) to Total Assets (c)	Admitted Restricte d to Total Admitted Assets (d)
a. Subject to	,				(1)		,		,		
contractual obligation for which liability is not shown b. Collateral	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
held under security lending agreements	_	_	_	_	_	_	_	_	_	_	_
c. Subject to repurchase agreements	_	_	_	_	_	_	_	_	_	_	_
d. Subject to reverse repurchase agreements	_	_	_	_	_	_	_	_	_	_	_
e. Subject to dollar repurchase agreements	_	_	_	_	_	_	_	_	_	_	_
f. Subject to dollar reverse repurchase agreements	_	_	_	_	_	_	_	_	_		_
g. Placed under option contracts	_	_	_	_	_	_	_	_	_	_	_
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock i.FHLB capital stock	_	_	_	_	_	_	_	_	_	_	_
j. On deposit with states	2,863,497	_	_	_	2,863,497	2,767,958	95,539	_	2,863,497	19.3	19.3
k. On deposit with other regulatory bodies	_	_	_	_	_	_	_	_	_	_	_
l. Pledged as collateral to FHLB (including assets backing funding agreements)	_	_	_	_	_	_	_	_	_	_	_
m. Pledged as collateral not captured in other categories	_	_	_	_	_	_	_	_	_	_	_
n. Other restricted assets											
Restricted assets assets	\$2,863,497	•	<u> </u>	<u> </u>	\$ 2863.407	\$ 2,767,958	\$ 95,539	•	\$ 2,863,497	19.3 %	19.3 %
asseis	φ <u>4,003,49</u> /	у —	ф —	φ —	φ 4,003, 4 9/	φ 4,/0/,938	φ <i>93,339</i>	φ —	φ 4,003,49/	17.5 %	19.5 70

(2)-(4) The Company has none.

- M. The Company has no working capital finance investments.
- N. The Company has no offsetting and netting of assets and liabilities.
- O. The Company has no 5GI securities.
- P. The Company has no short sales.
- Q. The Company has no prepayment penalty and acceleration fees.

- Joint Ventures, Partnerships and Limited Liability Companies

 - A. The Company has no investment in joint ventures, partnersnips or minicul maining companies.

 B. The Company had no impairment write-downs during the two-year period ended December 31, 2023.

7. Investment Income

- Due and accrued income was excluded from surplus on the following basis:

 Bonds and preferred stocks: All past due interest if deemed uncollectible is excluded from investment income. Interest more than 90 days overdue and deemed collectible is non-admitted.
- The total amount excluded was \$0.
- The gross and admitted amount for interest income due and accrued is \$4,436 with no non-admitted.
- The Company had no deferred interest.
- The Company had no Cumulative paid-in-kind interest.

Derivative Instruments

The Company has no investments in derivative instruments.

Income Taxes:

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

A. The component		12/31/2023		12/31/2022					I	Change				
ļ										(7)		(8)		
1.	(1) Ordinary	(2) Capital	(Co	(3) l 1+2) l'otal	(4) Ordinar	y	(5) Capital		(6) Col 4+5) Total	(Col 1 Ordin		(Col 2-5) Capita		(9) (Col 7+8) Total
a. Gross Deferred Tax Assetsb. Statutory Valuation Allowance Adjustments	\$ 43,600	\$ -	- \$	43,600	\$ 45,	744 \$	37,030	\$	82,774	\$	(2,144)	\$ (37,030) \$	(39,174)
c. Adjusted Gross Deferred Tax Assets (1a-1b) d. Deferred Tax Assets Non- admitted	43,600	-	_	43,600	45,	744	37,030		82,774	,	(2,144)	(37,030)	(39,174)
e. Subtotal (Net Adjusted Gross Admitted Deferred Tax Assets) (1c-1d)	43,600	_	_	43,600	45,	744	37,030		82,774		(2,144)	(37,030)	(39,174)
f. Deferred Tax Liabilities	94,786	1,011,95	8 1,	106,744	124,		1,023,423		1,147,570		29,361)	(11,465		(40,826)
g. Net Admitted Deferred Tax Assets (1e-1f)	\$ (51,186)	\$ (1,011,95	8) \$ (1,	063,144)	\$ (78,	403) \$	(986,393)	\$	(1,064,796)	\$ 2	27,217	\$ (25,565) \$	1,652
		12/31/2023				12/31/2	2022				Change			
	Γ	(1)	(2)	(3)		(4)	(5)		(6)		(7)	(8)		(9)
•		0.1	0.31	(Col 1+		0.1		,	(Col 4+5)		d 1-4)	(Col 2-5)		(Col 7+8)
2. Admission Calculation Compone SSAP No. 101	ents:	Ordinary	Capital	Tota	1	Ordinary	Capit	al	Total	Ord	linary	Capital		Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$														
Adjusted gross deferred tax a expected to be realized following sheet date		_	_		_	-	_	_	-	=	_		_	_
Adjusted gross deferred tax a allowed per limitation threshold Adjusted gross deferred tax as	ssets	XXX	XXX	\$ 1,52	24,511	XX	х	xxx \$	1,498,94	7	XXX	X	xx \$	25,564
(excluding the amount of deferre from 2(a) and 2(b) above) offset deferred lax liabilities		43,600	_	2	13,600	45,7	14 3	7,030	82,77	4	(2,144	(37,0	030)	(39,174
d. Deferred tax assets admitted a of application of SSAP No. 101 (2(b) + 2(c))	s the result Total 2(a) +	43,600 \$	-	\$ 4	13,600 \$	45,7	14 \$ 3	7,030 \$	82,77	4 \$	(2,144) \$ (37,0)30) \$	(39,174
3.								2	2023			2	022	
Ratio percentage used to deter	mine recovery pe	eriod and threshol	d limitation a	amount.						515.5	53 %			583.86 %
b. Amount of adjusted capital an 2(b)2 above.	d surplus used to	determine recove	ery period and	d threshold	limitation in	\$				10,163,40)9 \$			9,992,980
					12/31/2023		<u> </u>	1:	2/31/2022			Chan	ge	
				(1)		(2)		(3)	(4	1)		(5)	9	(6)
4. Impact of Tax Planning Strategie	es			Ordinary		Capital	(Ordinary	Сар	oital		ol 1-3) dinary		ol 2-4) apital
a. Determination of Adjusted Gr Admitted Deferred Tax Assets, b														
1. Adjusted Gross DTAs amou	unt from Note 9A	11(c)	s	43,60	00 \$		_ \$	45,74	14 \$	37,030	\$	(2,144) \$		(37,030)
2. Percentage of Adjusted Gro to the impact of tax planning stra		character attribut	able	=	- %		 %	-	 %	— %		— %		— %
3. Net admitted adjusted gross	DTAs amount f	rom note 9A1(e)		43,60	00		_	45,74	14	37,030		(2,144)		(37,030)
Percentage of net admitted admitted because of the impact of the Does the Company's tax-plan	of tax planning st	rategies.	cter	-	- %		_ %	=	 %	%		%		%

B. The company has no temporary differences for which deferred tax liabilities were not established.

b. Does the Company's tax-planning strategies include the use of

C. Current income taxes incurred consist of the following major components:

1. Current Income Tax:	12/31/2023	12/3	1/2022	Change
Federal tax expense (benefit)	\$ 46,95	6 \$	251,722	\$ (204,766)
Foreign	-	_	_	_
Subtotal	46,95	6	251,722	(204,766)
Federal income tax on net capital gains	-	_	_	_
Utilization of capital loss carryforwards	-	_	_	_
Other	6	50	110	(50)
Federal and foreign income taxes incurred	47,01	6	251,832	(204,816)
2. Deferred Tax Assets	12/31/2023	12/3	1/2022	Change
Ordinary:				
Employee Benefits	43,60	00	42,331	1,269
Other Assets	-	_	3,413	(3,413)
Other (including items <5% of total ordinary tax assets)		_		
Subtotal	43,60	00	45,744	(2,144)
Statutory valuation allowance adjustment	-	_	_	_
Nonadmitted		_		
Admitted ordinary deferred tax assets	43,60	00	45,744	(2,144)
Capital:				
Investments		_	37,030	(37,030)
Subtotal	-	_	37,030	(37,030)
Statutory valuation allowance adjustment	-	_	_	_
Nonadmitted		_		
Admitted capital deferred tax assets			37,030	(37,030)
Admitted deferred tax assets	\$ 43,60	0 \$	82,774	(39,174)
3. Deferred tax liabilities:	12/31/20	23	12/31/202	2 Change
Ordinary:				
Commissions		24,365	24,3	
Transition liability for reserves	ϵ	5,148	97,7	723 (32,575)
Other (including items < 5% of total ordinary tax liabilities)		5,273	2,0	059 3,214

D. The provision for statutory income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

124,147

1,023,423

1,023,423

1,147,570

(1,064,796) \$

94,786

1,011,958

1,011,958

1,106,744

(1,063,144) \$

(29,361)

(11,465)

(11,465)

(40,826)

1,652

	Amount	T	ax Effect	Effective Tax Rate
Net income after capital gains/losses tax and before all other federal income taxes	\$ 31,636	\$	6,644	
Tax expense (benefit) on capital gains/losses	_		_	
	31,636		6,644	21.00 %
Deferred tax on surplus items	184,158		38,673	122.24 %
Tax on other items	_		47	0.15 %
Total	\$ 215,794	\$	45,364	143.39 %
Federal income tax incurred [expense (benefit)]		\$	47,017	148.61 %
Tax expense (benefit) on capital gains/losses			_	— %
Deferred tax expense (benefit), excluding tax on unrealized gains / losses			(36,914)	(116.68)%
Deferred tax expense (benefit) on unrealized gains / losses			35,261	111.46 %
Total statutory income taxes		\$	45,364	143.39 %

 $E. \ \ (1) \quad \ At \ December \ 31, 2023, the \ Company \ had \ no \ net \ operating \ loss \ carry forwards.$

Subtotal

Capital: Investments

Subtotal

Deferred tax liabilities

4. Net deferred tax assets/liabilities

(2) The following is income tax expense for 2021, 2022 and 2023 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total		
2021		164,299	\$ 164,299		
2022	_	_	_		
2023	47,369	_	47,369		
Total	47,369	164,299	211,668		

(3) At December 31, 2023, the Company had \$0 in deposits admitted under Section 6603 of the Internal Revenue Code.

F. The Company's federal income tax return is consolidated with the following entities:

Farm Bureau Property & Casualty Insurance Company

Farm Bureau Mutual Holding Company

Farm Bureau Multi-State Services, Inc.

- (1) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit provided for net losses utilized. Intercompany tax balances are settled annually. As a member of the consolidated tax group, the Company has joint and several liability for the tax liabilities of each member of the group should such member be unable to satisfy its obligations under the agreement.
- G. The Company believes that the liability related to any federal or foreign tax loss contingencies will not change significantly in the next 12 months.
- H. The Company is not subject to the Repatriation Transition tax.
- I. At December 31, 2023, the Company had no AMT credit carryforwards.

The Inflation Reduction Act (the Act) was enacted on August 16th, 2022. The Act includes a corporate alternative minimum tax (CAMT) that will apply to corporate taxpayers with average "adjusted financial statement income" of \$1 billion or more, for tax years beginning after December 31, 2022. The company has determined that it does not expect to be subject to the CAMT. Accordingly, the company's financial statements for the current reporting period do not reflect any impact of the Act's enactment.

- 10. Information Concerning Parents, Subsidiaries and Affiliates
 - A., B. and C.
 - The Company had no material related party transactions requiring disclosure.
 - D. At December 31, 2023, the Company reported \$12.9 million as amounts receivable from affiliates and no amount payable to affiliates. These balances arise out of the ordinary course of business and generally are settled within 30 days.
 - E. The Company is party to several management or service contracts with affiliates, the expense associated with these agreements is immaterial for 2023 and 2022 due to the intercompany pooling agreement (see note 26).
 - F. The Company has made no material guarantees for the benefit of an affiliate.
 - G. Farm Bureau Property & Casualty Insurance Company (FBPCIC), a property-casualty insurer domiciled in the state of Iowa, owns 100% of the Company's outstanding common stock. The Company's Board of Directors is the same as that of FBPCIC, giving FBPCIC control of the Company.
 - H. The Company does not own any shares of an upstream intermediate or ultimate parent company.
 - I. The Company holds no investment in subsidiary, controlled or affiliated investments that exceed 10% of admitted assets.
 - J. The Company did not recognize any impairment write-downs for subsidiary, controlled or affiliated companies during the statement period.
 - K. The Company has no investments in a foreign insurance subsidiary.
 - L. The Company has no investment in a downstream noninsurance holding company.
 - M-O. The Company has no investments in SCA entities.
- 11. Debt
 - A. The Company has no capital notes or other debt outstanding.
 - B. The Company has no FHLB (Federal Home Loan Bank) agreements.
- 12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans FBL Financial Group, Inc. sponsors or participates in multiple benefit plans, including a multiemployer defined benefit plan, a defined contribution plan and postretirement benefit plans. All employees are direct employees of FBL Financial Group, Inc. and related plan expenses are allocated to the Company and affiliates. The Company has no direct legal obligation for benefits under these plans. Also, the Company, incurred no expense in 2023 or 2022 due to it's 0% pooling percentage (see note 26).

The multiemployer defined benefit plan is considered qualified under Internal Revenue Service regulations and covers substantially all employees of the group who were employed on January 1, 2013 having attained age 21 and one year of service. Benefits are based on years of service and employees' compensation. Pension cost of the plan is allocated between participants generally on a basis of time incurred by the respective employees for each employer. Such allocations are reviewed annually. Those participants who had not attained age 40 and ten years of service as of January 1, 2013 no longer accrue additional years of service in the plan. Supplemental pension benefits are provided to employees with salaries and/or pension benefits in excess of the qualified plan limits imposed by federal tax law, as well as benefits to former employees who accepted an early retirement program.

The 401(k) defined contribution plan covers substantially all employees of the group and includes matching contributions. Costs are allocated among the affiliates on a basis of time incurred by the respective employees for each company. New employees and current employees who had not attained age 40 and ten years of service as of January 1, 2013 and who are employed on December 31 are eligible to receive a discretionary company contribution.

- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - (A) The Company has Class A voting common stock. There are 3,000,000 shares of authorized voting stock, with 1,404,325 shares issued and outstanding with a par value of \$2 per share.
 - (B) The Company has no preferred stock outstanding at December 31, 2023.
 - (C) The Company's ability to pay stockholder dividends is limited by law to earned surplus (statutory unassigned surplus) as of the date the dividend is paid, as determined in accordance with accounting practices prescribed by insurance regulatory authorities of the state of Iowa. In addition, under the Iowa Insurance Company Holding Act, a non-life insurer may not pay an "extraordinary" dividend without prior notice to and approval by the Iowa Insurance Commissioner. An "extraordinary" dividend is defined under the Iowa Insurance Holding Company Act as any dividend or distribution of cash or other property whose fair market value, together with that of other dividends or distributions made within the preceding 12 months, exceeds the greater of (i) 10% of policyholders' surplus (total statutory capital stock and statutory surplus) as of December 31 of the preceding year, or (ii) the statutory net income from operations of the insurer for the 12-month period ending December 31 of the preceding year. During 2024, \$1,016,341 is available for distribution without prior approval.
 - (D) The Company did not pay any common stock dividends in 2023 or 2022.
 - (E) Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - (F) The Company has no restrictions on unassigned surplus.
 - (G) Not applicable because the Company is a stock property-casualty insurance company.
 - (H) The Company does not hold stock, including stock of affiliates, for special purposes.
 - (I) The Company has no special surplus funds.
 - (J) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses, net of deferred taxes is \$0.4 million.
 - (K) The Company has issued no surplus notes.
 - (L)-(M) Not applicable because the Company has not had a quasi-reorganization.

- 14. Liabilities, Contingencies and Assessments
 - A. Contingent Commitments: The Company has made no contingent commitments or guarantees.
 - B. Assessments: From time to time, assessments are levied on the Company by guaranty associations in most states in which the Company is licensed. These assessments, which are accrued for, are to cover losses of policyholders of insolvent or rehabilitated companies. In some states, these assessments can be partially recovered through a reduction in future premium taxes.

The Company had undiscounted reserves of \$0.1 million in 2023 and did not have undiscounted reserves in 2022 to cover estimated future assessments on known insolvencies. We had assets totaling \$0.1 million in 2023 and \$0.01 million in 2022 representing estimated premium tax offsets on paid and future assessments.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	9,806
b.	Decreases current year:		4,249
c.	Increases current year:		126,552
1	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-	ø	122 100

The Company did not have any guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

C. Gain Contingencies

The Company has not realized any gains on gain contingencies as of December 31, 2023, subsequent to that balance sheet date.

Claims related extra contractual obligation and bad faith losses stemming from lawsuits:
 The Company paid the following amounts in the reporting period to settle claims relating to extra contractual obligations or bad faith claims stemming from lawsuits.

Claims related ECO and bad faith losses paid during the reporting period \$ -

Number of claims where amounts were paid to settle claims related to extra contractual obligations or bad faith claims resulting from lawsuits during the period.

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [X] (g) Per Claimant []

- Product warranties: The Company does not have any product warranty liabilities
- F. Joint and Several Liabilities: The Company has no joint or several liabilities accounted for under SSAP No. 5R.
- G. All Other Contingencies: In the normal course of business, the Company may be involved in litigation where amounts are alleged that are substantially in excess of contractual policy benefits or certain other agreements. At December 31, 2023, management is not aware of any claims for which a material loss is reasonably possible.
- 15. Leases
 - A. Lessee Leasing Arrangements: The Company does not have any material lease obligations.
 - B. Lessor Leases: Leasing is not a significant part of the Company's business activities
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk The Company has no financial instruments with off-balance sheet risk.
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. The Company has not sold or transferred premiums receivable.
 - B. The Company has not sold or transferred financial assets.
 - C. The Company did not have any wash sales.
- 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans The Company does not serve as administrator for any uninsured or partially insured A&H plans.
- Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
 For the year ended December 31, 2023, Rain and Hail LLC, a managing general agency, offered 2023 and 2024 crop year Federal Multi-peril Crop Insurance (MPCI) and Federal Livestock Risk Protection Insurance and 2023 Crop Hail insurance.

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted*	Total Gross Premiums Written/Produced
Rain and Hail LLC	42-1454388	No	MPCI	C, CA, B, P, U	185,846,364
9200 Northpark Drive			Livestock	C, CA, B, P, U	10,218,189
Johnston, Iowa 50131			Crop Hail	C, CA, B, P, U	13,781,122

ANNUAL STATEMENT AS OF DECEMBER 31, 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

* Authority Code Listing:

C - Claims Payment
CA - Claims Adjustment
B - Binding Authority
P - Premium Collection
U - Underwriting

20. Fair Value Measurements

A. Fair Value Measurements

In the discussion that follows, we have ranked our financial instruments by the level of judgment used in the determination of the fair values. The levels are defined as follows:

- Level 1 Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 Fair values are based on inputs, other than quoted prices from active markets, that are observable for the asset or liability, either directly or indirectly.
- Level 3 Fair values are based on significant unobservable inputs for the asset or liability.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, a financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Our assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the financial instrument. From time to time there may be movements between levels as inputs become more or less observable, which may depend on several factors including the activity of the market for the specific security, the activity of the market for similar securities, the level of risk spreads and the source of the information from which we obtain the information.

The following methods and assumptions were used in estimating the fair value of our financial instruments:

Bonds:

Level 1 bonds consist of U.S. Treasury issues that are actively traded, allowing us to use current market prices as an estimate of their fair value.

Common stocks:

Level 3 common stocks include privately held stock for which no active market exists, and fair value estimates are based on the underlying equity of the private company financial statements.

Cash, cash equivalents and short-term:

Level 1 cash, cash equivalents and short-term are highly liquid instruments for which historical cost approximates fair value.

(1) Fair Value Measurements at Reporting Date

	December 31, 2023										
Description for each class of asset or liability	(Le	evel 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total					
(a) Assets at fair value											
Perpetual Preferred stock											
Industrial and Misc	\$	- \$	— \$	<u> </u>	\$ - \$	_					
Parent, Subsidiaries and Affiliates		_	_	_	_	_					
Total Perpetual and Preferred Stocks		_	_	_	_	_					
Bonds											
U.S. Governments		_	_	_	_	_					
Industrial and Misc		_	_	_	_	_					
Hybrid Securities		_	_	_	_	_					
Parent, Subsidiaries and Affiliates		_	_	_	_						
Total Bonds		_	_	_	_	_					
Common Stock											
Industrial and Misc		_	_	3,126,804	_	3,126,804					
Parent, Subsidiaries and Affiliates		_	_	_	_	_					
Total Common Stocks		_	_	3,126,804	_	3,126,804					
Derivative assets											
Interest rate contracts		_	_	_	_	_					
Foreign exchange contracts		_	_	_	_	_					
Credit contracts		_	_	_	_	_					
Commodity futures contracts		_	_	_	_	_					
Commodity forward contracts		_	_	_	_	_					
Total Derivatives		_	_	_	_						
Separate account assets		_	_	_	_	_					
Total assets at fair value/NAV		_	_	3,126,804	_	3,126,804					
(b) Liabilities at fair value											
Derivatives liabilities		_	_	_	_	_					
Total liabilities at fair value	\$	— \$	— \$	_	\$ - \$	_					

(2) Measurements in (Level 3) of the Fair Value Hierarchy

		December 31, 2023												
Description	Beginning Balance at 01/01/2023	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Ending Balance at Sales 12/31/2023						
a. Assets														
Common stocks	\$ 2,958,896	\$ —	\$	\$ —	\$ 167,908	\$ —	\$ - \$	- \$ 3,126,804						
Total Assets	\$ 2,958,896	\$ —	\$ —	\$ —	\$ 167,908	\$ —	\$ - \$	 \$ 3,126,804						

- (3) There were no transfers in or out of Level 3.
- (4) Fair value is based on an exit price, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As not all financial instruments are actively traded, various valuation methods may be used to estimate fair value. These methods rely on observable market data and where observable market data is not available, the best information available. Significant judgment may be required to interpret the data and select the assumptions used in the valuation estimates, particularly when observable market data is not available.
- (5) The Company has no derivative assets or liabilities.
- B. Other Fair Value Disclosures. None
- C. Value of our Financial Instruments at Fair Value by Hierarchy Levels.

		December 31, 2023											
	Aggregate Fair Value	Admitted Assets	Level 1 Level 2		Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)						
Assets:													
Bonds	\$ 2,789,265 \$	3,013,454 \$	2,789,265 \$	— \$	_	\$ —	\$						
Common Stocks	\$ 3,126,804	3,126,804	_	_	3,126,804	_	_						
Cash, cash equivalents and short-term	(6,032,007)	(6,032,007)	(6,032,007)	_	_	_	_						
Total	\$ (115,938) \$	108,251 \$	(3,242,742) \$	— \$	3,126,804	\$ —	\$ —						

- D. Reasons Not Practicable to Estimate Fair Value. None
- E. Investments measured using the NAV practical expedient. None

21. Other Items

A. Extraordinary Items: The Company recorded no extraordinary items during the two-year period ended December 31, 2023.

- B. Troubled Debt Restructuring: The Company was not a party to any troubled debt restructuring during the two-year period ended December 31, 2023.
- C. Other Disclosures: The Company has no additional disclosures during the two-year period ended December 31, 2023.
- D. Business Interruption Insurance Recoveries: The Company received no business interruption insurance recoveries during the two-year period ended December 31, 2023.

E. State Transferable Tax Credits:

1. Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total:

Description of State Transferable and Non- Transferable Tax Credit.	State	Carrying Value	Unused Amount
Sugar Creek Housing Tax Credit	NE	200,000	200,000
Total		200,000	200,000

- 2. Method of Estimating Utilization of Remaining Transferable and Non-transferable State Tax Credits: The company's 2023 premiums are sufficient to fully utilize the unused credits on the 2023 premium tax return.
- 3. The Company did not recognize any impairments on the carrying amount of transferable or non-transferable tax credits.
- 4. State Tax Credits Admitted and Nonadmitted

		Total Admitted	Total Nonadmitted
a.	Transferable	200,000	_
b.	Non-transferable	_	_

- F. Subprime Mortgage Related Risk Exposure:
 - 1. The Company has no subprime exposure risk
 - 2. The Company has no exposure through investments in directly held subprime mortgage loans.
 - 3. The Company has no direct exposure to subprime mortgage risk.
 - 4. The Company has no underwriting exposure to subprime mortgage risk through Mortgage Guaranty, Financial Guaranty, Directors and Officers liability or Errors and Omissions liability coverages.
- G. The Company does not have any insurance-linked securities.
- H. The Company does not have any Life Insurance where it is owner, beneficiary, or has other rights to control the policy.

Events Subsequent

Subsequent events have been considered through February 16, 2024 for the statutory statement dated December 31, 2023. There have been no Type I or Type II events subsequent to the close of the books and accounts for this statement that have a material effect on the financial condition of the Company.

23. Reinsurance

A. Unsecured Reinsurance Recoverable: Unsecured recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premiums from individual reinsurers that exceed 3% of the Company's policyholder surplus are listed below. Also refer to Note 26, any unsecured recoverables with non-affiliated reinsurers that would result in a write-off would be subject to pooling with Farm Bureau Property & Casualty Insurance Company – with the Company retaining 0%.

	<u>FEIN</u>	NAIC Group Code	<u>Amount</u>
Farm Bureau Property & Casualty Ins. Co.	42-0331872	13773	\$ 278,874,000
Ace American Ins. Co.	95-2371728	22667	\$ 125,611,000
American Agricultural Ins. Co.	36-2661954	10103	\$ 2,621,000
Berkley Ins. Co.	47-0574325	32603	\$ 391,000
Employers Mutual Ins. Co.	42-0234980	21415	\$ 474,000
Factory Mutual Ins. Co.	05-0316605	21482	\$ 2,087,000
Hartford Steam Boiler Inspection & Ins. Co.	06-0384680	11452	\$ 750,000
Liberty Mutual Ins. Co.	04-1543470	23043	\$ 421,000
Partner Reins. Co. of the U.S.	13-3031176	38636	\$ 648,000
Renaissance Reins. U.S. Inc.	52-1952955	10357	\$ 844,000
Safety National Casualty Corp.	43-0727872	15105	\$ 1,791,000
Swiss Reins. America Corp.	13-1675535	25364	\$ 975,000
Technology Ins. Co. Inc.	02-0449082	42376	\$ 600,000
Yosemite Ins. Co.	94-1590201	26220	\$ 460,000
Validus Reins. Ltd.	AA-3190870	00000	\$ 491,000
Hannover Rueck SE	CR-1340125	00000	\$ 372,000
Hiscox Ins. Co.	CR-3190875	00000	\$ 436,000

- B. Reinsurance Recoverable in Dispute: The Company has no reinsurance recoverable in dispute.
- C. Reinsurance Assumed and Ceded: The maximum amount of return commission that would have been due if all of the Company's assumed and ceded reinsurance would have been canceled as of December 31, 2023, is as follows:

ANNUAL STATEMENT AS OF DECEMBER 31, 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

	Assumed Re	insurance	Ceded Re	<u>insurance</u>	<u>Ne</u>	<u>t</u>
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
Affiliates	_ \$	S —	135,951,133	\$ 37,128,254	(135,951,133)	\$ (37,128,254)
All Other	229,336	69,478	36,888,809	1,104,814	(36,659,473)	(1,035,336)
TOTAL	229,336	69,478	172,839,942	38,233,068	(172,610,606)	(38,163,590)

Direct Unearned Premium Reserve

\$ 172,610,606

There were no additional or return commissions accrued as of December 31, 2023.

The Company has no risks that are covered by a protected cell as of December 31, 2023.

- D. Uncollectible Reinsurance: The Company did not write-off any uncollectible reinsurance during the year.
- E. Commutation of Ceded Reinsurance: The Company did not commute any material ceded reinsurance agreements during the year.
- F. Retroactive Reinsurance: The Company has evaluated its reinsurance contracts and determined that none are retroactive contracts.
- G. Reinsurance Accounted for as a Deposit: The Company has no reinsurance agreements accounted for as a deposit.
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements: The Company has not entered into any agreements that would qualify under SSAP No. 62R for P&C Run-off Accounting Treatment.
- Certified Reinsurer Downgraded or Status Subject to Revocation: The Company did not have any certified reinsurers for downgrade or subject to revocation.
- J. Reinsurance Agreements Qualifying for Reinsurance Aggregation: The Company has no reinsurance agreements qualifying for reinsurance aggregation.
- K. Reinsurance Credit: The Company does not write health business.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company has no direct retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Losses and Loss Adjustment Expenses

The Company does not have any provision for incurred losses and loss adjustment expenses as of December 31, 2023.

26. Intercompany Pooling Arrangements

The Company is a participant in an intercompany pooling agreement with an affiliated company. The pool participants and their respective percentage shares of the pooled business are as follows:

Pool Participant Companies	NAIC Co. Code	2023 - prior
Farm Bureau Property & Casualty Insurance Company (Lead)	13773	100 %
Western Agricultural Ins.Co.	27871	— %

All premiums, losses and expenses are subject to the pooling agreement.

Pool participants have reinsurance ceded agreements for underlying property risks, occurrence and aggregate property catastrophe, liability and work comp excess of loss, umbrella excess and quota share, crop quota share and excess, and various other quota share coverages. All pool companies are named insureds on the reinsurance treaties except for the crop quota share and crop excess contracts. Cessions to nonaffiliated reinsurers occur prior to the cession of pooled business to the lead company. Each company has the contractual right of direct recovery from the non-affiliated reinsurers.

There are no discrepancies between entries for pooled business on the reinsurance schedules of the lead company and the corresponding entries on the reinsurance schedules of the other pool participants.

The provision for reinsurance is retained by the individual pool participant company whose cession to a non-affiliated reinsurer prior to the cession to the pool gave rise to the provision. Write-offs of any uncollectible reinsurance are shared by pool participant companies based on the applicable pool participation percentages.

27. Structured Settlements

- A. The Company has no structured settlements.
- B. The Company has not purchased annuities with aggregate values which equal or exceed 1% of the Company's policyholder surplus from any one life insurer.

28. Health Care Receivables

The Company has no health care receivables.

29. Participating Policies

The Company has not issued any participating contracts that are not property-casualty contracts.

30. Premium Deficiency

(1) Liability carried for premium deficiency reserves

\$ -

(2) Date of the most recent evaluation of this liability
 (3) Was anticipated investment income utilized in the calculation?
 (4) December 31, 2023
 (5) Yes (x) No (x)

31. High Deductibles

The Company has issued no high deductible policies.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount liabilities for unpaid losses or unpaid loss adjustment expenses.

33. Asbestos/Environmental Reserves

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes (x) No ()

The potential exposure arises from the issuance of general liability, farmowners and commercial package policies. Reported claim activity levels on direct business to-date is not material. However, the possible existence of these claims does give rise to uncertainty. Estimation of ultimate

ANNUAL STATEMENT AS OF DECEMBER 31, 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY

liabilities for these claims is unusually difficult due to the extreme latency of claim activity, issues related to allocation of claim costs (including defense costs) across policy years and insurers, and the potential for coverage disputes with insured and other insurers (regarding allocation of such costs). Therefore, due to the above considerations and the sparseness of data, no estimations of case, IBNR or expense reserves have been made.

- B. The Company holds no reserves for unreported asbestos claims.
- C. The Company holds no reserves for allocated loss adjustment expenses on asbestos claims.
- D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes (x) No ()

 The potential exposure arises from the issuance of general liability, farmowners and commercial package policies. Reported claim activity levels on direct business to date is not material. However, the possible existence of these claims does give rise to uncertainty. Estimation of ultimate

direct business to-date is not material. However, the possible existence of these claims does give rise to uncertainty. Estimation of ultimate liabilities for these claims is unusually difficult due to the extreme latency of claim activity, issues related to allocation of claim costs (including defense costs) across policy years and insurers, and the potential for coverage disputes with insured and other insurers (regarding allocation of such costs). Therefore, due to the above considerations and the sparseness of data, no estimations of case, IBNR or expense reserves have been made.

- E. The Company holds no reserves for unreported environmental claims.
- F. The Company holds no reserves for allocated loss adjustment expenses on environmental claims.

34. Subscriber Savings Accounts

The Company is not a reciprocal insurance company and therefore has no subscriber savings accounts.

35. Multiple Peril Crop Insurance

The Company does not have a Multiple Peril Crop Insurance unearned premium reserve at December 31,2023. The Company had no loss expenses for expense payments associated with catastrophe coverage in 2023 or 2022. All the underwriting expense and loss adjusting expenses are recognized by the managing general agencies that administer this business.

36. Financial Guaranty Insurance

The Company does not market financial guaranty insurance.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	which is an insurer? If yes, complete Sche If yes, did the reportir regulatory official of	y a member of an Insurance Holding edule Y, Parts 1, 1A, 2 and 3. ng entity register and file with its domithe state of domicile of the principal illy similar to the standards adopted	iciliary State Insurance Commis:	sioner, Director or Super ny System, a registratio	intendent or with sucl	h g	Yes [X	[] No []
	Insurance Holding C	company System Regulatory Act an sure requirements substantially simila	d model regulations pertaining	thereto, or is the repo		0	[] No [] N/A []
1.3		lowa		-				
1.4		publicly traded or a member of a public year provide the CIK (Central Inde	, , ,	for the entity/group] No [X]
1.5 2.1	•	is yes, provide the CIK (Central Inde n made during the year of this state	• • • • • • • • • • • • • • • • • • • •	, , ,	deed of settlement		Yes [
2.2	If yes, date of change	: :						
3.1		the latest financial examination of the		•				12/31/2021
3.2		hat the latest financial examination re ate of the examined balance sheet an			or the reporting entity			12/31/2021
3.3		the latest financial examination repo This is the release date or completion				sheet		05/24/2023
3.4 3.5	By what department of	or departments? lowa Department of atement adjustments within the lates						5072172020
3.6	statement filed with D Have all of the recom	Departments? Imendations within the latest financial	examination report been compl	ied with?	·	Yes [Yes [] N/A [X]] N/A [X]
4.1	combination thereof	overed by this statement, did any ac under common control (other than part (more than 20 percent of any ma	salaried employees of the repajor line of business measured of	orting entity) receive cre			Yes [] No [X]
			4.12 re	newals?			Yes [] No [X]
4.2		overed by this statement, did any sa it or commissions for or control a su						
	direct premiums) or.			les of new business?			Yes [] No [X]
5.1	Has the reporting ont	ity been a party to a merger or conso		newals?			Yes [Yes [] No [X]] No [X]
	If yes, complete and f	file the merger history data file with th	e NAIC.	•			163 [] NO [X]
5.2		ame of the entity, NAIC company corresult of the merger or consolidation.	de, and state of domicile (use t	vo letter state abbreviat	ion) for any entity tha	at has		
		1 Name of	f Entity	2 NAIC Company Code				
					i			
6.1		tity had any Certificates of Authority, vernmental entity during the reporting		ing corporate registratio	n, if applicable) susp	ended	Yes [] No [X]
6.2	, , ,	nation	•					1 []
7.1	, ,	n-United States) person or entity dire	ctly or indirectly control 10% or r	nore of the reporting ent	ity?		Yes [] No [X]
7.2		the percentage of foreign control						(
		e the nationality(s) of the foreign per ager or attorney-in-fact and identify to t).						
		1 Nationality		2 Type of Entit				
		Ivationality		Type of Little	У			
				<u></u>				
8.1 8.2		osidiary of a depository institution hold res, please identify the name of the D		itself, regulated by the F	ederal Reserve Boar	d?	Yes [] No [X]
8.3 8.4	If response to 8.3 is y financial regulatory se	ted with one or more banks, thrifts or res, please provide the names and lo ervices agency [i.e. the Federal Rese rance Corporation (FDIC) and the Se	cations (city and state of the ma rve Board (FRB), the Office of th	e Comptroller of the Cur	rency (OCC), the		Yes [X	(] No []
		1	2	3	4 5	·	6]
		Affiliate Name	Location (City, State)	FRB	OCC FD		SEC	
	FBL Marketing Servi	ces, LLC	.West Des Moines, Iowa	NO	N0NI	0	YES	-
8.5		a depository institution holding comp		perations as defined by t	he Board of Governo	rs		
	of Federal Reserve S	system or a subsidiary of the deposito	ry institution holding company?	•			Yes [] No [X]
	to the Federal Reserv	no, is the reporting entity a company over Board's capital rule?			•	Yes [] No [X	[] N/A []
9.		d address of the independent certified Des Moines, Iowa				-	-	
10.1	Has the insurer been requirements as allow	granted any exemptions to the prohil ved in Section 7H of the Annual Finar	bited non-audit services provide	d by the certified indeper	ndent public accounta		V *	1 No 5 V 2
10.2	law or regulation? If the response to 10.	1 is yes, provide information related t	to this exemption:				Yes [] No [X]
10.3	Has the insurer beer	n granted any exemptions related to	the other requirements of the	Annual Financial Repo	rting Model Regulation	on as	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? If the response to 10.3 is yes, provide information related to this exemption: 10.4 Yes [X] No [] N/A [] Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? If the response to 10.5 is no or n/a, please explain 10.6 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Kevin Olsen, FCAS, Managing Actuary (employee of FBL Financial Group, Inc.), 5400 University Avenue, West Des Moines, Iowa 50266.... 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X] 12.11 Name of real estate holding company 12.12 Number of parcels involved 12.13 Total book/adjusted carrying value 12.2 If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: 13. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [1 No [13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [No 1 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] N/A [13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?] No [1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? 14.1 Yes [X] No [a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: 14.2 Has the code of ethics for senior managers been amended?14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [X] No [] The primary revisions involved changing references from "agents" to "producers" and changes necessitated by the Iowa Insurance Data ecruity Act. Yes [] No [X] 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? 14.31 If the response to 14.3 is ves. provide the nature of any waiver(s). 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X] If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming ank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. American Bankers Association (ABA) Routing Issuing or Confirming Number Bank Name Circumstances That Can Trigger the Letter of Credit Amount **BOARD OF DIRECTORS** 16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee Yes [X] No [thereof? Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees 17 Yes [X] No [1 thereof? Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of 18 Yes [X] No [such person? 1 **FINANCIAL** Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted 19 Yes [] No [X] Accounting Principles)? Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal only) 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of 20.21 To directors or other officers policy loans): 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal only) 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X] 21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X] 22.2 If answer is ves: 22.21 Amount paid as losses or risk adjustment \$ 22.22 Amount paid as expenses 22.23 Other amounts paid \$ 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .12,947,771 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X] 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party. Name of Third-Party Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
	1

1	N	V	ES	T?	M	F	NΤ

	Were all the stocks, bonds and other securities ow the actual possession of the reporting entity on sai If no, give full and complete information, relating the	id date? (other th				in	Yes [X] No []
25.03	For securities lending programs, provide a descr whether collateral is carried on or off-balance sheet					ind			
25.04	For the reporting entity's securities lending progra Capital Instructions.	ım, report amour	nt of collateral	for conforming prog					
	For the reporting entity's securities lending program Does your securities lending program require 10 outset of the contract?	•] No [Х]
	Does the reporting entity non-admit when the collar Does the reporting entity or the reporting entity's s conduct securities lending?			· ·	Lending Agreement (MSLA) to	Yes [Yes [, .] NA [.	•
25.09	For the reporting entity's securities lending prograt 25.091 Total fair value of reinvested col	lateral assets rep	orted on Sch	edule DL, Parts 1 an	er 31 of the current year: d 2	\$			
	25.092 Total book/adjusted carrying val 25.093 Total payable for securities lend			•	dule DL, Parts 1 and 2				
26.1	Were any of the stocks, bonds or other assets of control of the reporting entity or has the reporting (Exclude securities subject to Interrogatory 24.1 a	of the reporting e entity sold or tra	entity owned	at December 31 of t		r the		X] No [
26.2	If yes, state the amount thereof at December 31 of	•					•		
		21 Subject to re				•			
		=	-	nase agreements					
		23 Subject to de24 Subject to re	-	se agreements epurchase agreeme	ents				
		25 Placed unde		· -					
					excluding FHLB Capital Stock				
		27 FHLB Capita				\$			
	26.	28 On deposit v	vith states			\$		2,863,	,497
	26.	29 On deposit v	vith other regi	ulatory bodies		\$			
		=		cluding collateral ple	-				
		•	collateral to F	HLB – including asse	ets backing funding agreements				
26.3	For category (26.26) provide the following:	32 Other				\$			
20.0	Tor category (20.20) provide the following.								
	1 Nature of Restriction			De	2 escription		3 Amount		
27.1	Door the reporting antity have any hadring transa	ations reported a	n Cabadula F	.DO			1 20V		V 1
	Does the reporting entity have any hedging transa	· ·			0	Voc [Yes [] No [
21.2	If yes, has a comprehensive description of the hec If no, attach a description with this statement.	iging program be	en made ava	liable to the domicilia	iry state?	Yes [] No [] N/A [Λ]
LINES	27.3 through 27.5: FOR LIFE/FRATERNAL REPO	RTING ENTITIE:	S ONLY:						
27.3	Does the reporting entity utilize derivatives to hedgrate sensitivity? If the response to 27.3 is YES, does the reporting	ge variable annui		subject to fluctuation	ns as a result of interest		Yes [] No	[]
27.4			ounting provis	ion of SSAP No. 108			Yes [] No	[]
	27.	42 Permitted a	counting prac	ctice			Yes [] No	[]
		.43 Other accou					Yes [l No	[]
27.5	By responding YES to 27.41 regarding utilizing the		0 0		ne reporting entity attests to		·	•	. ,
	the following:				. 3 ,		Yes [] No	[]
	 The reporting entity has obtained expli Hedging strategy subject to the specia Actuarial certification has been obtain 21 reserves and provides the impact o Financial Officer Certification has been Hedging Strategy within VM-21 and the in its actual day-to-day risk mitigation expenses 	I accounting proved which indicated the hedging strandous obtained which at the Clearly De	risions is cons es that the he ategy within the indicates tha	istent with the required and strategy is income Actuarial Guideling the hedging strateg	corporated within the establishment on E Conditional Tail Expectation Amoun y meets the definition of a Clearly De	t. fined			
28 1	Were any preferred stocks or bonds owned as of I		he current vo	ar mandatorily convo	rtible into equity or at the option of				
	the issuer, convertible into equity?		,	a. mandatomy conve	rabio into equity, or, at the option of		Yes [] No [Х]
28.2	If yes, state the amount thereof at December 31 of	f the current year				\$			
29.	Excluding items in Schedule E – Part 3 – Special I entity's offices, vaults or safety deposit boxes, wer pursuant to a custodial agreement with a qualified Considerations, F. Outsourcing of Critical Function Handbook?	e all stocks, bon- bank or trust cor	ds and other s npany in acco	securities, owned thro ordance with Section	oughout the current year held 1, III – General Examination		Yes [X	.] No []
29.01	For agreements that comply with the requirements	of the NAIC Fin	ancial Conditi	on Examiners Handb	pook, complete the following:				
	Na	1			2 ustodian's Address				
	0:1:1	Custodian(s)			ustodian's Address	1			
29.02	For all agreements that do not comply with the reqlocation and a complete explanation:	uirements of the	NAIC Financ	ial Condition Examin	ers Handbook, provide the name,				
							1		
	1 Name(s)		2 Location		3 Complete Explanation(s)				
	····		Localic		Complete Explanation(s)				
					<u> </u>		J		
	Have there been any changes, including name chalf yes, give full and complete information relating the		todian(s) ider	tified in 29.01 during	the current year?		Yes [] No [Х]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
		Date of	
Old Custodian	New Custodian	Change	Reason

29.05	Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the
	authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the
	reporting entity, note as such. ["that have access to the investment accounts"; "handle securities"]

1 Name of Firm or Individual	2 Affiliation
Jeff Whitehead Mike Warmuth]
Mark Sandbulte	1

29.0597	For	those f	firms/indiv	viduals	listed in	the table	for	Question	29.05,	do any	firms/indi	ividuals	unaffiliated	with t	he re	eporting	entity
	/i o	docia	nated wit	h a "H"	\ manaa	o moro tl	าาก	100/2 of th	o ropor	ting on	titu'e invo	stad acc	otc2				

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05,

does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
		,		, , ,

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

Yes [] No [X]

Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP#	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30 2002		
30.2003		
30.2999 TOTAL		

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding of the Mutual Fund	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation
			Į.

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or

statement value for fair value.			
	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value
	Value	Fair Value	over Statement (+)
31.1 Bonds	3,013,454	2,789,265	(224, 189)
31.2 Preferred Stocks			<u> </u>
31.3 Totale	3 013 454	2 780 265	(224 180)

Describe the sources or methods utilized in determining the fair values: ICE Data Pricing and Reference.

Yes [] No [X] 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No [32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair

value for Schedule D:

Yes [X] No [] 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b.Issuer or obligor is current on all contracted interest and principal payments.
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities?

36 By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-

designated FE fund: a. The shares were purchased prior to January 1, 2019.b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Yes [] No [X]

Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE WESTERN AGRICULTURAL INSURANCE COMPANY GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

- By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2

 - by folling/retening structerin of cash equivalent investments with continued reporting of schedule DA, Part 1 of Schedules, (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

 b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting
 - of the transaction for which documentation is available for regulator review.

 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the
 - criteria in 37.a -37.c are reported as long-term investments.

	Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	Yes [] No	[] [NA [Χ]
38.1	Does the reporting entity directly hold cryptocurrencies?		Yes	[] [No [Х]
38.2	If the response to 38.1 is yes, on what schedule are they reported?							
39.1	Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?		Yes		1	No [Х]
39.2	If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?							
	39.21 Held directly		Yes		1	No []
	39.22 Immediately converted to U.S. dollars		Yes		1	No []
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.							
	1 Immediately Converted to USD, Name of Cryptocurrency Directly Held, or Both		3 oted for F of Premiu		nent	t		
	OTHER Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade.					_		
40.2	associations, service organizations, and statistical or rating bureaus during the period covered by this statement.	aue						
	1 2 Amount Paid \$	-						
	Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses dur the period covered by this statement.	\$ ing						
	1 2 Name Amount Paid							
	Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?							
42.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connect with matters before legislative bodies, officers, or departments of government during the period covered by this statement.	ion						
	1 2 Amount Paid 5.	-						
	\$							

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Does the reporting entity have any direct Medicare Supp	lement Insurance in force?			Ye	s [] No [X]
1.2	If yes, indicate premium earned on U. S. business only				. \$	
1.3	What portion of Item (1.2) is not reported on the Medicar	e Supplement Insurance E	xperience Exhibit?		. \$	
	1.31 Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canad	dian and/or Other Alien not	included in Item (1.2) above		. \$	
1.5	Indicate total incurred claims on all Medicare Supplement	nt insurance.			. \$	
1.6	Individual policies:					
		1	Most current three years:			
			1.61 Total premium earned		\$	
			1.62 Total incurred claims		. \$	
			1.63 Number of covered lives			
			All years prior to most current three	years:		
			1.64 Total premium earned		\$	
			1.65 Total incurred claims		. \$	
			1.66 Number of covered lives			
1.7	Group policies:					
		1	Most current three years:			
			1.71 Total premium earned		\$	
			1.72 Total incurred claims		. \$	
			1.73 Number of covered lives			
		,	All years prior to most current three	years:		
			1.74 Total premium earned		\$	
			1.75 Total incurred claims		. \$	
			1.76 Number of covered lives			
2.	Health Test:					
			1	5.	2	
			Current Year	Prio	r Year	
	2.1	Premium Numerator	\$	•		
	2.2	Premium Denominator	\$	\$		
	2.2 2.3	Premium Denominator Premium Ratio (2.1/2.2)	\$	\$		
	2.2 2.3 2.4	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator	\$ \$	\$		
	2.2 2.3 2.4 2.5	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator	\$\$ \$45,597	\$		
	2.2 2.3 2.4	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator	\$ \$	\$s \$s		
2.1	2.2 2.3 2.4 2.5 2.6	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5)	\$\$ \$45,597	\$s \$s	90 , 449	. [] Mo [V]
3.1 3.2	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year?	\$\$	\$s \$s	90 , 449	s [] No [X]
	2.2 2.3 2.4 2.5 2.6	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year?ating and/or no-participatin	\$\$	\$s \$s	90 , 449 	
	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year? ating and/or no-participatin	\$\$	\$s \$s	90,449 Yes	
	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year? ating and/or no-participatin	\$	\$s \$s	90,449 Yes	
4.	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies during If yes, provide the amount of premium written for particip	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? I ating and/or no-participatin	\$	\$s \$s	90 , 449 Yes	
3.2 4. 4.1	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies during the second of the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year? ating and/or no-participatin	\$	\$s \$s	90,449	
3.24.4.14.2	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Lating and/or no-participatin sonly:	\$	\$	90 , 449	S [] No []
3.2 4. 4.1	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies during the second of the amount of premium written for participating entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Lating and/or no-participatin conly:	\$	\$s \$s		S [] No [] S [] No []
4. 4. 4.1 4.2 4.3	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Lating and/or no-participatin conly:	\$	\$s \$s		S [] No [] S [] No []
4. 4. 4.1 4.2 4.3	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid.	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Pating and/or no-participatin only: e contingent liability of the during the year on deposit	\$	\$	Yes Yes Yes \$	S [] No [] S [] No []
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Pating and/or no-participatin only: e contingent liability of the during the year on deposit	\$	\$	Yes Yes Yes \$	S [] No [] S [] No []
4. 4.1 4.2 4.3 4.4	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid.	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? I the ca	\$	\$		S [] No [] S [] No []
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? I tating and/or no-participatin only: e contingent liability of the during the year on deposit	\$	\$		S [] No [] S [] No [] S [] No []
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? I ating and/or no-participatin only: e contingent liability of the during the year on deposit	\$	\$		S [] No [] S [] No []
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for particip For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of th Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? I the calendar year? I the calendar year only: I the contingent liability of the during the year on deposit compensation of the Attornation	\$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes Yes [Yes [S [] No [] S [] No [] S [] No []
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	2.2 2.3 2.4 2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies? For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Premium Denominator Premium Ratio (2.1/2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) I the calendar year? Lating and/or no-participatin conly: e contingent liability of the during the year on deposit	\$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		S [] No [] S [] No [] S [] No []

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:				
	Reinsurance contracts of \$39.0 million excess of \$1.0 million (no change in 2024) in Arizona, Iowa, Kansas, Nebraska, New Mexico, South Dakota and Utah. In Minnesota all losses reinsured excess of \$1.0 million (no change in 2024)				
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:				
	The catastrophe exposure in all states is analyzed using the Verisk Touchstone and RMS RiskLink models to evaluate severity amounts at projected event frequencies. The analysis is used to purchase catastrophe reinsurance limit to the more conservative of the two models one-in-1000 year event				
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?				
	The analysis is used to purchase catastrophe reinsurance limit to the more conservative of the two models one-in-1000 year event				
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes	[X] [No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss				
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?				No [X]
7.2 7.3	If yes, indicate the number of reinsurance contracts containing such provisions				
8.1	provision(s)? Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any	Yes	[] [No []
8.2	loss that may occur on this risk, or portion thereof, reinsured?	Yes	[] [No [X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior yearend surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:				
	(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;				
	(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;				
	(c) Aggregate stop loss reinsurance coverage;(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;				
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or				
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity	Yes	[] [No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:				
	(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or				
	(b) Twenty–five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes	[] [No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:				
	(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;				
	(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.				
9.4	Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:				
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or				
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is	Yes]] [No [X]
	treated differently for GAAP and SAP. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:				
	(a) The entity does not utilize reinsurance; or, (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation	Yes	[] [No [X]
	supplement; or	Yes	[] [No [X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes]] [No [X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X]	No	[]	N/A []

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Has the reporting entity guaranteed If yes, give full information		er entity and now in force:			Yes	[]	No [X]
12.1	If the reporting entity recorded accr the amount of corresponding liabilit	ued retrospective premium ies recorded for:	s on insurance contracts on	Line 15.3 of the asset sch	edule, Page 2, state				
			adjustment expenses)						
12.3	Of the amount on Line 15.3, Page 2 If the reporting entity underwrites or accepted from its insureds covering	2, state the amount that is sommercial insurance risks.	secured by letters of credit, such as workers' compensations	collateral and other funds?	\$				
12.4	If yes, provide the range of interest 12.41 From	rates charged under such	notes during the period cover	ered by this statement:					%
12.5	Are letters of credit or collateral and promissory notes taken by a report losses under loss deductible feature	dother funds received from ng entity, or to secure any	insureds being utilized by to the reporting entity's reporting	he reporting entity to secur orted direct unpaid loss res	e premium notes or erves, including unpaid		[]		
12.6	If yes, state the amount thereof at I	December 31 of current year	ır:						
	12.02 Collateral and othe	i iuiius			Φ				
13.2	Largest net aggregate amount insu Does any reinsurance contract con reinstatement provision?	sidered in the calculation of	this amount include an ago	gregate limit of recovery wi	thout also including a	Yes	[]		
13.3	State the number of reinsurance co facilities or facultative obligatory co	ntracts (excluding individua	al facultative risk certificates	. but including facultative p	rograms, automatic		. ,		•
	Is the reporting entity a cedant in a If yes, please describe the method Premiums are allocated on a prounder the catastrophe reinsurant basis using the SMP of each of the street of th	of allocating and recording rata basis using the SMF be treaty as a result of	reinsurance among the ced of each of the Companie loss occurrences in exce	<mark>lants:</mark> s for each treaty. Addit ss of retention are allo	ional premiums due cated on a pro-rata	Yes	[X]	No []
	If the answer to 14.1 is yes, are the contracts?	methods described in item	14.2 entirely contained in t	he respective multiple ceda	ant reinsurance	Yes	[]	No [X 1
14.4 14.5	If the answer to 14.3 is no, are all the answer to 14.4 is no, please e	ne methods described in 14 explain:	.2 entirely contained in writ	ten agreements?		Yes	[X]	No []
15.1 15.2	Has the reporting entity guaranteed If yes, give full information	any financed premium acc	counts?			Yes	[]	No [Хј
16.1	Does the reporting entity write any	warranty business?				Yes	[]	No [)	(]
	If yes, disclose the following inform	ation for each of the following	ng types of warranty covera	ge:					
		1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned		5 ect Prei Earne	d	
	Home								
	Products								
	Automobile								
16.14	Other*	\$	\$	\$	\$	\$			

^{*} Disclose type of coverage:

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1		ionzed reinsurance in Scredule (= Fart 5 that is exempt from the statut		Yes []	No [X]
	Incurred but not reported losses on contracts in force prior to provision for unauthorized reinsurance. Provide the following inf	July 1, 1984, and not subsequently renewed are exempt from the statuto ormation for this exemption:	ory				
		Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance	\$				
	17.12	Unfunded portion of Interrogatory 17.11	\$				
	17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$				
	17.14	Case reserves portion of Interrogatory 17.11	\$				
	17.15	Incurred but not reported portion of Interrogatory 17.11	\$				
		Unearned premium portion of Interrogatory 17.11					
	17.17	Contingent commission portion of Interrogatory 17.11	\$				
				-	-	No [X]
18.2	If yes, please provide the amount of custodial funds held as of the	e reporting date.	\$				
18.3	Do you act as an administrator for health savings accounts?			Yes []	No [X]
18.4	If yes, please provide the balance of the funds administered as of	f the reporting date.	\$				
19.	Is the reporting entity licensed or chartered, registered, qualified,	eligible or writing business in at least two states?		Yes [)	()	No []
19.1	If no, does the reporting entity assume reinsurance business that the reporting entity?	t covers risks residing in at least one state other than the state of domicile	of	Yes []	No []

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6. 2023 2022 2021 2020 2019 Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3 & 19.4) .78.189.039 .66.043.644 .59.072.783 39.768.296 .80.975.275 149.457.722 186.313.215 Property lines (Lines 1, 2, 9, 12, 21 & 26). 263.386.330 282.639.756 212.691.651 Property and liability combined lines (Lines 3, 4, 5, 3. 8, 22 & 27). 151 989 396 120 505 768 101 876 149 62 777 989 142 676 401 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) 5. Nonproportional reinsurance lines (Lines 31, 32 & 33) 6. Total (Line 35) 493 564 765 .469, 189, 168 373 640 583 252 004 007 .409.964.891 Net Premiums Written (Page 8, Part 1B, Col. 6) 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3 & 19.4) (14 454 022) 29 041 859 28.356.549 8. Property lines (Lines 1, 2, 9, 12, 21 & 26) (12.472.705)Property and liability combined lines 9. (Lines 3, 4, 5, 8, 22 & 27) (28.567.337) 56 016 990 All other lines 10. (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) 11. Nonproportional reinsurance lines (Lines 31, 32 & 33) . 12. Total (Line 35) (55, 494, 064) .113,415,398 Statement of Income (Page 4) 13. Net underwriting gain (loss) (Line 8) 15.022.243 4.675.736 .31,636 .32,637 .53,604 .6,841,551 Net investment gain (loss) (Line 11) ..7,368,764 14. (56, 151) Total other income (Line 15) Dividends to policyholders (Line 17) 691 17. Federal and foreign income taxes incurred 47,017 251,832 223,760 (600, 782)1,935,487 18. Net income (Line 20) (15,381)(219.195)(170, 156) 22.991.789 9.524.958 Balance Sheet Lines (Pages 2 and 3) Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) 19. 14,807,579 15.522.910 15,700,254 14,764,424 .247,361,828 20 Premiums and considerations (Page 2, Col. 3) .9,977,797 20.1 In course of collection (Line 15.1) 257,676 366,704 .308,064 .304,442 .34,316,193 20.2 Deferred and not yet due (Line 15.2) 20.3 Accrued retrospective premiums (Line 15.3) Total liabilities excluding protected cell business (Page 3, Line 26) 21. 4,644,170 5,529,930 5,657,250 112,077,389 7,762,441 Losses (Page 3, Line 1)37,353,285 5 436 395 23 Loss adjustment expenses (Page 3, Line 3) 55,494,064 24. Unearned premiums (Page 3, Line 9) 25. Capital paid up (Page 3, Lines 30 & 31). 2.808.650 2.808.650 2.808.650 2.808.650 .7,021,625 Surplus as regards policyholders (Page 3, Line 37) .9,992,980 10,043,004 .7,001,983 135,284,439 10,163,409 Cash Flow (Page 5) 27. Net cash from operations (Line 11). .35,413 .(739,467) .7,066,165 (6,449,305)13,056,843 Risk-Based Capital Analysis 10.163.409 9.992.980 10.043.004 7.001.983 135.429.886 28. Total adjusted capital 29. Authorized control level risk-based capital .1.971.466 .1.872.830 .1.562.533 .7.128.882 .1.711.530 Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0 Bonds (Line 1) 2.734.8 .66.4 .60.3 .47.0 .92.1 Stocks (Lines 2.1 & 2.2) . 2,837.7 .65.1 .45.5 .6.8 32. Mortgage loans on real estate (Lines 3.1 and 3.2) 33. Real estate (Lines 4.1, 4.2 & 4.3) Cash, cash equivalents and short-term investments 34. (5 474 3) (31.6)(28.5) 52 7 (Line 5) 1 1 Contract loans (Line 6) 35. Derivatives (Line 7)... 37. Other invested assets (Line 8) 38 Receivables for securities (Line 9). 1.8 0.0 22.7 0.2 0.0 Securities lending reinvested collateral assets (Line 39. 10). 40. Aggregate write-ins for invested assets (Line 11) 41. Cash, cash equivalents and invested assets (Line 12) 100.0 100.0 100.0 100.0 100.0 nvestments in Parent, Subsidiaries and Affiliates 42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) Affiliated preferred stocks 43. (Sch. D, Summary, Line 18, Col. 1) Affiliated common stocks 44. (Sch. D, Summary, Line 24, Col. 1) 2.780.634 Affiliated short-term investments (subtotals included 45. in Schedule DA Verification, Col. 5, Line 10). 46. Affiliated mortgage loans on real estate 47. All other affiliated ... 48. Total of above Lines 42 to 47 2,780,634 Total Investment in parent included in Lines 42 to 47 above Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 2.1 100.0)

FIVE-YEAR HISTORICAL DATA

(Continued) 2023 2022 2021 2020 2019 Capital and Surplus Accounts (Page 4) (6,359,703) .132,647 .(62,883) .283,578 .764,954 51. Net unrealized capital gains (losses) (Line 24) 52. Dividends to stockholders (Line 35) .(138.329.986) Change in surplus as regards policyholders for the year (Line 38) 170,429 (50,024) .3,041,021 9,985,315 (128, 282, 456) Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3 & 19.4) 33.691.406 30.799.090 29.977.184 50.381.462 40.877.314 55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .323.727.696 234.734.771 .91,168,399 .94.380.625 .103.172.900 Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)103 . 557 . 758 .95,421,221 .65,394,986 .85,425,622 .91,822,387 57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines 804 551 32,166 1,417 (Lines 31, 32 & 33) 186 541 120 59. Total (Line 35) 460 977 664 360 955 499 230 219 875 235 874 018 Net Losses Paid (Page 9, Part 2, Col. 4) 60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3 & 19.4) .23,414,291 15,864,187 .20,198,249 61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .2.109.062 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) 11 798 644 32 396 272 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines 31 288 1 417 (Lines 31, 32 & 33) .37,353,285 .68,460,125 65. Total (Line 35) Operating Percentages (Page 4) Item divided by Page 4, Line 1) x 100.0 66. Premiums earned (Line 1) .100.0... .100.0.. .100.0.. 100.0. .100.0. ..62.1 67. Losses incurred (Line 2) 68. Loss expenses incurred (Line 3) 6 4 69. Other underwriting expenses incurred (Line 4) 27.3 .4.2 70. Net underwriting gain (loss) (Line 8) Other Percentages 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) 27.1 27.1 Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .68.5 Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37 Col 1 x 100 0) (792.5)83.8 One Year Loss Development (\$000 omitted) 74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) (3,141)75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .(2.5) Two Year Loss Development (\$000 omitted) 76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) (3.426) 77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) (3.1)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?

If no, please explain



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUS	INESS IN THE STAT		OI I ILLINIONIO A	ND LOSSES (Statute		DURING THE YEAR 2	2023		NΔ	IC Company Code 27	7871
	NAIS Group code Cook	Gross Premiums, I	ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	FireAllied Lines			-									
2.1	Multiple Peril Crop												
2.3	Federal Flood												
2.4	Private Crop												2,545
2.5	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril										ļ	ļ	
5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)							ļ					
6.	Mortgage Guaranty Ocean Marine												
8. 9.	Inland Marine												
9. 10.	Financial Guaranty	·				· · · · · · · · · · · · · · · · · · ·					·	·	
11.1	Medical Professional Liability - Occurrence												
11.2	Medical Professional Liability – Claims-Made												
12.	Farthquake												
13.1.	Comprehensive (hospital and medical) ind (b)			.									
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3 15.4	Disability Income (b)	-											
15.4	Medicaid Title XIX (b)	-											
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.8	Federal Employees Health Benefits Plan (b).												
15.9	Other Health (b).												
16.	Workers' Compensation												
17.1	Other Liability-Occurrence												
17.2	Other Liability-Claims-Made.	-											
17.3	Excess Workers' Compensation.											····	
18.1. 18.2.	Products liability-Occurrence Products liability-Claims-Made	-											
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	·		· · · · · · · · · · · · · · · · · · ·							····	····	
19.1	Other Private Passenger Auto No-1 aut (Personal Injury Protection)	-											
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage	.		.				ļ				ļ	
21.2	Commercial Auto Physical Damage	-	ļ	.		ļ		ļ			ļ	ļ	
22.	Aircraft (all perils)	·		-		ļ		ļ				ļ	
23. 24.	Fidelity	·	·	-		·	<u> </u>				·	·	
24. 26.	Burglary and theft	·		-									
27.	Boiler and Machinery	1	ļ				<u> </u>		<u> </u>	·	<u> </u>		
28.	Credit												
29.	International		XXX	XXX	XXX	XXX	XXX.	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business	·	·····	·[····		·	·····	 			·	l	2.545
DETAIL 9	OF WRITE-INS					 		+			 		2,040
3401.	, or mark-mo												
3402.													
3403.						ļ		ļ				ļ	
	Summary of remaining write-ins for Line 34 from overflow page	·		-		····		 				····	
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) nance and service charges not included in Lines 1 to 35 \$	1	l					L	L		J	l	

and number of persons insured under indemnity only products

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513		SINESS IN THE STAT	E OF Arizona				DURING THE YEAR 2				IC Company Code 27	
	Gross Premiums, In Membership Fees, Le and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
Fire												
Allied Lines	5,952	7,310		2,416	3,350	3,350						
Multiple Peril Crop	5,434,741	5,593,160	L	3,810,475	2,672,890	4,676,491	2,624,237	L	L	L		l
Federal Flood												
Private Crop	575	575										
Private Flood		<i>ل الا</i>			l					·		
Farmowners Multiple Peril	2,071,233	1,849,054		1,018,491	103,929	157 , 528	1,341,098	235,326	1,132,326	1,110,000	252,905	40
Homeowners Multiple Peril	6,901,574	5,961,711		3,640,107	4,889,364	4,818,371	1,024,886	48,668	50,668	82,000	1,065,637	13
Commercial Multiple Peril (Non-Liability Portion)	2,565,352	2,444,167		1,231,953	1,428,083	1,497,095	458 , 146	296,679	319,679	58,000		5
Commercial Multiple Peril (Liability Portion)	1,643,286	1,572,957		719,197	932,799	916,270	1,287,962	302,189	526 , 189	589,000	221,010	3
Mortgage Guaranty												
Ocean Marine												
Inland Marine	154,363	142,475	L		56 , 145		L	L	L	L	24,137	l
Financial Guaranty												
Medical Professional Liability - Occurrence												
Medical Professional Liability – Claims-Made												
Earthquake												
					······							
Comprehensive (hospital and medical) ind (b)					ŀ		-			ļ		
Comprehensive (hospital and medical) group (b)												
Credit A & H (group and individual)					ļ		.			ļ		
Vision Only (b)												
Dental Only (b)					LL		. [L	L		
Disability Income (b)										İ		İ
Medicare Supplement (b)												
Medicaid Title XIX (b)												
Medicare Title XVIII (b)												
					······							
Long-Term Care (b)							-					
Federal Employees Health Benefits Plan (b)												
Other Health (b)												
Workers' Compensation		1,627,343		648,942	410,427	434,036	1,483,792	55,044	86,044	189,000	108,015	
Other Liability-Occurrence.	1,518,318	1,426,271	L		l	129.001	549.501	L	1.000	1.000	219,810	
Other Liability-Claims-Made	,,,,,,,,									, , , , , , , , , , , , , , , , , , , ,		
Excess Workers' Compensation.									l			
Products liability-Occurrence					l							
Products liability-Claims-Made					ŀ		-		 	ļ		
Private Passenger Auto No-Fault (Personal Injury Protection)							.					
Other Private Passenger Auto Liability	6,381,368	5,752,659		3,273,533	3,060,960	6,044,270	7,204,158	235,060	450,060	644,000	994,889	12
Commercial Auto No-Fault (Personal Injury Protection)									<u> </u>			
Other Commercial Auto Liability		961,442			71,273	108.774		44.240	76,240	161,000	140,643	
Private Passenger Auto Physical Damage	6,197,376	5,264,398		3,228,151	3,977,735	4,363,231	610,241	225	(775)	3.000	954,154	1:
Commercial Auto Physical Damage		318,644		154,456		(5,023)						
Aircraft (all perils)	230,000				[<u>-</u> . ,,,, o	(0,020)	[[[
Fidelity							1			·		
Surety							·			·····		
Burglary and theft					<u> </u>		· 	<u> </u>	<u> </u>	}		<u> </u>
Boiler and Machinery			ļ		ļļ		·	 	ļ	}		ļ
Credit							.			ļ		
International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Warranty			L		L							
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
							^^^	ΛΛΛ				^^^-
Aggregate write-ins for other lines of business	05.000.445	20 000 400		40,000,440	47.004.704	00 400 500	40.070.700	4 047 101	0.044.404	0.007.000	4 440 070	6
TOTAL (a)	35,920,415	32,922,166		18,830,146	17,634,731	23,199,539	16,978,703	1,217,431	2,641,431	2,837,000	4,412,379	6
S OF WRITE-INS												
							.					
			ļ				.					
Summary of remaining write-ins for Line 34 from overflow page	L				L		.			L		.
Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												



	NAIC Group Code 00513	BUSI	INESS IN THE STAT		OF PREMIUNIS A	ND LOSSES (Statute		DURING THE YEAR 2	2023		N/	AIC Company Code 27	7871
	NAIG Group Godd	Gross Premiums, In Membership Fees, Le	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	Allied Lines												
2.2	Multiple Peril Crop												
2.3	Federal Flood												
2.4	Private Crop			·				ļ	ļ				1,736
2.5 3.	Private FloodFarmowners Multiple Peril			·									
3. 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. 10.	Inland Marine Financial Guaranty	-		· ····									
11.1	Medical Professional Liability - Occurrence												
11.2	Medical Professional Liability – Claims-Made												
12.	Earthquake			.									
13.1.	Comprehensive (hospital and medical) ind (b)			-		ļ	ļ		ļ		ļ	ļ	ļ
13.2.	Comprehensive (hospital and medical) group (b)												
14. 15.1	Vision Only (b)												
15.1	Dental Only (b)												
15.3	Disability Income (b)												
15.4	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)	.		-					ļ				
15.6	Medicare Title XVIII (b)												
15.7 15.8	Long-Term Care (b) Federal Employees Health Benefits Plan (b)			-									
15.9	Other Health (b)												
16.	Workers' Compensation												
17.1	Other Liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3 18.1.	Excess Workers' Compensation												
18.2.	Products liability-Occurrence Products liability-Claims-Made	-		·									
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)			-					ļ				
19.4	Other Commercial Auto Liability												
21.1 21.2	Commercial Auto Physical Damage	·		·		l		l	l	<u> </u>	l	ļ	l
22.	Aircraft (all perils)												
23.	Fidelity			.									
24.	Surety			- -									
26.	Burglary and theft	· 				····		ļ	<u> </u>	ļ		ļ	ļ
27. 28.	Boiler and Machinery Credit	1		· ····		·····		l	l				····
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty												
31.	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. 34.	Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business	-		·				·····	·			·	1.736
DETAILS	S OF WRITE-INS	1		1									1,730
3401.				.									
3402. 3403.				· ····				ļ				ļ	
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page	+		· ·····									
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
	nance and service charges not included in Lines 1 to 35 \$	•	•				•		•	•	•	•	•

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUSI	NESS IN THE STATI		OF PREINIUNIS AI	ND LOSSES (Statute		DURING THE YEAR 2	2023		N/	IC Company Code 27	7871
	nate croup code coord	Gross Premiums, Ir Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	FireAllied Lines												
2.2	Multiple Peril Crop	206,787	223,375		135,103			59.121					
2.3	Federal Flood												
2.4	Private Crop												1,322
2.5	Private Flood												
3.	Farmowners Multiple Peril Homeowners Multiple Peril												
4. 5.1	Commercial Multiple Peril (Non-Liability Portion)										·	·····	
5.2	Commercial Multiple Peril (Liability Portion)												
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	.		ļ		 		ļ		 	ļ	ļ	ļ
10. 11.1	Financial Guaranty Medical Professional Liability - Occurrence							·				·	
11.1	Medical Professional Liability - Occurrence			ļ		·····		ļ		 	·	ļ	
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)												
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1 15.2	Vision Only (b) Dental Only (b)												
15.2	Disability Income (b).	-											
15.4	Medicare Supplement (b).												
15.5	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.8 15.9	Federal Employees Health Benefits Plan (b) Other Health (b)			ļ									
16.	Workers' Compensation						(17,000)	303,634		(5,000)	51,000		
17.1	Other Liability-Occurrence							500,00		(0,000)			
17.2	Other Liability-Claims-Made												
17.3	Excess Workers' Compensation												
18.1.	Products liability-Occurrence	-											
18.2. 19.1	Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection)												
19.1	Other Private Passenger Auto Liability					(450)	(450)						
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage												
21.2 22.	Commercial Auto Physical Damage	-											
23.	Fidelity												
24.	Surety												
26.	Burglary and theft							ļ					
27.	Boiler and Machinery							ļ			ļ	ļ	ļ
28. 29.	Credit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29. 30.	Warranty	.	Αλλ					······		L		······	······
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business	206.787	223,375	ļ	135.103	54.946	68.577	362.755		(5.000)	51.000	·	1,322
	OF WRITE-INS	200,787	223,375		135, 103	54,946	08,5//	302,755		(5,000)	51,000	-	1,322
3401.	JOI WATE-ING												
3402.													
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page	·						····				·····	····
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
	nance and service charges not included in Lines 1 to 35 \$		1			!	!		!				

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BU	SINESS IN THE STA		OF PREINIUNIS AI	ND LOSSES (Statut		DURING THE YEAR 2	023		N/	IC Company Code 27	7871
	NAIO GIOLO GOGO	Gross Premiums, Ir Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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.	FireAllied Lines	-											
2.2	Multiple Peril Crop		84,060		19,389	21,265	10,333	1,625					
2.3	Federal Flood												
2.4	Private Crop												1,496
2.5	Private Flood												
3. 4.	Farmowners Multiple Peril 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. 10.	Inland MarineFinancial Guaranty	-										····	
10.	Medical Professional Liability - Occurrence	-										l	
11.2	Medical Professional Liability – Claims-Made												
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)	.		·		 					ļ	ļ	ļ
13.2. 14.	Comprehensive (hospital and medical) group (b)	-											
15.1	Vision Only (b)												
15.2	Dental Only (b).												
15.3	Disability Income (b)												
15.4	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)											ļ	ļ
15.6 15.7	Medicare Title XVIII (b) Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)												
16.	Workers' Compensation												
17.1	Other Liability-OccurrenceOther Liability-Claims-Made												
17.2 17.3	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												
18.2.	Products liability-Claims-Made												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 19.3	Other Private Passenger Auto Liability											····	
19.3	Other Commercial Auto Liability												
21.1	Private Passenger Auto Physical Damage												
21.2	Commercial Auto Physical Damage	-											
22.	Aircraft (all perils)												
23. 24.	Fidelity												
26.	Burglary and theft												
27.	Boiler and Machinery												
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30. 31.	Warranty Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business			.							ļ	ļ	
35.	TOTAL (a)	37,254	84,060		19,389	21,265	10,333	1,625					1,496
3401.	OF WRITE-INS											L	
3402.													
3403.	Our of the state o							ļ				ļ	
3498. 3499	Summary of remaining write-ins for Line 34 from overflow page	-											
	nance and service charges not included in Lines 1 to 35 \$	1				1				ı.	ļ		1

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513		SINESS IN THE STAT	I E OF IIIINOIS			DURING THE YEAR 2				C Company Code 27	
		Gross Premiums, In Membership Fees, Le and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
	Fire											
	Allied Lines	7.004	7 004			(447)	(447)					
2 N	Multiple Peril Crop		7,631			(117)	(117)					
	Federal Flood					·····						
	Private Crop			-		ļ		····				1
	Private Flood					ļ						
	Farmowners Multiple Peril					·····						
				· · · · · · · · · · · · · · · · · · ·		ļ	ļ	····				
2 (Commercial Multiple Peril (Non-Liability Portion)											
Λ	Mortgage Guaranty											
	Ocean Marine											
	nland Marine							ļ				
	Financial Guaranty					ļ	ļ	·····				
	Medical Professional Liability - Occurrence	.		-		ļ	ļ	ļ				ļ
	Medical Professional Liability – Claims-Made	-		-		·····	ļ	ł				····
E	Earthquake	·		-		·····	ļ	<u> </u>				····
	Comprehensive (hospital and medical) ind (b)			-		<u> </u>	·	}				····
2. (Comprehensive (hospital and medical) group (b)					·····						
1 \	Credit A & H (group and individual)					ļ	ļ					
1 1	Vision Only (b)											
	Dental Only (b) Disability Income (b)					·····						
	Disability Income (b)					ļ						
4 N 5 N	viedicare Supplement (b)											
0 1	Medicaid Title XIX (b)					ļ	ļ	ļ				····
6 N	Medicare Title XVIII (b)					ļ						
	Long-Term Care (b)					ļ						
	Federal Employees Health Benefits Plan (b) Other Health (b)			· · · · · · · · · · · · · · · · · · ·		ļ	ļ	····				
	Other Health (b)											
	Other Liability-Occurrence.											
	Other Liability-Occurrence											
	Street Elability-Claims-Made. Excess Workers' Compensation.											
ა ნ 1. F	Products liability-Occurrence											
	Products liability-Claims-Made											
∠. г 1 F	Private Passenger Auto No-Fault (Personal Injury Protection)	•										
2 (Other Private Passenger Auto Liability											
3 (Commercial Auto No-Fault (Personal Injury Protection)							ļ				ļ
4 (Other Commercial Auto Liability											
1 F	Private Passenger Auto Physical Damage											
2 (Commercial Auto Physical Damage											
P	Aircraft (all perils)											
	Fidelity							ļ				
	Surety											
E	Burglary and theft											
	Boiler and Machinery					ļ						
	Credit		WWW					VVV		WW		
	nternational	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX
F	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Α.	Aggregate write-ins for other lines of business											
Т	TŎŤAĽ (a)	7,631	7,631			(117)	(117)					
AILS O	F WRITE-INS	1,1,1	,,,,,			(***/		İ				
01				.			<u> </u>					
						ļ						
03 98. S							ļ	ļ				
	Summary of remaining write-ins for Line 34 from overflow page	1		1		1	1	1		i		I .

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513		SINESS IN THE STAT	E OF Indiana			DURING THE YEAR				IC Company Code 27	
	Membership Fees, L	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
. Fire											
1 Allied Lines		0 474 055		4 504 400		4 504 550					
2 Multiple Peril Crop	2,541,826	2,174,255		1,564,493	5,474,7656,348,646	1,524,556		·····			
3 Federal Flood											
4 Private Crop			-		ļ		····	ļ			
5 Private Flood								ļ			
Farmowners Multiple Peril Homeowners Multiple Peril	•		-								
2 Commercial Multiple Peril (Liability Portion)											
Mortgage Guaranty											
Ocean Marine											
Inland Marine					ļ			ļ			
Financial Guaranty											
Medical Professional Liability - Occurrence Medical Professional Liability - Claims-Made	···	·	-		·····	·	<u> </u>	····	 		
Earthquake											
Comprehensive (hospital and medical) group (b) Credit A & H (group and individual)											
1 Vision Only (b)	•••										
2 Dental Only (b)											
3 Disability Income (b).											
4 Medicare Supplement (b)											
5 Medicaid Title XIX (b)											
6 Medicare Title XVIII (b)							····				
7 Long-Term Care (b).											
8 Federal Employees Health Benefits Plan (b)											
9 Other Health (b)											
Workers' Compensation											
1 Other Liability-Occurrence	***										
.2 Other Liability-Claims-Made.				• • • • • • • • • • • • • • • • • • • •							
3 Excess Workers' Compensation.											
Products liability-Occurrence											
Products liability-Claims-Made											
1 Private Passenger Auto No-Fault (Personal Injury Protection)											
2 Other Private Passenger Auto Liability											
.3 Commercial Auto No-Fault (Personal Injury Protection)											
4 Other Commercial Auto Liability											
1 Private Passenger Auto Physical Damage											
2 Commercial Auto Physical Damage											
Aircraft (all perils)											
Fidelity							ļ				
Surety											
Burglary and theft	··· ····	}	-		·····	·	}	····	ļ	<u> </u>	·
		····	-		·····		·	····			
Credit	····	vvv	VVV	VVV	VVV	VVV	VVV	VVV	VVV	VVV	vvv
International	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Warranty Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX
	XXX	XXX	XXXXXX	XXXXXX	XXX XXX	XXX	XXXXXX	XXXXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate write-ins for other lines of business			^^^.			·············	^^^	······	^^^	^^^	
Aggregate write-ins for other lines of business	2.541.826	2.174.255		1,564,493	5.474.765 6.348.646	1,524,556	l	l		·····	
AILS OF WRITE-INS	2,041,020	2,114,200		1,004,493	0,340,040	1,324,330	 		 		
01.											
02.											
03.											
98. Summary of remaining write-ins for Line 34 from overflow page											
99. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	1	I	1			I	1	I	1	I	1

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513		ISINESS IN THE STA					DURING THE YEAR 2					
		Gross Premiums, Ir Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	IC Company Code 27	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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
	Fire												
	Allied Lines	53,005,886	53.236.557		185.490	34,963,162		25,961,053					
	Federal Flood				100,490			25,901,033					
	Private Crop	5,712,912	5,712,912			2,582,973	2,892,346	364,373					3,240
	Private Flood						2,032,340						,240
	Farmowners Multiple Peril	6,664,527	5,812,746		3,034,352	3,207,658	3,784,172	1,293,442		47.484	194.000	744,383	
4.	Homeowners Multiple Peril	9,427,018	8,173,868		4.979.617	8.663.654	10.069.082	3,137,979	40.609		81,000	1,376,766	99.617
5.1	Commercial Multiple Peril (Non-Liability Portion)	13,651,247	11,848,917		6,788,491	10,499,465	12,747,401	9,528,486	158,546	193,546	211,000	2,114,488	144,63
5.2	Commercial Multiple Peril (Liability Portion)	2,190,845	2,046,162		1,011,560	288,950	1,247,079	1,844,833	28,218	214,218	646,000	292,604	22,77
	Mortgage Guaranty												
	Ocean Marine												
	Inland Marine	296,158	276,220		145,880	124,695	128,794	4,099	42	42		43,685	3,13
	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence											ļ	ļ
11.2	Medical Professional Liability – Claims-Made			·····									
	Earthquake			·····								····	
	Comprehensive (hospital and medical) ind (b)												
14.	Credit A & H (group and individual)												
	Vision Only (b)												
	Dental Only (b)												
	Disability Income (b).					• • • • • • • • • • • • • • • • • • • •							
	Medicare Supplement (b)												
	Medicaid Title XIX (b)												
	Medicare Title XVIII (b)												
	Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)												
	Other Health (b).												
	Workers' Compensation	9,548,589	9,469,617		3,595,419	2,843,525	4,988,137	9,742,499	251,863	342,863	1,146,000	606,095	100,90
	Other Liability-Occurrence.	1,625,805	1,452,798				98,000	297,000		2,000	2,000	232,803	17 , 18
	Other Liability-Claims-Made												
	Excess Workers' Compensation.										ļ	ļ	ļ
	Products liability-Occurrence												
	Products liability-Claims-Made			·							····	····	····
	Private Passenger Auto No-Fault (Personal Injury Protection)	3,863,529	3,475,064	····	1.956.495	2.835.859	3,759,352	2,725,993	19.589	83.589	206.000		
19.2	Other Private Passenger Auto Liability	3,003,329			, ,950,495			2,720,990	19,009	03,309	200,000		40 , 02
	Other Commercial Auto Liability	2.060.736	1.980.538		911.809		1.320.474	1,791,872	2,190		335.000	300.269	21,77
	Private Passenger Auto Physical Damage	6,493,281	5,544,768		3,359,515	3,789,956	3,889,774	464,952		(1,000)	5.000	931,198	68,61
21.2	Commercial Auto Physical Damage	2,707,757	2.540.382		1,163,739	1,479,591	1,606,130	214,232	2.055	2,055	4,000		28.61
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety											ļ	
	Burglary and theft			ļ							ļ	ļ	
	Boiler and Machinery											ļ	ļ
	Credit			ļ				ļ			ļ	ļ	ļ
	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Warranty	vvv			VVV	VVV	VVV	vvv	VVV		vvv	vvv	VVV
	Reins nonproportional assumed property	XXXXXX	XXX	XXX_	XXXXXX	XXX	XXX XXX	XXX	XXX XXX	XXX	XXXXX	XXX	XXXXXX
	Reins nonproportional assumed liability	XXX	XXXXXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX	XXX
	Aggregate write-ins for other lines of business					ΛΛΛ	ΛΛΛ	^{^^}	ΛΛΛ		······	l^^^	······
	TOTAL (a)	117 . 248 . 290	111.570.549		27 . 880 . 524	71.874.589	104 . 477 . 798	57.370.813	532.596	978.596	2.830.000	7,595,424	621,73
FTAILS (OF WRITE-INS	111,240,290	111,570,349		21,000,324	11,014,309	104,411,190	31,310,013	332,390	310,390	2,000,000	1,353,424	021,73
3401.	·												
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page											ļ	ļ
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) ance and service charges not included in Lines 1 to 35 \$	18.158						L			L	L	L



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business Written Earned Business Reserves (deducting salvage) Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop .87,818,164 .95,387,192 13,278,161 179,137,524 .180,019,378 .33,893,147 2.3 Federal Flood 2.4 Private Crop 2.593.279 2.593.279 3.772.064 3.856.625 84.563 1.627 2.5 Private Flood 6.644.016 5.809.058 ..3,267,453 2.944.883 4,388,734 .2.729.889 .58,616 149,000 718,639 155,652 Farmowners Multiple Peril .85,616 Homeowners Multiple Peril 16,709,266 15.030.705 .8,746,296 .9,811,876 .11,823,706 .4,079,037 .18,873 33.873 .90,000 .2,516,186 .391.456 5.1 Commercial Multiple Peril (Non-Liability Portion) .11.006.041 .9.669.301 5.472.111 6.848.710 .7.027.101 7.191.853 45.020 68.020 124.000 1.621.072 257.374 Commercial Multiple Peril (Liability Portion) 5.2 .1.095.900 1.031.995 419.409 .574.480 ...1.231.756 .84.036 .160.036 .133.047 .531.07 ..350.000 ..26,144 Mortgage Guaranty .. 6. Ocean Marine 8. 255,27 . 242,757 123,479 .132,728 .155,378 ..22,650 40,101 .5.980 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation .3.951.359 3.573.137 1.619.097 1.132.993 1.719.731 .3.227.332 109.853 174.853 233.558 .92.570 17.1 Other Liability-Occurrence. .1.074.426 ..953,301 .526,929 1.000 51.000 ...129,000 ..157,751 ..25,169 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation 18.1. Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) .652,452 .622,263 .331,413 .345,792 .433,854 .254,268 .7,624 .29,624 .30,000 ..96,470 .15,285 19.1 Other Private Passenger Auto Liability .6.025.890 .5,373,784 .3,124,578 4,592,566 7,433,586 .5.990.772 169,944 353.944 465,000 .907,776 141,171 .22,954 Commercial Auto No-Fault (Personal Injury Protection) ..24.266 ..20.603 ..515 (8.485) .33.000 ..538 193 ..9.233 ..(24,246) 3 498 3 541 19.4 Other Commercial Auto Liability .1,010,645 .1,000,549 .404,165 .961,581 ..1,134,610 .867.597 .73,102 .141,102 ..204,000 .156,070 .23,677 Private Passenger Auto Physical Damage 10,086,529 .8,766,274 .5,234,163 6,021,581 .6,602,950 668,658 .4,530 .5,530 .5,000 1,508,286 .236,302 .1,174,702 Commercial Auto Physical Damage ...1, 172, 974 .478,748 .. 293, 393 ..12,197 .1.029 _1.029 21.2 .251,096 ..182,832 ..27,520 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. XXX XXX.. ..XXX.. XXX XXX XXX XXX __XXX.. XXX 34. Aggregate write-ins for other lines of business 150,121,532 151,251,607 43.147.062 216,436,703 225,447,983 60,386,217 573,233 1.045.233 1.864.000 8,275,329 1.400.480 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513						DURING THE YEAR 2	1				7871
		Gross Premiums, I Membership Fees, Lo and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
	Fire					····						
	Allied Lines					·····						
2 1	Multiple Peril Crop	· · · · · · · · · · · · · · · · · · · ·				·						
3 F	Federal Flood					····						
4 F	Private Crop					·		····				
	Private Flood					·	ļ					
	Farmowners Multiple Peril			· ····		·····						
	Homeowners Multiple Peril Commercial Multiple Peril (Non-Liability Portion)							····				
2 0	Commercial Multiple Peril (Liability Portion)											
N	Mortgage Guaranty											
C	Ocean Marine	·						ļ				
	nland Marine	· · · · · · · · · · · · · · · · · · · ·				ļ	ļ	ļ	 			ļ
	Financial Guaranty	·		-		····		·····				
1 N	Medical Professional Liability - Occurrence	· 		-		l		ļ				ļ
2 N	Medical Professional Liability – Claims-Made	· · · · · · · · · · · · · · · · · · · ·		·		····	ļ	ł				ļ
. E	Earthquake	· 		·		<u> </u>	ļ	<u> </u>				ļ
	Comprehensive (hospital and medical) ind (b)	+		-		<u> </u>	 	ł	 			·
2. C	Comprehensive (hospital and medical) group (b)					····						
1 V	Credit A & H (group and individual)			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
1 V	/ision Only (b)	-				·····						
2 [Dental Only (b)	-				· · · · · · · · · · · · · · · · · · ·						
	Jisability Income (b)					·						
4 N	Medicare Supplement (b)	-				····						
5 N	Medicaid Title XIX (b)	·		· · · · · · · · · · · · · · · · · · ·				ļ				
6 N	Medicare Title XVIII (b)					·						
	ong-Term Care (b)					· · · · · · · · · · · · · · · · · · ·						
	Federal Employees Health Benefits Plan (b)	·						····				
	Other Health (b)	·										
	Other Liability-Occurrence											
	Other Liability-Claims-Made					·····						
	Excess Workers' Compensation	•				·····						
) E	Products liability-Occurrence	· · · · · · · · · · · · · · · · · · ·				·····						
	Products liability-Occurrence											
2. F 1 F	Private Passenger Auto No-Fault (Personal Injury Protection)			· · · · · · · · · · · · · · · · · · ·		····						
2 0	Other Private Passenger Auto No-Pault (Personal Injury Protection)	-										
3 0	Commercial Auto No-Fault (Personal Injury Protection)											
4 (Other Commercial Auto Liability											
1 🗜	Private Passenger Auto Physical Damage											
2 0	Commercial Auto Physical Damage	T						·				
_ Α	Aircraft (all perils)	1										
	Fidelity											
	Surety											
	Burglary and theft											
	Boiler and Machinery											L
	Credit											
	nternational		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Varranty											
F	Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Α	Aggregate write-ins for other lines of business			.			<u> </u>	ļ				
Т	ΓΟΤΑĽ (a)											
AILS OF	F WRITE-INS											
)1				.		ļ						
)3 98. S	Summary of remaining write-ins for Line 34 from overflow page											
			1	1		1	1	1		i		1

⁽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



	NAIC Group Code 00513		NESS IN THE STATE	OF Minnesota				DURING THE YEAR 2	2023		NA	IC Company Code 27	871
	•		ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage) Dir	rect 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	4,719,044	4.714.833		45.456	F 000 000	7,355,947	4 777 057					
2.2 2.3	Multiple Peril CropFederal Flood	4,719,044	4,714,833		45,450	5,893,366		1,777,857					
2.3	Federal Flood Private Crop	481.093	481.093			240.172	244 . 470	4.298					3
2.5	Private Flood					240,172	244,470						الا
3.	Farmowners Multiple Peril	6,647,748	.5.982,701		3,033,858	7,220,663	8,275,188	3,409,545	58,787	95.787	141,000	1,009,119	138,2
4.	Homeowners Multiple Peril	5,239,271	4,651,969		2,825,596	6,042,862	5.820.541	3,712,702	231	2,231	37.000	730,387	
5.1	Commercial Multiple Peril (Non-Liability Portion)	4,634,525	3,764,030		2,486,405	7,383,748	6,167,934	4,481,402	1.166	7,166	38.000	740,371	96.7
5.2	Commercial Multiple Peril (Liability Portion)		472,967		265,994	72,488	285,087	325,099	4,875	28,875	125,000	76,103	10,6
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	196,924	172,011		103,262	64,834	64,834					30,410	4,0
10.	Financial Guaranty												
11.1	Medical Professional Liability - Occurrence					·							
11.2 12.	Medical Professional Liability – Claims-Made Earthquake			·							····		
12. 13.1.	Comprehensive (hospital and medical) ind (b)									·			
13.1.	Comprehensive (hospital and medical) group (b)							····					
14.	Credit A & H (group and individual)	****						• • • • • • • • • • • • • • • • • • • •					
15.1	Vision Only (b).												
15.2	Dental Only (b)												
15.3	Disability Income (b)												
15.4	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b).												
15.8	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b)		700 004		040 504		400 040	700 000	40.000	40.000	447.000		
16.	Workers' Compensation		799,381 728.010		219,591	244,162	469,343 443,985		18,309	13,309	117,000	63,221	16,8 16.8
17.1 17.2	Other Liability-OccurrenceOther Liability-Claims-Made					5,985	443,985					116,695	8, 10 , 10 , 8
17.2	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												
18.2.	Products liability-Claims-Made												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)		701,401			427,558	343,925	211,353	13,990	33,990	28,000	113,942	15,7
19.2	Other Private Passenger Auto Liability	2,571,180	2,278,327		1,326,245	1,038,764	2,162,408	2,374,516	13,279	60,279	155,000	375,060	53,4
19.3	Commercial Auto No-Fault (Personal Injury Protection)	83,136	85,693		39,013	20,533	4,033	(1,501)	2	(7,998)	23,000	10,326	1,7
19.4	Other Commercial Auto Liability	628,847	602,644		299,595	914,652	1,812,763	2,249,198	25,430	33,430	125,000	75,588	13,0
21.1	Private Passenger Auto Physical Damage	4,238,122	3,523,571		2,235,540	3,448,822	3,585,155	455,037	2,309	2,309	2,000	598,858	88 , 1
21.2	Commercial Auto Physical Damage	917,467	817 ,577			774,369	793,673	211,574		(1,000)		108,982	19,0
22.	Aircraft (all perils)												
23. 24.	Fidelity Surety												
24. 26.	Burglary and theft												
20. 27.	Boiler and Machinery												
27. 28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty								,,,,,,,				
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business												ļ <u>.</u>
35.	TOTAL (a)	33,260,623	29,776,208		14,082,125	33,792,978	37,829,286	20,549,683	138,378	268,378	791,000	4,049,062	584,0
	OF WRITE-INS												
3401. 3402.													
3402.													
	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)										1		



NAIC Group Code 00513		INESS IN THE STAT	E OF Missouri			DURING THE YEAR	2023			AIC Company Code 27	
	Membership Fees, L	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage) Direct Losses Incu	Direct Losses rred 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 Fee
1. Fire					ļ						
2.2 Multiple Peril Crop	246,616	246,616			33,308 51,	81829,702					
2.3 Federal Flood		240,010				01020,702					
2.4 Private Crop	***										2.1
2.5 Private Flood						····					
B. Farmowners Multiple Peril											
4. Homeowners Multiple Peril											
.1 Commercial Multiple Peril (Non-Liability Portion)											
.2 Commercial Multiple Peril (Liability Portion)											
. Mortgage Guaranty											
B. Ocean Marine											
. Inland Marine											
). Financial Guaranty											
.1 Medical Professional Liability - Occurrence											
.2 Medical Professional Liability – Claims-Made		ļ			ļ			ļ			
. Earthquake					ļ						
3.1. Comprehensive (hospital and medical) ind (b)							.	ļ			
.2. Comprehensive (hospital and medical) group (b)											
Credit A & H (group and individual)											
5.1 Vision Only (b)											
5.2 Dental Only (b)					·····		-				
.3 Disability Income (b)					ļ			ļ			
4 Medicare Supplement (b)											
					ļ		-	ļ			
5.6 Medicare Title XVIII (b)							-				
5.8 Federal Employees Health Benefits Plan (b)	•••										
5.9 Other Health (b)							-				
6. Workers' Compensation											
7.1 Other Liability-Occurrence	***										
7.2 Other Liability-Claims-Made.											
7.3 Excess Workers' Compensation											
3.1. Products liability-Occurrence											
.2. Products liability-Claims-Made											
Private Passenger Auto No-Fault (Personal Injury Protection)											
0.2 Other Private Passenger Auto Liability											
9.3 Commercial Auto No-Fault (Personal Injury Protection)											
9.4 Other Commercial Auto Liability											
1.1 Private Passenger Auto Physical Damage											
1.2 Commercial Auto Physical Damage		ļ						ļ			
2. Aircraft (all perils)											
B. Fidelity							-				
Surety					·····		-				
S. Burglary and theft		····			ļ			····			
7. Boiler and Machinery							-	····			
3. Credit	XXX	XXX	XXX	XXX		·····	XXX	XXX	XXX	XXX	XXX
l. International I. Warranty								······			
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate write-ins for other lines of business											
5. TOTAL (a)	246,616	246.616			33.308 51.	818 29.702					2
TAILS OF WRITE-INS	2.0,010	2.0,010			55,555	20,702					
401											
402.					ļ						
403.								ļ			
498. Summary of remaining write-ins for Line 34 from overflow page		····			ļ			····			
499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) a) Finance and service charges not included in Lines 1 to 35 \$		I	1								

⁽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



	NAIC Group Code 00513	BUS	INESS IN THE STAT		OF PREIVIOUS AI	ND LOSSES (Statut		DURING THE YEAR 2	2023		N/	AIC Company Code 27	7871
			ncluding Policy and ess Return Premiums	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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. 2.1	FireAllied Lines												
2.2	Multiple Peril Crop		28,950		19,378		49 , 126	16,327					
2.3	Federal Flood												
2.4	Private Crop						ļ						2,350
2.5	Private Flood			·									
3. 4.	Farmowners Multiple Peril												
5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)												
6.	Mortgage Guaranty												
8.	Ocean Marine												
9. 10.	Inland Marine Financial Guaranty	-	·····				·	-				-	
10.	Medical Professional Liability - Occurrence												
11.2	Medical Professional Liability - Claims-Made												
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b)	.		.			ļ	.				.	
13.2.	Comprehensive (hospital and medical) group (b).												
14. 15.1	Credit A & H (group and individual)			· · · · · · · · · · · · · · · · · · ·									
15.1	Vision Only (b) Dental Only (b)												
15.3	Disability Income (b).												
15.4	Medicare Supplement (b)												
15.5	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7 15.8	Long-Term Care (b) Federal Employees Health Benefits Plan (b)	-											
15.6	Other Health (b)			·			·						····
16.	Workers' Compensation												
17.1	Other Liability-Occurrence.												
17.2	Other Liability-Claims-Made												
17.3	Excess Workers' Compensation.												
18.1. 18.2.	Products liability-Occurrence			· ····									
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 Commercial Auto Physical Damage	· 		-		·····	·	-				-	·····
21.2 22.	Aircraft (all perils)	-											
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	.	ļ	.			ļ	.	ļ	ļ	ļ	.	ļ
27.	Boiler and Machinery	-	ļ	-			ļ	-					····
28. 29.	Credit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29. 30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business	27 .684	28.950	-	19.378	44.433	49.126	16.327				-	2,350
၂၃၃. DETAII (OF WRITE-INS	21,084	28,950		19,3/8	44,433	49,126	10,32/					2,350
3401.	OF WATE-ING												
3402.													
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
	nance and service charges not included in Lines 1 to 35 \$						1	1	!		ļ.	!	

⁽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



	NAIC Group Code 00513	BUSI	NESS IN THE STATI	E OF Nebraska		•	, ,	DURING THE YEAR 2	2023		NΔ	IC Company Code 27	7871
	HAIO GIOUP GOUG	Gross Premiums, Ir Membership Fees, Le and Premiums on	ncluding Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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		162										
2.2	Multiple Peril Crop	17,884,098	17 ,747 ,874		1,497,813	31,383,808	39,334,373	18,010,396					
2.3	Federal Flood	4,559,697	4,559,697			4,574,228	4 770 705	768,958					
2.4 2.5	Private Crop Private Flood	4,559,697	4,559,697			4,574,228	4,770,705				·····	ļ	4
2.5 3.	Farmowners Multiple Peril	5.083.979	4,480,902	-	2,364,288	3.967.122	3,818,286	941.714	.46,952		146.000	632,393	
4.	Homeowners Multiple Peril	16,518,272	14,144,162		8,752,984	7,747,608	8,489,846	3,333,977	10,841	2,841	87,000	2,642,117	203,32
5.1	Commercial Multiple Peril (Non-Liability Portion)	4,886,675	4,503,099		2,508,658	4,887,048	5,336,957	1,705,561	14.578	23,578	55,000	779,065	
5.2	Commercial Multiple Peril (Liability Portion)	749,305	684,063		364,010	179,667	292,086	681,079	202,698	259,698	262,000	94,720	9,91
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	258,730	236,925		129,399	229 , 249	231,017	6,768				42,412	3,18
10. 11.1	Financial Guaranty Medical Professional Liability - Occurrence			· · · · · · · · · · · · · · · · · · ·									
11.1	Medical Professional Liability - Occurrence Medical Professional Liability - Claims-Made	····· [·····		·							l		l
12.	Earthquake												
13.1.	Comprehensive (hospital and medical) ind (b).												
13.2.	Comprehensive (hospital and medical) group (b)				***************************************								
14.	Credit A & H (group and individual)			.									
15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3	Disability Income (b)												
15.4 15.5	Medicare Supplement (b)												
15.6	Medicare Title XVIII (b)			·							·····	·····	
15.7	Long-Term Care (b).												
15.7	Federal Employees Health Benefits Plan (b)												
15.9	Other Health (b).												
16.	Workers' Compensation		3,733,944		1,417,123	1,876,962	1,730,337		243,006	323,006	630,000	233,201	45,60
17.1	Other Liability-Occurrence	1,342,797	1, 196, 951				53,000	177 ,000	46,275	46,275		219,640	16,52
17.2	Other Liability-Claims-Made												
17.3	Excess Workers' Compensation.											ļ	
18.1.	Products liability-Occurrence												
18.2. 19.1	Private Passenger Auto No-Fault (Personal Injury Protection)										····		
19.2	Other Private Passenger Auto Liability	6,017,087	.5,404,231		3,100,338	3,165,018	3,683,688	3,752,824	79,557		354.000	966,356	74,06
19.3	Commercial Auto No-Fault (Personal Injury Protection)											,000	
19.4	Other Commercial Auto Liability	604.877			230.262		325.953	452,455	31 . 106	53 , 106	110.000	104,696	7 ,44
21.1	Private Passenger Auto Physical Damage	7,789,208	6,692,188		4,038,375	4,130,271	4,230,265	197 , 315			2,000	1,223,065	95,87
21.2	Commercial Auto Physical Damage	967,763				847 ,313	1,421,004	587 , 126				165,779	11,91
22.	Aircraft (all perils)												
23.	Fidelity			·							····	····	·····
24. 26.	Surety Burglary and theft												
27.	Boiler and Machinery							 					ļ
28.	Credit												
29.	International	ХХХ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.
30.	Warranty												
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. 35.	Aggregate write-ins for other lines of business	70.367.763	64.847.492	·[·····	25.410.749	63.062.792	73.717.517	38.955.526	675.013	951.013	1.646.000	7.103.444	589.93
	OF WRITE-INS	10,301,703	04,047,492		20,410,749	03,002,792	13,111,511	30,900,020	0/0,013	951,013	1,040,000	1,103,444	509,93
3401.	, or mare-no												
3402.													
3403.												ļ	ļ
3498.	Summary of remaining write-ins for Line 34 from overflow page			-								·····	·····
	TOTALS TELLES 3401 THOUGH 3403 FIUS 34901 (EITHE 34 ADOVE)	1		1			i e	I	1		1	1	I

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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00	513	BUS	SINESS IN THE STAT	E OF Nevada			DURING THE YEAR 2	2023			IC Company Code 27	871
		Gross Premiums, Ir Membership Fees, Le and Premiums on	ess Return Premiums	3 Dividends Paid or Credited to	4 Direct Unearned	5 6 Direct Losses	7	8 Direct Defense and	9 Direct Defense and	10 Direct Defense and	11 Commissions	12
Line of Busine	ess	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Premium Reserves	Paid (deducting salvage) Direct Losses Incurred	Direct Losses Unpaid	Cost Containment Expense Paid	Cost Containment Expense Incurred	Cost Containment Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fee
Fire												
Allied Lines												
Multiple Peril Crop		1,029,698	864,522		646,859		191,839					
Federal Flood												
												6,
Private Flood												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liabi Commercial Multiple Peril (Liability P	lity Portion)	• •										
Mortgage Guaranty Ocean Marine												
Financial Guaranty												
Medical Professional Liability - Occu		-				······						
Medical Professional Liability - Clain		·				······	-					
Earthquake	is-iviauc	· [-					
Comprehensive (hospital and medical	al) ind (b)						-					
Comprehensive (hospital and medical												
Credit A & H (group and individual)	ai) group (b)											
Disability Income (b)												
Medicare Supplement (b)		•										
Medicaid Title XIX (b)												
Medicare Title XVIII (b)												
Long-Term Care (b)		-	• • • • • • • • • • • • • • • • • • • •									
Federal Employees Health Benefits I												
	idii (b)											
Workers' Compensation		-										
Other Liability-Occurrence												
Other Liability-Claims-Made												
Excess Workers' Compensation												
Products liability-Claims-Made												
Private Passenger Auto No-Fault (Pe	ersonal Injury Protection)	. L		L			L					
Other Private Passenger Auto Liabili	ty											
Commercial Auto No-Fault (Personal	Injury Protection)											
Other Commercial Auto Liability												
Private Passenger Auto Physical Dai	mage											
Commercial Auto Physical Damage .	-											
Aircraft (all perils)												
Fidelity												
Surety												
Boiler and Machinery												
		.		ļ								
		XXX	XXX	XXX	XXX	XXXXXXXXX	. XXX	XXX	XXX	XXX	XXX	XXX
Warranty					WWW	NAM 1999		WW		VVV	VVVV	WW
Reins nonproportional assumed prop		XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liabi	lity	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed final		XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate write-ins for other lines of	pusiness	1.029.698	004 500		646 . 859	315.623 321.286	191.839	 				6
TOTAL (a)		1,029,698	864,522		646,859	315,623 321,286	191,839					6
LS OF WRITE-INS												
		+										
		†····										
. Summary of remaining write-ins for Line	34 from overflow page											
	198) (Line 34 above)						1					

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire ..4,274 1 740 3.000 2.1 Allied Lines 8.646 ...3.000 ..132 Multiple Peril Crop 3,522,118 2,867,879 .2,418,625 3,049,676 3,150,334 663,669 2.3 Federal Flood 2.4 Private Crop .18,092 18.092 2.5 Private Flood 2.744.998 .2.675.237 ..1,340,150 4,213,042 .5,605,455 _1,912,100 .99,736 123,736 119,000 382,647 84.802 Farmowners Multiple Peril Homeowners Multiple Peril .3,525,377 .3,245,034 ..1,824,325 .1.759.099 .2,046,852 .659.692 .10,285 .20,285 .35,000 .467,982 108.910 5.1 Commercial Multiple Peril (Non-Liability Portion) 2.903.194 2.558.778 1,494,816 2.101.331 2.815.001 ..1.133.856 .8.525 15.525 .25.000 398.335 .89.953 Commercial Multiple Peril (Liability Portion) 5.2 ..746.409 1.154.447 1.305.498 .94.510 .192.510 ...93.166 ..791,592 .394.375 ..140.306 235.000 .. 24 . 191 Mortgage Guaranty .. 6. Ocean Marine 8. .33,913 ..31,793 .17,988 .11,262 _11,262 4,313 .1,048 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 1.349.978 1.339.882 533.378 .297.379 397.128 1.637.794 .57.200 ..73.200 85.780 .41.705 17.1 Other Liability-Occurrence. .451,482 .463,221 .211,264 ..6.000 ...141,000 ..63,091 ..13.946 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability 2.308.735 ...2.136.199 .1,169,799 .1,091,146 ...1,340,576 ..1,589,521 .37,337 .114,337 ...172,000 .298.642 ..71,324 Commercial Auto No-Fault (Personal Injury Protection) 193 .524,296 19.4 Other Commercial Auto Liability .621.768 .659.592 .294,523 .363,350 .412,850 .4,090 .(4,910 .127,000 86 644 .19,209 Private Passenger Auto Physical Damage 1,887,093 ..1,664,195 .976,298 1,054,730 ..1,239,044 185,787 ..(925 .234,772 .58,299 Commercial Auto Physical Damage .194,303 .. 265, 385 .374.539 118.595 21.2 ...420,787 .429,812 ..58,501 ..13,000 22. Aircraft (all perils). 23. Fidelity . 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. XXX XXX.. XXX XXX XXX XXX XXX __XXX.. XXX 34. Aggregate write-ins for other lines of business 20,583,401 18.844.769 10.871.584 14.349.706 18.556.488 9.871.808 311.758 533,758 876.000 2,173,873 526.535 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 624,273 623,512 .110,098 226,065 564,420 426,858 2.3 Federal Flood 2.4 Private Crop 957 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX XXX XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 624,273 623,512 110.098 226.065 564.420 426.858 957 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513		ISINESS IN THE STA	TE OF OILIO			DURING THE YEAR 2				IC Company Code 27	
		Gross Premiums, I Membership Fees, Lo and Premiums on	ess Return Premiums Policies not Taken	3 Dividends Paid	4	5 6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
	Fire					ļ						
	Allied Lines	2,614,982	3,755,055		1,116,018	5,642,943 6,725,226	1,888,386					
2 1	Multiple Peril Crop	2,014,902					1,000,300					
	Private Crop											
	Private Flood											
	Farmowners Multiple Peril											
	Homeowners Multiple Peril					·····						
	Commercial Multiple Peril (Non-Liability Portion)											
2 (Commercial Multiple Peril (Liability Portion)	•										
	Mortgage Guaranty											
	Ocean Marine											
	nland Marine											
	Financial Guaranty	-										
	Medical Professional Liability - Occurrence											
	Medical Professional Liability – Claims-Made											
E	Earthquake											
1. (Comprehensive (hospital and medical) ind (b)											
2. (Comprehensive (hospital and medical) group (b)											
(Credit A & H (group and individual)											
1 \	Vision Only (b)											
2 [Dental Only (b)											
	Disability Income (b)			.								
4 M	Medicare Supplement (b)											
5 M	Medicaid Title XIX (b)			.								
6 1	Medicare Title XVIII (b)											
	Long-Term Care (b)											
	Federal Employees Health Benefits Plan (b)											
	Other Health (b)											
	Workers' Compensation											
	Other Liability-Occurrence											
	Other Liability-Claims-Made	-										
3 E	Excess Workers' Compensation					ļ						
	Products liability-Occurrence					ļ						
2. F	Products liability-Claims-Made			-		ļ	ļ					
1 F 2 (Private Passenger Auto No-Fault (Personal Injury Protection)					ļ						
2 (Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)											
3 (4 (Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability											
+ (Private Passenger Auto Physical Damage	•										
2 (Commercial Auto Physical Damage	·		·		·····	ļ					·
	Aircraft (all perils)	-				·····						
	Fidelity											
	Surety					·····						
	Burglary and theft											
	Boiler and Machinery	•										
	Credit	-										
	nternational		XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Warranty											
F	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
F	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Ė	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
,	Aggregate write-ins for other lines of business											
	TOTAL (a)	2,614,982	3,755,055		1,116,018	5,642,943 6,725,226	1,888,386					
ILS O	F WRITE-INS		2,.22,000		.,,	3,720,220	1,222,000					
)1							ļ					
						ļ						
)3 98. §							ļ					
	Summary of remaining write-ins for Line 34 from overflow page	1	i	1		1	1	I .	I	l	i	1

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop .356,866 .315,690 .60,998 406,227 406,051 2.065 2.3 Federal Flood 2.4 Private Crop 1.945 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX _XXX_ XXX. XXX. XXX. _XXX... XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX XXX XXX XXX ..XXX. XXX __XXX.. XXX 34. Aggregate write-ins for other lines of business 356,866 315,690 60.998 406.227 406.051 2.065 1.945 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 2.3 Federal Flood 2.4 Private Crop 103 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty . 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX. XXX XXX. __XXX_ XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX.. XXX XXX.. .XXX. XXX ..XXX.. XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 103 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 5,324,418 .5,310,832 .878.476 2,756,332 2,642,363 .975,477 2.3 Federal Flood 2.4 Private Crop 395.652 395.652 429.542 437.229 .7,687 355 2.5 Private Flood 2.074.504 .1,842,921 1,136,559 .1,254,879 604.779 .72.657 76,657 .65,000 192,829 .56,004 Farmowners Multiple Peril .936,172 Homeowners Multiple Peril 3,444,839 .3.061.285 .1.818.794 .1,627,453 .1,135,188 .868.702 .25,792 47,792 .43,000 .555,090 .92.998 5.1 Commercial Multiple Peril (Non-Liability Portion) 1.825.004 .1.619.350 .982.513 885.363 .612.094 602.620 .11.831 17.831 .19.000 .261.291 .49.552 Commercial Multiple Peril (Liability Portion) 5.2 .300.588 163.049 253.637 12.007 . 309.797 ...3,895 .189.533 .78.000 ..35.965 .8.081 Mortgage Guaranty .. 6. Ocean Marine 8. .94,212 ..85,810 49,115 .11,523 _11,523 _14,841 .2.543 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 1.052.111 766.684 515.322 120.859 165.720 411.170 9.609 14.609 .61.000 .67.289 .28.403 17.1 Other Liability-Occurrence. ...421,412 .384,716 .190,945 ..600.000 ..167 , 000 ...71,000 ..63,535 ..11,377 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability .1,456,987 .1,360,408 .738.322 ...1,314,467 ...1,410,025 ..1,647,414 .15,380 .43,380 .83,000 .235,168 .39,334 Commercial Auto No-Fault (Personal Injury Protection) 193 19.4 Other Commercial Auto Liability .216,159 .206.645 .107,461 .63,544 .38,387 ...94.843 (987 .39,000 ..29,747 .5,836 Private Passenger Auto Physical Damage 2,358,899 .2,013,701 ..1,241,582 1,267,859 ...1,341,343 148,025 (2,000 .1,000 .368,869 .63,682 ..211,038 Commercial Auto Physical Damage ...412,257 ..392,450 .367,149 ..55,567 21.2 .397,466 ..27,598 ..11,129 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX.. XXX XXX XXX XXX XXX XXX XXX 34. Aggregate write-ins for other lines of business 19,386,251 17.741.042 7.832.789 10.584.545 9,802,750 5,712,952 135,289 209,289 389.000 1.880.191 369.294 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Craum Cada 00542	DUE	NECC IN THE CTATE		OF PREMIUMS A	ND LOSSES (Statut		DUDING THE VEAD	1000		NA	IC Commons Code 27	7074
	NAIC Group Code 00513	Gross Premiums, I Membership Fees, L	NESS IN THE STATE Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	IC Company Code 27	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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	Federal Flood												·
2.4	Private Crop												1,155
2.5	Private Flood												
3.	Farmowners Multiple Peril												
4.	Homeowners Multiple Peril					ļ							ļ
5.1 5.2	Commercial Multiple Peril (Non-Liability Portion)	·											
6.	Mortgage Guaranty												İ
8.	Ocean Marine												
9.	Inland Marine			.									ļ
10.	Financial Guaranty			-									ļ
11.1	Medical Professional Liability - Occurrence	· 	ļ			ļ		-		ļ			
11.2 12.	Medical Professional Liability – Claims-Made Earthquake			-		·····							·
13.1.	Comprehensive (hospital and medical) ind (b)												İ
13.2.	Comprehensive (hospital and medical) group (b)												
14.	Credit A & H (group and individual)												
15.1	Vision Only (b)												
15.2	Dental Only (b)												
15.3 15.4	Disability Income (b)												····
15.4	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.8	Federal Employees Health Benefits Plan (b)												ļ
15.9	Other Health (b)												
16. 17.1	Workers' Compensation					····							····
17.1	Other Liability-Occurrence												
17.3	Excess Workers' Compensation.												
18.1.	Products liability-Occurrence												
18.2.	Products liability-Claims-Made												ļ
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)												ļ
19.2 19.3	Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection)												····
19.3	Other Commercial Auto Liability			-									İ
21.1	Private Passenger Auto Physical Damage	-											
21.2	Commercial Auto Physical Damage			.									
22.	Aircraft (all perils)			-									ļ
23.	Fidelity		ļ			 	ļ	-		ļ	ļ		
24. 26.	Surety Burglary and theft			-									·····
27.	Boiler and Machinery			· [<u> </u>				<u> </u>	·	İ
28.	Credit												
29.	International	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30.	Warranty						WW		WW		WWW		
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX
32. 33.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX	XXX	XXXXXX	XXX
34.	Aggregate write-ins for other lines of business										ΛΛΛ		
35.	TOTAL (a)												1,155
DETAILS	OF WRITE-INS												
3401. 3402.				-									
3402. 3403.				-									
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)												
(a) Fir	nance and service charges not included in Lines 1 to 35 \$												

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Texas DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop .137,316 ..72,890 .96,121 .56,900 .72,993 .19,676 2.3 Federal Flood 2.4 Private Crop 200 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty .. 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX XXX XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 137.316 72.890 96.121 56.900 72,993 19.676 200 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Utah DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and 10 Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid or Credited to Direct Defense and Direct Unearned Direct Losses Direct Defense and Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Paid Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 9,857,551 .9,816,477 ..6,348,727 6,617,013 8,147,853 ..3,483,401 2.3 Federal Flood 2.4 Private Crop .19,822 19.822 5.317 ..5,412 2.5 Private Flood .906,891 .842.043 .434.483 .180 .727 .276.789 647 . 461 .44,384 .52.384 .65,000 109,465 Farmowners Multiple Peril 20 165 Homeowners Multiple Peril 5,979,384 .5.452.743 .3.099.516 3,495,409 .3,445,662 ..1,048,615 .46,113 60.113 .96,000 .896,242 .132.951 5.1 Commercial Multiple Peril (Non-Liability Portion) 1.758.660 1.664.229 .874.231 439.831 1.043.420 735.087 8.998 12.998 .26.000 .282.929 .39.183 Commercial Multiple Peril (Liability Portion) 5.2 .796.308 .433.050 ..34.757 472.395 .27.968 86.968 .112.792 .. 868.719 . 205 . 055 .. 207 . 000 ..19,236 Mortgage Guaranty .. 6. Ocean Marine 8. .73,513 .143,359 .130,654 .73,474 .73,513 .22,631 .3,188 Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b). Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... 16. Workers' Compensation 1.948.812 1.604.763 877.556 .345 . 156 869.611 1.112.872 .57.509 .90.509 126.235 .43.332 17.1 Other Liability-Occurrence. ...820,568 ..770.825 .396.564 ..7.000 ..18,000 ..122,585 ..18,244 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) .362,286 .352,766 .182,729 ..211,558 .248.347 ..82,765 .3,015 .13.015 .15,000 ..54,928 .8,055 19.1 Other Private Passenger Auto Liability 8,485,588 .7.780.843 .4,342,120 4,249,586 6.542.968 .8.146.979 .78,627 293,627 560,000 1,260,288 188,675 ..(11,000) Commercial Auto No-Fault (Personal Injury Protection) ..7.398 ..(6.000) (3.000 .10.000 193 7 542 ...3.215 1 079 164 19.4 Other Commercial Auto Liability .309,288 .310,405 .138,280 .31,202 .118,812 207,098 .10,000 .43,000 .45,559 .6,877 Private Passenger Auto Physical Damage 5,835,121 .5, 157, 180 .3,012,077 3,791,709 .4,075,081 581,089 _150 .2,000 .857,602 129,743 Commercial Auto Physical Damage ..164,100 .32.899 .4,005 21.2 ..180 , 108 88.346 ..59,688 ...23,789 ...24,414 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX.. _XXX... XXX 30 Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX. XXX XXX XXX XXX. XXX XXX XXX XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX XXX XXX.. .XXX. XXX.. XXX XXX XXX XXX XXX __XXX.. XXX 34. Aggregate write-ins for other lines of business 37.483.555 34.870.700 20.304.368 19.508.677 25,108,211 16,553,646 266,764 615.764 1.154.000 3,916,749 613.825 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00513 **BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2023** NAIC Company Code 27871 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense and Direct Defense and or Credited to Direct Unearned Direct Losses Direct Defense and Commissions Direct Premiums Direct Premiums olicyholders on Direct Paid Direct Losses Cost Containment Cost Containment Cost Containment and Brokerage Premium Taxes Line of Business (deducting salvage) Written Earned Business Reserves Direct Losses Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses Licenses and Fees Fire 2.1 Allied Lines Multiple Peril Crop 2.3 Federal Flood 2.4 Private Crop 2.310 2.5 Private Flood Farmowners Multiple Peril Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) Commercial Multiple Peril (Liability Portion) 5.2 Mortgage Guaranty . 6. Ocean Marine 8. Inland Marine . 10. Financial Guaranty Medical Professional Liability - Occurrence 11 1 11.2 Medical Professional Liability - Claims-Made 12. Earthquake .. 13.1. Comprehensive (hospital and medical) ind (b). 13.2. Comprehensive (hospital and medical) group (b)... Credit A & H (group and individual) 14 15.1 Vision Only (b). 15.2 Dental Only (b)... 15.3 Disability Income (b). Medicare Supplement (b). 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b)... 15.8 Federal Employees Health Benefits Plan (b). 15.9 Other Health (b)... Workers' Compensation 17.1 Other Liability-Occurrence. 17.2 Other Liability-Claims-Made. 17.3 Excess Workers' Compensation Products liability-Occurrence 18.2. Products liability-Claims-Made Private Passenger Auto No-Fault (Personal Injury Protection) 19.1 Other Private Passenger Auto Liability Commercial Auto No-Fault (Personal Injury Protection) 19.3 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage Commercial Auto Physical Damage 21.2 22. Aircraft (all perils). 23. Fidelity 24. Surety . 26. Burglary and theft 27. Boiler and Machinery 28. Credit . 29. International. XXX. XXX. XXX. XXX. XXX. XXX. _XXX_ XXX. XXX. XXX. _XXX. XXX 30. Warranty 31. Reins nonproportional assumed property XXX XXX _XXX__ XXX. XXX XXX XXX. XXX XXX. __XXX_ XXX. 32. Reins nonproportional assumed liability XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 33. Reins nonproportional assumed financial lines XXX.. ..XXX. XXX.. .XXX. XXX ..XXX.. XXX XXX ..XXX. XXX __XXX.. ..XXX.. 34. Aggregate write-ins for other lines of business 2.310 TOTAL (a) DETAILS OF WRITE-INS 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)

and number of persons insured under indemnity only products

(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



	NAIC Group Code 00513	DUSI	INESS IN THE STATE	OF WISCONSIN				DURING THE YEAR 2	2023		NA NA	IC Company Code 27	7871
	•	Gross Premiums, I Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fee
1.	Fire												
	Allied Lines		F04 004		436,987	4 040 444	4 400 477	440.000					
	Multiple Peril Crop		594,094		430,987	1,048,114	1,160,177	112,063					
	Private Crop	•-											1.1
	Private Flood											ļ	
	Farmowners Multiple Peril												
3. 4.	Homeowners Multiple Peril												
+. 5.1	Commercial Multiple Peril (Non-Liability Portion)												
5.2	Commercial Multiple Peril (Liability Portion)	•											
6.	Mortgage Guaranty												
3.	Ocean Marine												
9.	Inland Marine												
٥.	Financial Guaranty												
.1	Medical Professional Liability - Occurrence	.				ļ		ļ	ļ		ļ	ļ	ļ
1.2	Medical Professional Liability – Claims-Made												ļ
	Earthquake	.	ļ					ļ					ļ
3.1.	Comprehensive (hospital and medical) ind (b)							ļ					ļ
3.2.	Comprehensive (hospital and medical) group (b)												
	Credit A & H (group and individual)												
5.1	Vision Only (b)												
	Dental Only (b)												
5.3	Disability Income (b)												
5.4	Medicare Supplement (b)												
5.5	Medicaid Title XIX (b)			·····			-	····		<u></u>		····	····
5.6 5.7	Medicare Title XVIII (b)												
5. <i>1</i> 5.8	Federal Employees Health Benefits Plan (b)												
5.0 5.9	Other Health (b)												
	Workers' Compensation	•											
7.1	Other Liability-Occurrence												
7 2	Other Liability-Claims-Made	-											
7.3	Excess Workers' Compensation.												
3.1.	Products liability-Occurrence												
3.2.	Products liability-Claims-Made												
9.1	Private Passenger Auto No-Fault (Personal Injury Protection)												
9.2	Other Private Passenger Auto Liability												
9.3	Commercial Auto No-Fault (Personal Injury Protection)												
9.4	Other Commercial Auto Liability												
	Private Passenger Auto Physical Damage							ļ					
1.2	Commercial Auto Physical Damage												
2.	Aircraft (all perils)												
	Fidelity												
	Surety Burglary and theft												
	Boiler and Machinery												
	Credit												
	International		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Warranty							^^^					
1.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.	Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.	Aggregate write-ins for other lines of business							ļ					ļ
5.	TŎTAĽ (a)	602,151	594,094		436,987	1,048,114	1,160,177	112,063					1
	OF WRITE-INS				-								
401.													ļ
402. 403.													
	Summary of remaining write-ins for Line 34 from overflow page	+											
	Totals (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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 00513	BUS	INESS IN THE STATE	OF Wyoming				DURING THE YEAR 2	2023		NA	IC Company Code 27	7871
		Gross Premiums, I Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4	5	6	7	8	9	10	11	12
	Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	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 Fe
1.	Fire												
2.1	Allied Lines					7.000	4.700						
2.2	Multiple Peril Crop	65,449	44,203		45,815	7,260	4,768	4,452					
2.3 2.4	Federal Flood												3.
2.4	Private Crop			ļ			· 	ļ	····			ļ	, د
3. 4.	•												
4. 5.1	Homeowners Multiple Peril Commercial Multiple Peril (Non-Liability Portion)								····				
5.2	Commercial Multiple Peril (Non-Liability Portion)												
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine												
0.	Financial Guaranty												
1.1	Medical Professional Liability - Occurrence	.											
	Medical Professional Liability – Claims-Made									<u> </u>			
2.	Earthquake												
2 1	Comprehensive (hospital and medical) ind (h)		ļ			ļ	.	ļ	ļ	ļ	ļ	ļ	ļ
3.2.	Comprehensive (hospital and medical) group (b)												
4.	Credit A & H (group and individual)												
5.1	Vision Only (b)												
	Dental Only (b)												
	Disability Income (b)												
5.4	Medicare Supplement (b)												
5.5	Medicaid Title XIX (b)												
5.6	Medicare Title XVIII (b)												
5.7	Long-Term Care (b).												
5.8	Federal Employees Health Benefits Plan (b)						.	ļ	ļ			ļ	
5.9	Other Health (b)												
	Workers' Compensation												
7.1	Other Liability-Occurrence.												
7.2	Other Liability-Claims-Made												
7.3	Excess Workers' Compensation.			····									
3.1. 3.2.	Products liability-Occurrence Products liability-Claims-Made												
	Private Passenger Auto No-Fault (Personal Injury Protection)	• •											
9.1 9.2	Other Private Passenger Auto No-Pault (Personal Injury Protection)						-						
9.2	Commercial Auto No-Fault (Personal Injury Protection)							·····					
9.3 9.4	Other Commercial Auto Liability							·····	·····				
1.1	Private Passenger Auto Physical Damage	•											
1.2	Commercial Auto Physical Damage	·		ļ		 	·	İ	İ	 	ļ	l	
2.	Aircraft (all perils)												
3.	Fidelity												
i.	Surety												
6.	Burglary and theft												
7.	Boiler and Machinery			ļ		ļ	.		ļ	<u> </u>			
3.	Credit	.				ļ	.	ļ	ļ	 			
9.	International	XXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Warranty			ļ									
1.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.	Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.	Aggregate write-ins for other lines of business			ļ		ļ	·	ļ	ļ		ļ	ļ	ļ
	TOTAL (a)	65,449	44,203		45,815	7,260	4,768	4,452					3
	OF WRITE-INS												
401. 402.		+		·····				·····	·····			l	
402.		1											
	Summary of remaining write-ins for Line 34 from overflow page												
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	1		1		1		1		l		I	1

and number of persons insured under indemnity only products

(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



	NAIC Group Code 00513	BUSI	NESS IN THE STATE O	F Consolidated		VD LOSSES (Statut	o. y . ago,	DURING THE YEAR 2	023		N/	AIC Company Code 278	371
		Gross Premiums, I	ncluding Policy and	3	4	5	6	7	8	9	10	11	12
		Membership Fees, Less	s Return Premiums and			-	_		-	_		• •	· -
		Premiums on Po	olicies not Taken	Dividends Paid									
		1	2	or Credited to	Direct Unearned	Direct Losses			Direct Defense and	Direct Defense and	Direct Defense and	Commissions	
		Direct Premiums	Direct Premiums	Policyholders on Direct	Premium	Paid		Direct Losses	Cost Containment	Cost Containment	Cost Containment	and Brokerage	Taxes,
	Line of Business	Written	Earned	Business	Reserves	(deducting salvage)	Direct Losses Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	Licenses and Fees
1.	Fire												
2.1	Allied Lines		16,890		4,321	6,350	6,350						264
2.2	Multiple Peril Crop		203,709,657		32,714,482	279,806,070	319 , 074 , 550	91,665,790					
2.3	Federal Flood												
2.4	Private Crop		13,781,122			11,604,296	12,206,787	1,229,974					38 , 548
2.5	Private Flood						07 504 004		0.15 0.10				
3.	Farmowners Multiple Peril	32,837,896	29,294,662		15,429,247	22,974,583	27,561,031	12,880,028	645,942	1,668,942	1,989,000	4,042,380	628,648
4.	Homeowners Multiple Peril	67,745,001	59,721,477		35,687,235	44,037,325	47,649,248	17,865,590	201,412	275,412	551,000	10,250,407	1,274,002
5.1	Commercial Multiple Peril (Non-Liability Portion)	43,230,698	38,071,871		21,839,178	34,473,579	37,247,003	25,837,011	545,343	658,343	556,000	6,579,767	
5.2	Commercial Multiple Peril (Liability Portion)				3,882,306	2,072,271	4,864,037			1,480,501	2,492,000	1,059,407	152,98
6.	Mortgage Guaranty												
8.	Ocean Marine	4 400 000	4 040 045		740.007	700.040	700 400		400	400		000 500	00.00
9.	Inland Marine	1,432,930	1,318,645		719,937	703,949	732,466	33,517	126	126		222,530	26,20
10.	Financial Guaranty			····			·	····					
11.1	Medical Professional Liability-Occurrence						·····						
							<u> </u>	····					
12. 13.1.	Earthquake Comprehensive (hospital and medical) - ind (b),						·						
13.1.	Comprehensive (hospital and medical) - Ind (b)												
14.	Credit A & H (group and individual)												
15.1	Vision only (b).												
15.1	Dental Only (b)												
15.2	Disability Income (b)												
15.4	Medicare Supplement (b).												
15.4	Medicaid Title XIX (b)												
15.6	Medicare Title XVIII (b)												
15.7	Long-Term Care (b)												
15.7	Federal Employees Health Benefits Plan (b).												
15.6	Other Health (b)												
16.	Workers' Compensation	24,073,258	22,914,751		.9,426,428	7,271,463	10,757,043	27 , 048 , 049		1,113,393	2.901.000	1,523,394	402.953
17.1	Other Liability-Occurrence	8.063.192	7,376,093		3.786.988	606.985	954.986	1.932.501	46.282	49.282	3.000	1,195,910	149 . 120
17.2	Other Liability-Claims-Made					000,303	, 304, 300	, , 332, 301	40,202	43,202	000, ر	, 130,310	140, 121
17.3	Excess Workers' Compensation.												
18.1.	Products Liability-Occurrence												
18.2.	Products Liability-Occurrence												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	1.771.220	1.676.430		898.400	984.908	1.026.126	548.386	24.629	76.629	73.000	265,340	39.07
19.2	Other Private Passenger Auto Liability		33,561,515		19,031,430	21,347,916	32,376,423	33,432,177		1,586,773	2,639,000	5,603,463	734,41
19.3	Commercial Auto No-Fault (Personal Injury Protection)		117,501		51,461	41,136	(31,213)	(4,003)	517	(19,483)		14,946	2.43
19.4	Other Commercial Auto Liability	6,442,568	6,295,944		2,722,540	3,075,201	5,272,623	6,569,842	180,171	344 . 171	1.144.000	939,216	117,38
21.1	Private Passenger Auto Physical Damage		38,626,275		23,325,701	27,482,663	29,326,843	3,311,104	7.289	2.289	20,000	6.676.804	
21.2	Commercial Auto Physical Damage	7,131,779	6,725,104		3.090.952	4.087.875	4.898.573	1,207,310	3.084	2.084	4.000	1.032.887	122.16
22.	Aircraft (all perils)	, , , , , , , , , , , , , , , , , , , ,											,
23.	Fidelity												
24.	Surety												
26.	Burglary and Theft												
27.	Boiler and Machinery												
28.	Credit												
29.	International			L				L					
30.	Warranty			L									
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business												
35.	TOTAL (a)	492,870,363	470,859,386		172,610,606	460,576,570	533,922,876	230,959,535	3,850,462	7,238,462	12,438,000	39,406,451	5,353,25
DETAIL	S OF WRITE-INS	1	.,,		1	,,	1	,,	.,,		,,,,,,	,,	.,,=
3401.			 	 		 	ļ	ļ	<u> </u>	 	<u> </u>		
3402.							ļ						
3403.							ļ			ļ	ļ		ļ
3498.						ļ	}	ļ		 			
	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	94 205		l									

SCHEDULE F - PART 1

Accumed Paincurance	as of Docombor 31 Cu	rrent Year (\$000 Omitted)

					Assumed Reins	urance as of Dece	ember 31, Current	Year (\$000 Omitt	ed)					
1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
					6	7	8						Amount of Assets	
													Pledged or	Amount of Assets
											Funds Held By or		Compensating	Pledged or
	NAIC				Paid Losses and			Contingent	Assumed		Deposited With		Balances to	Collateral
ID	Company		Domiciliary	Assumed	Loss Adjustment	Known Case		Commissions	Premiums	Unearned	Reinsured	Letters of Credit		Held in
Number	Code	Name of Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 +7	Payable	Receivable	Premium	Companies	Posted	of Credit	Trust
Other U.S. Un			Garioalotion	1 TOTTIGHT	Ехропосо	Ecococ and Ext	0010. 0 11	i ayabio	TROCCIVADIO	1 TOTHIGHT	Companico	1 00104	or Oroak	i iidot
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	I IN			11	11							
16-1486064	10687	UTICA NATL ASSUR CO.	NY			22	22				40			
	tal Other U.	S. Unaffiliated Insurers				33	33				40			
	ociations - I	Mandatory Pools Associations or Other Similar	Facilities										•	-
AA-9991118	00000	IOWA COMMERCIAL AUTO INS PROCEDURE	IA	39	1	106	107		2	14				
AA-9991209	00000	KANSAS FAIR PLAN	KS	79	43	7	50		160	42				
AA-9992118	00000	IOWA COMMERCIAL AUTO INS PROCEDURE. KANSAS FAIR PLAN. NATIONAL WORKERS COMP REINS POOL.	NY	576	2	807	809		96	173				
	ools and Asso	ciations – Mandatory Pools, Associations or Oth	her Similar											
	Facilities			694	46	920	966		258	229				
1299999 - Po	ols and Asso	ciations – Total Pools and Associations		694	46	920	966		258	229				
	·····													ļ
			·											
	ļ													
			.						ļ					ļ
	·····													
			-											
	····													
	[•												
	[]													
														.
9999999 To	otals			694	46	953	999		258	229	40			

SCHEDULE F - PART 2 Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

		Premium Portfolio Reinsurance Effected or (Canceled)	during Current Year	_	
1	2	3	4	5	6
	NAIC				
ID	Company				Reinsurance
Number	Code	Name of Company	Date of Contract	Original Premium	Premium
0199999 Tota	Reinsurance	Ceded by Portfolio			
0299999 Tota	Reinsurance	Assumed by Portfolio			
			• • • • • • • • • • • • • • • • • • • •		
				····	
			<u></u>		
		NONE			
]					
			• • • • • • • • • • • • • • • • • • • •	1	
					• • • • • • • • • • • • • • • • • • • •

SCHEDULE F - PART 3

					Ceded	Reinsurand	ce as of Dec	ember 31, C	urrent Year	(\$000 Omitte	ed)								
1	2	3	4	5	6			•	Reinsura	ance Recove	rable On				16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18		
																		Net Amount	
					Reinsur-			Known							Amount in		Other	Recover-	Funds Held By Company
	NAIC				ance			Case	Known				Contingent	Cols.	Dispute	Ceded	Amounts	Reinsurers	
ID	Company		Domiciliary	Special	Premiums	Paid	Paid	Loss		IBNR Loss	IBNR LAE	Unearned	Commis-	7 through	Included in	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves			Reserves		sions	14 Totals			Reinsurers	[17 + 18]	Treaties
		U.S. Intercompany Pooling	•	•	•		•	•	•	•	•	•		•					•
42-0331872		FARM BUREAU PROP & CAS INS CO.			262,287			57 , 533		66,381	19,009			278,874				278,874	
		zed - Affiliates - U.S. Intercompany Pooling			262,287			57,533		66,381	19,009	135,951		278,874				278,874	
		zed – Affiliates – Total Authorized – Affiliates naffiliated Insurers			262,287			57,533		66,381	19,009	135,951		278,874				278,874	
38-3207001		ACCIDENT FUND INS CO OF AMER	T MI		74		I			1	1	1		1	1	7		(7)	
95-2371728	22667	ACE AMER INS CO.	PA		209,846			85,515		7,381		32,715		125,611				125,611	
95-3187355	35300	ALLIANZ GLOBAL RISKS US INS CO	IL		139	6		19		73				98		6		92	
06-1182357	22730	ALLIED WORLD INS CO.	NH					ļ1		3	4 000			4		000		44	
36 - 2661954 06 - 1430254	10103 10348	AMERICAN AGRICULTURAL INS COARCH REINS CO	INDE	····	966 21	4		1,189		556	1,000	80		2,829		208		2,621	
51-0434766	20370	AXIS REINS CO	NY		(2)	2		9		22				33		∠		33	
47 - 0574325	32603	BERKLEY INS CO.	DE		1,133	1		21		156		377		555		164		391	
42-0234980	21415	EMPLOYERS MUT CAS CO.	IA			2		440		32		ļ <u>.</u>		474				474	
22-2005057 05-0316605	2692121482	EVEREST REINS CO	DEDE		1,112 4,489	441		60 145			 			135 2,870		164 783		(29)	
13-6108721	26433	HARCO NATL INS CO.			4,469	441	l9	27		50	†	2,2/3		2,070		12		71	
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO.	CT		1,530	27		38				774		839		89			
74-2195939	42374	HOUSTON CAS CO	TX		126	2		6		13				21		15		6	
04-1543470	23043	LIBERTY MUT INS CO	MA	ļ	78	3		391		36				430		9		421	
06-1481194 13-4924125	10829 10227	MARKEL GLOBAL REINS CO	DEDE	ļ	338	1		227		26 20		154		254 175		111		254 64	
31-4177100	23787	NATIONWIDE MUT INS CO.	OH		35			281		20		104		281		4		277	
13-3138390	42307	NAVIGATORS INS CO	NY		63	6		24		65				95		7		88	
47-0698507	23680	ODYSSEY REINS CO	CT		183	7		24		82		3		116		15		101	
95-2379438 13-3031176	20338 38636	PALOMAR SPECIALTY INS CO	0R NY		8			648	†		 	 		648	+	11		(1) 648	
35-6021485	12416	PROTECTIVE INS CO OF THE OS	IN	ļ	†			1 1			†			1				1	
23-1641984	10219	QBE REINS CORP.	PA					I1						1				İ1	
52 - 1952955	10357	RENAISSANCE REINS US INC	MD		218			867			ļ	4		871		27		844	
43-0727872 75-1444207	15105	SAFETY NATL CAS CORP.	MO		844	3	1	1,301		569				1,874		83		1,791	
75-1980552	30058 12831	SCOR REINS CO	NY		(2)	4		152 15		44				152 63				152 63	
13 - 1675535	25364	SWISS REINS AMER CORP.	NY.			12		848		176				1,036		61		975	
02-0449082	42376	TECHNOLOGY INS CO INC.	DE			11	3	537		49				600				600	
31-0542366	10677	THE CINCINNATI INS CO.	OH	ļ	69	3		ļ9		34		ļ		46		9		37	
87 -2252307 42 -0644327	22225 13021	TRISURA INS CO	0K	ļ	78 85			†								9		(9) (8)	
20-3145738	12537	UNITED SPECIALTY INS CO.	DE	<u></u>	(2)		<u> </u>	İ	1	10	t	<u> </u>	İ	10	<u> </u>	0		10	[
13-3088732	40517	WCF NATL INS CO.	UT		75			1								8		(8)	
13-1290712	20583	XL REINS AMER INC	NY		497	<u>-</u>	ļ <u>.</u>	ļ	_	ļ <u>.</u> _		224		224		161		63	
94-1590201	26220	YOSEMITE INS CO	. 0K		000 004	7	2	426		25	4 000	00.004		460		4.000		460	
	Pools - Mand	zed - Other U.S. Unaffiliated Insurers			222,681	549	15	93,222		9,422	1,000	36,681		140,889		1,963		138,926	
		MINNESOTA WORKERS COMP	I MN		20		I			51	1	·		51		24		27	
		zed – Pools – Mandatory Pools			20					51				51		24		27	
	Other Non-U.						L	1	1	. ,	1			. ,,	1		I	·	'
AA-1120337		Aspen Ins UK Ltd	GBR					130		12				142				142	
AA - 3194122		DaVinci Reins Ltd	BMU	 	(5)	6		19	ļ	70	ļ	ļ	ļ	95	ļ	(1)		96	
AA - 3194130 AA - 1126033	00000	Endurance Specialty Ins Ltd	BMUGBR	 	(4)	10	 	31		108	 	 			·	(1)		3 150	·
AA - 1126435	00000	Lloyd's Syndicate Number 33Lloyd's Syndicate Number 435	GBR	t	†(4) (1)	1U 1		16		13		t		149		······(')		20	
AA-1126510	00000	Lloyd's Syndicate Number 510	GBR	İ	(5)	10		32		106				148		(1)		149	
AA-1120085	00000	Lloyd's Syndicate Number 1274	GBR	ļ	(1)	2		6		18				26				26	
AA - 1127301	00000	Lloyd's Syndicate Number 1301	GBR		ļ	<u>2</u>		 5		34	ļ	 	ļ	41	ļ			41	
AA-1120156 AA-1120157	00000	Lloyd's Syndicate Number 1686. Lloyd's Syndicate Number 1729.	GBR GBR	 	(5) (5)	/ 7		26 24				ļ		111		(1)		112 104	
AA-1120157		Lloyd's Syndicate Number 1729	GBR	t	(3)	4	 	12			·	t		51		·····\		52	

SCHEDULE F - PART 3

					Cedeo	l Reinsuran	ce as of Dec	<u>ember</u> 31, C	urrent Year	(\$000 Omitt	ed)								
1	2	3	4	5	6				Reinsura	ance Recove	rable On				16	Reinsuran	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18		
																	I I	let Amount	1
																		Recover-	Funds Held
					Reinsur-			Known							Amount in				By Company
	NAIC		l <u> </u>	l	ance			Case	Known			l	Contingent	Cols.	Dispute	Ceded		Reinsurers	
ID.	Company	N (D)	Domiciliary	Special	Premiums	Paid	Paid	Loss			IBNR LAE		Commis-	7 through	Included in	Balances		Cols. 15 -	Reinsurance
Number AA-1120096	Code 00000	Name of Reinsurer Lloyd's Syndicate Number 1880	Jurisdiction GBR	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	14 Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
AA-1120083	00000	Lloyd's Syndicate Number 1910.	GBR	†	†('')	31	1	93	····	27 364				رد 489			 	489	
AA-1120186		Lloyd's Syndicate Number 1947	GBR.	İ	I(1)			İ		7				7				7	
AA - 1120084	00000	Lloyd's Syndicate Number 1955	GBR		I	1		1		8				10				10	
AA-1120106		Lloyd's Syndicate Number 1969.	GBR	ļ	(1)				ļ	17				17		(1)		18	
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR	ļ	(6)	14		49		158				221		(1)		222	
AA - 1128003 AA - 1128010		Lloyd's Syndicate Number 2003	GBR GBR	 	(4)		 	33	····	50	†			33 72		(1)	 		
AA-1128121		Lloyd's Syndicate Number 2010 Lloyd's Syndicate Number 2121	GBR	 	1(4)	1		/ /	·							(1)	····	13	
AA-1128791		Lloyd's Syndicate Number 2791	GBR	İ	(4)	18		57		206				281				281	
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR	I	I(2)	1		1		22				24				24	
AA-1126005	00000	Lloyd's Syndicate Number 4000	GBR	ļ	ļ		ļ			4				4				4	
AA - 1120086	00000	Lloyd's Syndicate Number 4141	GBR	ļ	ļ(1)	ļ1	ļ	ļ <u>1</u>	ļ	7	ļ	 	ļ	9		/41	 	9	
AA - 1120181 AA - 1840000	00000	Lloyd's Syndicate Number 5886	GBR. ESP.	 	† ⁽⁵⁾	J6		21	·	60				87		(1)	 		
AA-3190829		Markel Bermuda Ltd	BMU	 	171											17	·····	(17)	
AA-3190339	00000	RENAISSANCE REINS LTD.	BMU	1	(4)	5		13		52	1			70	1	(1)		71	
AA-3190870	00000	Validus Reins Ltd.	BMU.	I		31	1	93		366				491		(' /		491	
1299999 - T	otal Authori.	zed – Other Non-U.S. Insurers		'	111	165	2	686		1,900				2,753		6		2,747	
1499999 - T	otal Authori.	zed Excluding Protected Cells (Sum of 0899999, 0999999,	1099999, 1199999	and 1299999)	485,099	714	17	151,441		77,754	20,009	172,632		422,567		1,993		420,574	
		U.S. Insurers																	
AA-3191298		Antares Reins Co Ltd.	BMU		24	5		19		57				81		3		78	
AA -5280012	00000	CENTRAL REINS CORP	TWN CHN	ł	17			17		70						2	 	(2) 79	
AA-9240012 AA-9240020	00000	China Prop & Cas Reins Co Ltd	CHN.	 	115	0	ļ	1/	ļ	/0				93		14	-	/9	
AA-3191435		Conduit Reins Ltd.	BMU	†	(1)	2	†	9		25	†			36				36	
AA - 1340028	00000	Devk Ruckversicherungs und Beteiligungs AG	DEU		119	6		20		67				93		11		82	
AA-3191289	00000	Fidelis Ins Bermuda Ltd	BMU	ļ	(2)	1		1		12				14				14	
AA-1120175		Fidelis Underwriting Ltd.	GBR	ļ	(3)	2		2		29				33		(1)	ļ	34	
AA-5340310 AA-3191190	00000	GEN INS CORP OF INDÏA	IND BMU	 	/7\	10	 	1 34	ļ	108				5 152		(1)	 	6	
AA-3190060	00000	Hannover Re (Bermuda) Ltd.	BMU	 	(7) 524	22	ļ			243				335		64	····	271	
AA - 1460080		HELVETIA SCHWEIZERISCHE VERSICHERUNGS.	CHE	İ	111			93		240		2		95		14		81	
AA-8310008		Humboldt Re Ltd.	GGY	I	I	1		1		6				8				8	
AA - 5420050		KOREAN REINS CO	K0R	ļ	96	5		17		51				73		10		63	
AA - 1440060	00000	LANSFORSAKRINGS BOLAG ENS AB	SWE	ļ	33	2		7	ļ	20				29		4		25	26
AA-3191239 AA-1460019		Lumen Re Ltd	BMUBHE	 	 (1)	4		14	·	41				59			 	59	
AA - 5340660		NEW INDIA ASSUR CO LTD.	IND	 	†	1	 	1	·	7				ا و			 	9	
AA - 5320039		Peak Reins Co Ltd.	HKG	†	(8)	12		42		125				179		(1)		180	
AA -9240065	00000	PICC Reins Co Ltd.	CHN	ļ	28											3		(3)	
AA - 1240051		QBE Europe NV/SA	BEL	ļ	5		ļ		ļ								 		
AA - 1340004		R V Versicherung AG.	DEU		700	22	ļ1	292	ļ	250				565		68		497	
AA - 1440076 AA - 5324100		SiriusPoint Intl Ins Corp (publ) Taiping Reins Co Ltd	SWEHKG.	t	1(1)	·····1	·	1	·	4 73				6 102		10	 	6 92	
AA-3191432		Vantage Risk Ltd	BMU	t	(2)	/		18	ļ	58		†		81		10	 	92	·
AA - 3191388		Vermeer Reins Ltd.	BMU	İ	1(3)	2		2		14				18				18	
2699999 - T	otal Unautho	rized – Other Non-U.S. Insurers			1,831	116	2	685		1,265		2		2,070		200		1,870	26
	otal Unautho	rized Excluding Protected Cells (Sum of 2299999, 239999	9, 2499999, 259999	99 and					İ										
	2699999)				1,831	116	2	685		1,265		2		2,070		200		1,870	26
Certified - (
CR - 1340125 CR - 3190875	00000	Hannover Rueck SE Hiscox Ins Co (Bermuda) Ltd.	DEUBMU	ł	 (6)	7 34	ļ	212 105	·	159 405		 		378 545	·	(1)	 	379 545	ļ
CR-3190875		New Reins Co Ltd		t	†(3)	34	l1	105	····	405		····		545			 	545	1
CR-3190686		Partner Reins Co Ltd.	BMU	t	(2)		ļ	19	ļ			 		90		(1)	 	91	
		ed - Other Non-U.S. Insurers	1	 	(12)	48	1	337		638				1,024		(2)		1.026	1
		ed Excluding Protected Cells (Sum of 3699999, 3799999),	3899999, 3999999	and 4099999)	(12)	48		337		638				1,024		(2)		1,026	1
		Other Non-U.S. Insurers		,	/		•	•	•		•	•		,	•			, ,	•
-																			

SCHEDULE F - PART 3

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

					Cedec	Reinsuran	ce as of Dec	ember 31, C											
1	2	3	4	5	6				Reinsur	ance Recove	rable On				16	Reinsurand	ce Payable	19	20
						7	8	9	10	11	12	13	14	15		17	18		1
																	l N	let Amount	1
																		Recover-	Funds Held
					Reinsur-			Known							Amount in		Other a	able From	By Company
	NAIC				ance			Case	Known				Contingent	Cols.	Dispute	Ceded		Reinsurers	Under
ID	Company		Domiciliary	Special	Premiums	Paid	Paid	Loss		IBNR Loss	IBNR LAE	Unearned			Included in	Balances		Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves		Premiums	sions		Column 15			[17 + 18]	Treaties
RJ-3194126	00000	Arch Reins Ltd	BMU	Code	774	L03363	LAL	5	1 (CSCIVES	10	1 COCIVES	1 Territuriis	310113	2/	Column 15	1 ayabic 55	Remodrers	(31)	Treaties
RJ-3191435	00000	Conduit Reins Ltd.	BMU		120			1								15		(15)	[
RJ-1120191	00000	Convex Ins UK Ltd.	GBR.		164	4		16		38	†			58	1	11		47	[
RJ-3191400	00000	Convex Re Ltd	BMU		164	3		17		38				58		11		47	[
RJ-3194122	00000	DaVinci Reins Ltd	BMU		442			1								54		(54)	[
RJ-3191190	00000	Hamilton Re Ltd	BMU		190			Ī								23		(23)	[
RJ-1340125	00000	Hannover Rueck SE	DEU		806		T	2		108				110	T	79		31	ſ
RJ-3190875	00000	Hiscox Ins Co (Bermuda) Ltd.	BMU		172											21		(21)	[
RJ-3190871	00000	Lancashire Ins Co Ltd.	BMU.		98											12		(12)	
RJ-1126033	00000	Lloyd's Syndicate Number 33	GBR.		172											21		(21)	L
RJ-1126435	00000	Lloyd's Syndicate Number 435.			55			1								7	II	(7)	L
RJ-1126510	00000	Lloyd's Syndicate Number 510.	GBR		2			1		<u> </u>					l			` ′	1
RJ-1126609	00000	Lloyd's Syndicate Number 609	GBR		3														1
RJ-1126623	00000	Lloyd's Syndicate Number 623			14											2		(2)	L
RJ-1120085	00000	Lloyd's Syndicate Number 1274.			83											10		(10)	L
RJ-1127301	00000	Lloyd's Syndicate Number 1301	GBR		75											9		(9)	L
RJ-1127414	00000	Lloyd's Syndicate Number 1414	GBR		453		ļ	ļ			ļ	206		206		148		58	ļ
RJ-1120198	00000	Lloyd's Syndicate Number 1618			27											3		(3)	ļ
RJ-1120157	00000	Lloyd's Syndicate Number 1729	GBR		34										ļ	4		(4)	ļ
RJ-1120096	00000	Lloyd's Syndicate Number 1880			8						ļ					1	ļ	(1)	ļ
RJ-1120084	00000	Lloyd's Syndicate Number 1955	GBR		120			1		2				3		10		(7)	ļ
RJ-1128001	00000	Lloyd's Syndicate Number 2001	GBR		303			2		7				9		23		(14)	ļ
RJ-1128003	00000	Lloyd's Syndicate Number 2003	GBR		181											1		(1)	ļ
RJ-1128010	00000	Lloyd's Syndicate Number 2010			121											15		(15)	ļ
RJ-1128121	00000	Lloyd's Syndicate Number 2121	GBR		49		ļ	ļ			ļ				ļ	6	ļ	(6)	ļ
RJ-1128623	00000	Lloyd's Syndicate Number 2623	GBR		65					<u>-</u> -						8		(8)	ļ
RJ-1128791	000000	Lloyd's Syndicate Number 2791	GBR		517			2		/				9		50		(41)	·
RJ-1128987	00000	Lloyd's Syndicate Number 2987	GBR		54						+					5		(5)	ļ
RJ-1129000	00000	Lloyd's Syndicate Number 3000	GBR		58		 	 			 				 	6		(6)	ł
RJ-1120075	00000	Lloyd's Syndicate Number 4020.	GBR		14		 	†			 				 	2		(2)	ł
RJ-1126006	00000	Lloyd's Syndicate Number 4472	. GBR. GBR		73		 	t	····	 	 				 	'ַ	 	(7)	t
RJ-1120181 RJ-3190686	00000	Lloyd's Syndicate Number 5886 Partner Reins Co Ltd.	. IGBK		26 404		 	t			†				 	3 49	 	(3)	t
RJ-3190686		RENAISSANCE REINS LTD	BMU BMU		404		 	t			t				 	49		(49)	t
RJ-3190339	00000	Validus Reins Ltd.	. J		294		 	·····		7	t			n	†			(30)	t
RJ-3191388	00000	Vermeer Reins Ltd	BMU		295		†	t		······				9		27		(13)	f
		cal Jurisdiction - Other Non-U.S. Insurers	DIIIO		6,647	7		47		226		206		486		756		(270)	
			0000 5100000 500000	O E200000	0,047		-	41		220	 	200		400		100	 	(210)	
0099999 - 1	and 5499999	cal Jurisdiction Excluding Protected Cells (Sum of 5099:	19999, 0199999, 029999	99, 0099999	6.647	7		47		226	1	206		486		756		(270)	1
5700000		<i>)</i> zed, Unauthorized, Reciprocal Jurisdiction and Certifie	nd Evoluding Protocto	nd Colle	0,047	1		41		220	 	200		400		100	 	(210)	
ו - ששששש - ו		zed, onauthorized, keciprocal Jurisdiction and certifie 9999. 2899999. 4299999 and 5699999)	a Lacidating Fiblecte	5u 08115	493.565	885	20	152,510		79.883	20.009	172.840		426 . 147		2.947		423.200	27
0000000		0000, 2000000, 4200000 and 00000000			,					- ,	- ,	,		- /				- ,	
9999999 1	otals				493,565	885	20	152.510	I	79.883	20.009	172.840	l l	426,147	1	2.947		423.200	27

						.00.000 00 0	(Credit Ris	i, Current rea k)	a. (4000 Ot	ou,							
			Colla	ateral		25	26	27				Ceded	Reinsurance (Credit Risk			
		21	22	23	24				28	29	30 Reinsurance	31	32	33	34		36 Credit Risk on Uncollateralized Recoverables
ID Number		Multiple		Issuing or Confirming Bank	Single Beneficiary Trusts & Other	Total Funds Held.	Net Recoverable Net of Funds	Applicable Sch. F	Total Amount Recoverable From Reinsurers	Stressed	Payable & Funds Held (Cols. 17+18+20;	Stressed Net Recoverable	Total Collateral (Cols. 21 + 22 + 24, not	Stressed Net Recoverable Net of Collateral	Dainaurar	(Col. 32 * Factor Applicable to Reinsurer Designation	(Col. 33 * Factor Applicable to Reinsurer Designation
Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Reference Number	Allowable Collateral	Payables & Collateral	Held & Collateral	Penalty (Col. 78)	Less Penalty (Cols. 15 - 27)	(Col. 28 * 120%)	but not in excess of Col. 29)	(Cols. 29 – 30)	in Excess of Col. 31)	Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Equivalent in Col. 34)	
	Affiliates - U.S. Intercompany Pooling					1	070 074		VVV	VVV	I VVV	VVV	I VVV	VVV	I WW	I VVV	VVV
	FARM BUREAU PROP & CAS INS CO			XXX			278,874 278,874		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Affiliates - Total Authorized -			^^			210,014		۸۸۸	۸۸۸	۸۸۸	^^^	^^^	۸۸۸	^^^	^^^	^^^
	Affiliates			XXX			278,874								XXX		
	Other U.S. Unaffiliated Insurers					Т					ı	1	ı	1	1 2	ı	1
95-2371728	ACCIDENT FUND INS CO OF AMER	-		†	·····	 	125,611		125,611	150,733		150,733		150,733	1		2,412
95-3187355	ALLIANZ GLOBAL RISKS US INS CO.					6	92		98	118	6	112		112	22		2
06-1182357	ALLIED WORLD INS CO.				ļ		44		4	5		5		5	3		
	AMERICAN AGRICULTURAL INS CO	ļ		 		208	2,621		2,829	3,395	208	3,187		3,187	3		89
51-0434766	AXIS REINS CO						33		33	40		40		40	3		1
47 - 0574325	BERKLEY INS CO.					164	391		555	666	164	502		502	2		11
	EMPLOYERS MUT CAS CO.			ļ		405	474		474	569	400	569		569	3		16
22-2005057 05-0316605	EVEREST REINS CO	·		†		135 783	2,087		135 2,870	162	162 783	2,661		2,661	2		56
13-6108721	HARCO NATL INS CO.					12	71		83	100	12	88		88	4		3
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO					89	750			1,007	89	918			11		15
74-2195939	HOUSTON CAS CO.			ļ		15 9	6		21	25	15 9	10 507		10	ļ <u>1</u>		ļ
04 - 1543470 06 - 1481194	LIBERTY MUT INS CO					19	421 254		430 254	516 305	9	305			3		14 q
13-4924125	MUNICH REINS AMER INC.					111	64		175	210	111	99		99	2		2
31-4177100	NATIONWIDE MUT INS CO					4	277		281	337	4	333			3		9
	NAVIGATORS INS CO			ļ		7	88		95 116	114	7	107		107	2		2
	ODYSSEY REINS CO PALOMAR SPECIALTY INS CO	-		ł		15	101		110	139	15	124		124	/ ₁		3
13-3031176	PARTNER REINS CO OF THE US.						648		648	778		778		778	2		16
35-6021485	PROTECTIVE INS CO						1		1	1		11		1	3		[
23-1641984	QBE REINS CORP.			ļ		27	11		1 871	1	07	1.018		1	3		
52-1952955 43-0727872	RENAISSANCE REINS US INC	 		†		83	844 1,791		1,874	1,045 2,249	27 83	2,166		1,018 2,166	1		21 35
75-1444207	SCOR REINS CO.					1	152		152			182		182	3		
75 - 1980552	STATE NATL INS CO INC						63		63	182		76		182	3		2
	SWISS REINS AMER CORP.			ļ		61	975		1,036	1,243	61	1,182		1,182	ļ2		25 24
02-0449082 31-0542366	TECHNOLOGY INS CO INC	†		+		g	600				9				2		124
87 - 2252307	TRISURA INS CO.					1	الا					90		90	4		[
42-0644327	UNITED FIRE & CAS CO.						ļ					ļ			4		
	UNITED SPECIALTY INS CO.	ļ		ļ	ļ	ļ	10			12	ļ	12	ļ	12	J3		ļ
13-3088/32	WCF NATL INS COXL REINS AMER INC.	 		 	<u> </u>	161	63		224	269	161	108	 	108	3		2
94-1590201	YOSEMITE INS CO					1	460		460	552		552			6		
	otal Authorized – Other U.S. Unaffiliated Insurers			XXX		1,899	138,990		140,889	169,067	1,926	167,141		167,141	XXX		2,842
	Pools - Mandatory Pools						^7		VVV	VVV	I VVV	VVV	I VVV	T VVV	I VVV	I VVV	T VVV
	MINNESOTA WORKERS COMP otal Authorized - Pools - Mandatory Pools			VVV		24			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Other Non-U.S. Insurers			XXX		24	27			۸۸۸			1 444	YYY		XXX	
AA-1120337	Aspen Ins IK Ltd				I	I	142		142	170		I 170		170	3		5
AA-3194122	DaVinci Reins Ltd. Endurance Specialty Ins Ltd.					(1)	96		95	114	(1)	115		115	3		3
AA-3194130	Endurance Specialty Ins Ltd.		 		ļ	ļ	3		3	4	ļ	4		4	2		ļ
AA - 1126033	Lloyd's Syndicate Number 33		ļ		<u> </u>	(1)	150		149	179	(1)	180	ļ	180	<u> </u>		<u> </u>

	(Credit Risk) Collateral 25 26 27 Ceded Reinsurance Credit Risk																
						25	26	27									
		21	22	23	24				28	29	30 Reinsurance	31	32	33	34	35 Credit Risk Collateralized Recoverables	36 Credit Risk on Uncollateralized Recoverables
ID				Issuing or Confirming	Single Beneficiary Trusts &	Total Funds	Net Recoverable	Applicable	Total Amount Recoverable From Reinsurers		Payable & Funds Held (Cols. 17+18+20;	Stressed Net	Total Collateral (Cols. 21 +	Stressed Net Recoverable Net of		(Col. 32 * Factor Applicable to Reinsurer	(Col. 33 * Factor
Number		Multiple		Bank	Other	Held,	Net of Funds	Sch. F	Less Penalty			Recoverable			Reinsurer	Designation	Designation
From Col. 1	Name of Reinsurer From Col. 3	Beneficiary Trusts	Letters of Credit	Reference Number	Allowable Collateral	Payables & Collateral	Held & Collateral	Penalty (Col. 78)	(Cols. 15 - 27)	(Col. 28 * 120%)	excess of Col. 29)	(Cols. 29 – 30)	in Excess of Col. 31)		Designation Equivalent	Equivalent in Col. 34)	Equivalent in Col. 34)
AA-1126435	Lloyd's Syndicate Number 435						20		20	24		24		24	2		1
AA - 1126510 AA - 1120085	Lloyd's Syndicate Number 510	-				·····(1)	149 26		148 26	178	(1)	179 31		179	2	-	4
AA-1127301	Lloyd's Syndicate Number 1274		····	····		tt	41		41	49		49		49	2	-	
AA-1120156	Lloyd's Syndicate Number 1686					(1)	112		I 111	133	(1)	134		134	2		3
AA-1120157	Lloýd's Sýndicate Number 1729					(1)	104		103	124	(1)	125		125	22		3
AA 1120171	Lloyd's Syndicate Number 1856	-	 	 	ļ	 (1) -	52 37		51 37	61	ļ(1)	62	ļ	62	ļ <u>2</u>	-	<u> 1</u>
AA-1120096 AA-1120083	Lloyd's Syndicate Number 1880Lloyd's Syndicate Number 1910		·····	ł	····	t	37					44			22	·	12
AA-1120186	Lloyd's Syndicate Number 1947		İ	İ	l	<u> </u>	7		7	8		1 8			2		
AA-1120084	Lloyd's Syndicate Number 1955						10		10	12		12		12	2		
AA-1120106	Lloyd's Syndicate Number 1969		ļ	ļ		[1]	18	ļ	17	20	(1)	21		21	22	.	ļ
AA-1128001 AA-1128003	Lloyd's Syndicate Number 2001 Lloyd's Syndicate Number 2003			ļ		·····(1)	222		221	265 40	(1)	266 40		266	22	-	6
	Lloyd's Syndicate Number 2003Lloyd's Syndicate Number 2010					(1)	73		33 72	86		87		87	2	-	
AA-1128121	Llovd's Syndicate Number 2121					\'/	11		11	13	('/	13		13	2		
AA-1128791	Lloyd's Syndicate Number 2791. Lloyd's Syndicate Number 2987.						281		281	337		337			2		7
AA - 1128987	Lloyd's Syndicate Number 2987		ļ	ļ		 	24		24	29		29		29	2	.	1
AA - 1126005 AA - 1120086	Lloyd's Syndicate Number 4000Lloyd's Syndicate Number 4141	ļ		ļ		ł	4 9		4	5		5 11		5	2	-	
AA-1120000	Lloyd's Syndicate Number 5886.					(1)	88		87	104	(1)	105		105	2		2
AA - 1840000	Mapfre Re Compania de Reaseguros SA						1		11	1		1		1	3		
AA-3190829	Markel Bermuda Ltd.	ļ	ļ	ļ		ł			ļ <u></u> .	ļ		ļ			3		
AA-3190339 AA-3190870	RENAISSANCE REINS LTD. Validus Reins Ltd.	 	 	 	ļ	(1)	71 491		70 491	84 589	(1)	85 589			2	-	
	ital Authorized – Other Non-U.S. Insurers			XXX		(11)	2,764		2,753	3,304	(11)	3,315		3,315	XXX		76
1499999 - To	tal Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 10999999, 1199999 and 1299999)			XXX		1,912	420,655		143,642	· ·	\ /	170,455		170,455			2,917
	- Other non-U.S. Insurers					1,912	420,000		143,042	172,370	1,910	170,400		170,400	۸۸۸		2,917
	Antares Reins Co Ltd		T 78	1 1		81 L			I 81	97	3	94	78	16	4	1 2	1
	CENTRAL REINS CORP.														3		
AA-9240012	China Prop & Cas Reins Co Ltd.		79	2		93			93		14	98	79	19	3	2	1
	China Reins Grp Corp			J3	····	2				2			36	7		·	
AA-1340028	Devk Ruckversicherungs und Beteiligungs AG		82	5		93			93	112	11	101	82	19	3	2	1
AA-3191289	Fidelis Ins Bermuda Ltd		14	6		14			14	17		17	14	3	3		
AA - 1120175	Fidelis Underwriting Ltd	ļ	34	ļ7	ļ	33			33	40	(1)	41	34		3	. 1	ļ
AA - 5340310 AA - 3191190	GEN INS CORP OF INDIA	 	153	8 9	ŀ	6 L 152			6 152	182	(1)		6	30	5	·	ļ
	Hannover Re (Bermuda) Ltd.	†	271	10	····				335		64	338	271	67	2		
AA - 1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS.		81	11		95			95	114	14	100			3	2	1
AA-8310008	Humboldt Re Ltd.	ļ	8	12		8			8	10		10	8	2	6.		
AA -5420050	KOREAN REINS CO		63	13	ļ	73				88	10	78	63	15	3	2	ļ
	LANSFORSAKRINGS BOLAG ENS AB	-	59	14	····	29 59			29 59	35 71	30	5 71	59	5	ర	······	
	MS Amlin AG	†	1	15	l	1			1	1		†/	1	12	3	· ······	ļ
AA - 5340660	NEW INDIA ASSUR CO LTD		9	16		9 [9	11		11	9	2	5.		
	Peak Reins Co Ltd		180	17	ļ	179		ļ	179	215	(1)	216	180	36	4	5	ļ1
AA - 9240065 AA - 1240051	PICC Reins Co Ltd		 	 	ļ	 			-	-	-	 			4	-	ļ
AA-1240001	QBE Europe NV/SAR V Versicherung AG	·	497	18	l				565	678	68	610	497	113	<u>3</u>	14	
AA - 1440076	SiriusPoint Intl Ins Corp (publ)		6	19		L6 L			L 6	7	Ĺ	7	6	11	4	14	
AA-5324100	Taiping Reins Co Ltd.		92	20	<u> </u>	102			102	122	10	112	92	20	3		J1

					Ceded Reii		(Credit Ris	•		,							
			Colla	ateral		25	26 27 Ceded Reinsurance Credit Risk										
		21	22	23	24				28	29	30 Reinsurance	31	32	33	34		36 Credit Risk on Uncollateralized Recoverables
ID				Issuing or Confirming	Single Beneficiary Trusts &		Net Recoverable	Applicable	Total Amount Recoverable From Reinsurers	Stressed		Stressed Net	Total Collateral (Cols. 21 +	Stressed Net Recoverable Net of		(Col. 32 * Factor Applicable to Reinsurer	(Col. 33 * Factor Applicable to Reinsurer
Number From	Name of Reinsurer	Multiple Beneficiary	Letters of	Bank Reference	Other Allowable	Held, Payables &	Net of Funds Held &	Sch. F Penalty (Col.		Recoverable (Col. 28 *	but not in excess of	Recoverable (Cols. 29 –	22 + 24, not in Excess	Collateral Offsets (Cols.	Reinsurer Designation	Designation Equivalent in	Designation Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	78)	27)	120%)	Col. 29)	30)	of Col. 31)	31 - 32)	Equivalent	Col. 34)	Col. 34)
	Vantage Risk Ltd Vermeer Reins Ltd.		81 18	2122		81 18				97 22		97 22	81 18	16	43	2	1
2699999 - To	otal Unauthorized - Other Non-U.S. Insurers		1,850	XXX		2,070			2,070	2,484	221		1,850	413	XXX	51	12
	otal Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		1,850	XXX		2,070			2,070	2,484	221	2,263	1,850	413	XXX	51	12
	ther Non-U.S. Insurers	1 20	1	1		0.7	044	1	270	154	[(4)	1 455	20	147	2	1 4 1	0
CR-3190875	Hannover Rueck SE	38	109	23		37	341			454 654	(1)	654	38 109	545	3	3	15
	New Reins Co Ltd	18	ļ			1	10 73		11 90	13 108	1	12	18	12 91	22		
	otal Certified - Other Non-U.S. Insurers	56		XXX		164			1,024	1,229	(1)		165		XXX	4	26
	otal Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	56	109	XXX		164	860		1,024	1,229	(1)	1.230	165	1,065	XXX	4	26
Reciprocal Ju	risdiction – Other Non–U.S. Insurers		100	, And					1,021	1,220	(- /	1,200	100	1,000	7,77		20
	Arch Reins Ltd					24			24	29	29				2		
RJ-1120191	Convex Ins UK Ltd					11	47		58	70	11	59		59	44		2
	Convex Re Ltd			ļ		11	47		58	70	11	59		59	4		2
RJ-3191190	Hamilton Re Ltd.														34		
	Hannover Rueck SE Hiscox Ins Co (Bermuda) Ltd			ļ		79	31	 	110	132	79	53		53	2		1
RJ-3190871	Lancashire Ins Co Ltd.														3		
RJ-1126033 RJ-1126435	Lloyd's Syndicate Number 33 Lloyd's Syndicate Number 435		ļ												22		
RJ-1126510	Lloyd's Syndicate Number 510														2		
	Lloyd's Syndicate Number 609 Lloyd's Syndicate Number 623		 						+						22		
RJ-1120085	Lloyd's Syndicate Number 1274								ļ						2		
	Lloyd's Syndicate Number 1301 Lloyd's Syndicate Number 1414					148	58		206	247	148	99		99	22		2
RJ-1120198	Lloyd's Syndicate Number 1618		ļ	I											2		
	Lloyd's Syndicate Number 1729 Lloyd's Syndicate Number 1880		<u> </u>				l		<u> </u>					<u> </u>	2		
RJ-1120084	Lloyd's Syndicate Number 1955			ļ		3			3	4	4				22		
RJ-1128001 RJ-1128003	Lloyd's Syndicate Number 2001 Lloyd's Syndicate Number 2003					9			9	11	11				2		
RJ-1128010	Lloyd's Syndicate Number 2010														2		
RJ-1128623	Lloyd's Syndicate Number 2121 Lloyd's Syndicate Number 2623														2		
RJ-1128791	Lloyd's Syndicate Number 2791					9			9	11	11				2 2		
RJ-1129000	Lloyd's Syndicate Number 3000														22		
	Lloyd's Syndicate Number 4020 Lloyd's Syndicate Number 4472	l	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	ļ	<u> </u>			<u> </u>		<u> </u>	2		
RJ-1120181	Lloyd's Syndicate Number 5886.														22		
	Partner Reins Co Ltd RENAISSANCE REINS LTD.	<u> </u>	<u> </u>	<u> </u>	l		<u> </u>		<u> </u>			<u> </u>		<u> </u>	2		
RJ-3190870	Validus Reins Ltd.			ļ		9			9	11	11				3		
KJ-3191388	Vermeer Reins Ltd	ļ		ļ	ļ	ļ	↓	ļ		 	 	↓	 	.	3		

(Credit Risk) Collateral 25 26 27 Ceded Reinsurance Credit Risk																	
			Colla	ateral		25	26	27				Ceded	Reinsurance (Credit Risk			
ID Number From Col. 1	Name of Reinsurer From Col. 3	21 Multiple Beneficiary Trusts	22 Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral		Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Collateral (Cols. 21 +	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Collateralized	Reinsurer Designation
5499999 - To	otal Reciprocal Jurisdiction - Other Non-U.S. Insurers			XXX		303	183		486	583	314	269		269	XXX		7
	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX		303	183		486	583	314	269		269	XXX		7
5799999 - To	stal Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	56	1,959	XXX		4,449	421,698		147,222	176,666	2,449	174,218	2,015	172,202	XXX	55	2,963
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			†	†		t	t	t	t		t	·		†		1	ļ
9999999 To	otolo	56	1.959	vvv		4.449	421.698		147 . 222	176.666	2.449	174.218	2,015	172,202	VVV	55	2,963
	ปลเจ] 50	1,959	XXX	l .	4,449	421,098	1	141,222	170,000	2,449	1/4,218	∠,015	1/2,202	XXX] 55	2,903

					Ceue	u Kellisulali	ce as of Dece			o Omittea)								
	I	Doin	ouranaa Baas	woroblo on Do	id Lossos and	Doid Loss Ad	justment Expe	eded Reinsura		45	10	47	40	10	50	54	50	
			isurance Reco	verable on Pa	Overdue	raiu Loss Ad	justinent Expe		44	45	46	47	48	49	50	51	52	53
		37						43										
			38	39	40	41	42		Total Recoverable on Paid Losses &	Recoverable on Paid Losses & LAE Over 90 Days Past Due	Total	Recoverable on Paid Losses & LAE Over 90 Days Past Due			Percentage of Amounts More Than 90 Days	Percentage		Amounts in Col. 47 for
ID								Total Due Cols. 37 + 42	LAE Amounts in	Amounts in Dispute	LAE Amounts Not	Amounts Not in	Amounts	Percentage	Overdue Not in Dispute	More Than 120 Days		Reinsurers with Values
Number	N (D)		4 00	00 00	04 400		Overdue	(In total	Dispute	Included	in Dispute	Dispute	Received	Overdue	(Col. 47/		Col. 50 Less	
From Col. 1	Name of Reinsurer From Col. 3	Current	1 – 29 Days	30 – 90	91 – 120 Days	Over 120 Days		should equal Cols. 7 + 8)		in Cols. 40 & 41	(Cols. 43 – 44)	(Cols. 40 + 41 – 45)	Prior 90 Days	Col. 42/Col. 43	[Cols. 46 + 48])	(Col. 41/ Col. 43)	(Yes or No)	20% in Col. 50
	Affiliates - U.S. Intercompany Pooling	Current	Days	Days	Days	Days	+ 40 + 41	Cois. 7 + 6)	C0I. 43	40 & 41	44)	41 – 45)	Days	43	40])	COI. 43)	(Yes or No)	50
	FARM BUREAU PROP & CAS INS CO	1		1		1											YES	
	otal Authorized - Affiliates - U.S. Intercompany																ILO	
0133333 - 1	Pooling																XXX	
	otal Authorized – Affiliates – Total Authorized – Affiliates																XXX	
	Other U.S. Unaffiliated Insurers																	
38-3207001	ACCIDENT FUND INS CO OF AMER.		ļ														YES	
	ACE AMER INS CO				ļ					ļ	ł						YES	
95-3187355 06-1182357	ALLIANZ GLOBAL RISKS US INS CO	ļb			 		 	Lb		 	tp			 			YESYES	
36-2661954	AMERICAN AGRICULTURAL INS CO.	Λ	†	+	 		t	Ι		 	† <i>1</i>			†			YES	
06 - 1430254	ARCH REINS CO				†					†	† ⁴			†			YES	
51-0434766	AXIS REINS CO.	2					I	2			2						YES	
47 - 0574325	BERKLEY INS CO	1						1			11						YES	
42-0234980	EMPLOYERS MUT CAS CO	2			ļ		ļ	2		ļ	2			ļ			YES	
22-2005057	EVEREST REINS CO	450						450									YES	
05-0316605 13-6108721	FACTORY MUT INS CO	450						450			450						YES	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	27		+	 		†	27		 	27			 			YESYES	
74-2195939	HOUSTON CAS CO.	2		1			1	2			2			†			YES	
04 - 1543470	LIBERTY MUT INS CO	3					I	3			3						YES	
06-1481194	MARKEL GLOBAL REINS CO	ļ1			ļ	ļ		ļ1		ļ	ļ1			ļ			YES	
13-4924125	MUNICH REINS AMER INC.	11						1			1						YES	
	NATIONWIDE MUT INS CO				ļ					ļ	ł						YES	
13-3138390 47-0698507	NAVIGATORS INS CO	b			 		 	b		 	†b			 			YESYES	
95-2379438	PALOMAR SPECIALTY INS CO.	/			†		†			†	† <i>'</i>			†			YES	
13-3031176	PARTNER REINS CO OF THE US.		1	1			1				†						YES	
35-6021485	PROTECTIVE INS CO.		I				I										YES.	
23-1641984	QBE REINS CORP.	ļ			ļ	ļ	ļ	ļ		ļ	ļ			ļ			YES	ļ
52-1952955	RENAISSANCE REINS US INC.	ļ				ļ		ļ			ļ						YES	
43-0727872 75-1444207	SAFETY NATL CAS CORP	J4						 4			 4						YESYES	
75 - 1444207 75 - 1980552	ISTATE NATL INS CO INC	, A	t	†	 	 	t	† <i>1</i>		 	† <i>1</i>			 			YESYESYES	·
13-1675535	SWISS REINS AMER CORP	12	ļ	1	†	İ	t	12		†	12			†			YES	İ
02-0449082	TECHNOLOGY INS CO INC.	14			İ		İ	14		İ	14			1			YES	
31-0542366	THE CINCINNATI INS CO	3		1			1	3			13						YES	
87 - 2252307	TRISURA INS CO.		4					ļ									YES	ļ
42-0644327	UNITED FIRE & CAS CO	ļ			ļ	 	{										YES	ļ
20-3145738	UNITED SPECIALTY INS CO							 									YESYESYES	
	XL REINS AMER INC.		ł		†		+	·····		†	†			†			YES YES	
	YOSEMITE INS CO	9	t	†	†	†	t	9		†	q			†			YES	İ
	otal Authorized - Other U.S. Unaffiliated Insurers	564						564			564						XXX	
	Pools - Mandatory Pools	301	1			1	1	301			301			1			7000	
	MINNESOTA WORKERS COMP	L	I	I	I	I	I	I		I	I			I			YES	
	otal Authorized - Pools - Mandatory Pools																XXX	
	Other Non-U.S. Insurers	1	1	-		1	1	1			1			1				
	Aspen Ins UK Ltd.		1														YES	
ΔΔ-319/1122	DaVinci Reins Ltd	6	1	1	1	1	1	6		1	6			1			YES	1

A control A co						Couo	a monioaram	ce as of Decel	eded Reinsura		oo ommaa,								
Part			Rein	surance Reco	verable on Pa	id Losses and	Paid Loss Ad				45	46	47	48	49	50	51	52	53
Processing Pro			37			Overdue			43										,
Part Part				38	39	40	41	42	1		Recoverable		Recoverable						'
Name of Relevant Processing											on Paid		on Paid						'
D D D D D D D D D D																			
Number Part																			
Process																			Amounts in
Description Proceedings Proceedings Proceded											1								
Number Personal P															_				
Figure Name of Reimure Col. 3																			
Col. 10 Days Days Days Days Days Days Days Days Days Days Days 40 41 Col. 43 40 41 41 41 41 41 41 41		N (D)		4 00	00 00	04 400			`										Less Than
1.5396170 Tellurar Specialist Rature 2 (1)			Current																
A-1 100 10 10 10 10 10 10			Current	Days	Days	Days	Days	T 40 T 41	COIS. 1 + 6)	C0I. 43	40 & 41	44)	41 – 45)	Days	43	40])	COI. 43)		30
A-12500 Long Special content Special con			10	1				1	10			10	1						
Act 1988	AA-1126435	Lloyd's Syndicate Number 435	1						1			1						YES	
Mathematics Mathematics			10						10			10							
Act 1970		Lloyd's Syndicate Number 1274	ļ2					+	<u>2</u>			ļ2						YES	
Maintenance Maintenance		Lloyd's Syndicate Number 1301	ļ ²		 	 	····	 	2		 	²			 	 			
3-11071 Light Syndroid Nutter 1935 4 4 4 4 1935		LLloyd's Syndicate Number 1729	7		†	İ		†	7		†	7			†	†			
Maintenance Light Syndrical barder 1800 2 2 2 2 3 185	AA-1120171	Lloyd's Syndicate Number 1856	4					I	4		I	4			I	I		YES	
M-102016 Livy's Syndrict Name 1967	AA-1120096	Lloyd's Syndicate Number 1880	2						2			2							
M-11000B. Unjet's Synicials Review 1955. 1	AA - 1120083	Lloyd's Syndicate Number 1910.	32		ļ			ļ	32		ļ	32			ļ	ļ			
A-1	AA -1120186	Lloyd's Syndicate Number 1947		+	 			†			 		ł		 	 			
A-178001 Unjvif s Syndrate Renter 2001 14	ΔΔ-1120004	LLloyd's Syndicate Number 1969	.		†			†			†				 	 			
### A-138000. Light's Syndroide Number 2010. 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AA-1128001	Lloyd's Syndicate Number 2001	14	1				1	14			14							
M-178791 Lidy'd Syndricate Number 2791 1 1 1 1 1 1 1 1 1	AA-1128003	Lloyd's Syndicate Number 2003																	
M-128987 Light's Syndicate Number 2979	AA-1128010	Lloyd's Syndicate Number 2010	5						5			5							
Al-1728/05 Lityle's Syndrate Number 2887 1		Lloyd's Syndicate Number 2121	1						1		ļ	11			ļ	ļ			
Al-11/2006 Licyd's Syndricate Number 4000	AA -1128/91	Lloyd's Syndicate Number 2/91	18		-				18			18						YES	
Al-112086 Lityof's Syndicate Number 4144 1	AA-1126907	LLloyd's Syndicate Number 2007							'			'				†		YES	
Al-11/2016 Licy's Syndicate Number 5086. 6 6 7 7 7 7 7 7 7 7	AA-1120086	Lloyd's Syndicate Number 4141	1						1			1							
A-3190020 Mark Demunda Ltd	AA-1120181	Lloyd's Syndicate Number 5886	6						6			6						YES	
AA-3190339 RENI ISSANCE REINS LTD. 5 5 5 5 5 5 5 5 5					ļ		ļ	ļ			ļ	ļ	ļ		ļ	ļ			
AA-3199870				+	+			+			ļ		+			 			
1299999 - Total Authorized - Other Non-U.S. Insurers 197 187 187 187 187 187 187 187 187 187 187 188 187 188 187 188 187 188 187 188			32		†				32		†	32							
1499999 - Total Authorized Excluding Protected Cell is (Sum of Supplementary Cell Prof. 1) 1																			
Nation 1999			101						101			101						7000	
AA-3191298 Antares Reins Co Ltd. 5 5 5 5 5		0899999, 0999999, 1099999, 1199999 and 1299999)	731						731			731						XXX	
AA -520012 CENTRAL REINS CORP																			
AA -9240020	AA-3191298	Antares Reins Co Ltd.	5	ļ	ļ	ļ	ļ	<u> </u>	5	ļ	ļ	5			ļ	ļ	ļ		ļ
AA-3940020, China Reins Grp Corp.				 	 	 	 	 			 		 		 	 			} [']
AA-3191435 Conduit Reins Ltd. 2			b		†			†	ا الاست		†	tb			 	†			
AA-1340028 Devk Ruckvers icherungs und Beteiligungs AG 6 6 6 6 6 6 AA-3191289 Fidelis Ins Bermuda Ltd 1 1 1 1 1 1 1 1 1			2	İ	1	<u> </u>	İ	1	2		1	2	İ		İ	İ			
AA-3191289	AA-1340028	Devk Ruckversicherungs und Beteiligungs AG	6						6			6						YES	
AA - 3491190	AA-3191289	Fidelis Ins Bermuda Ľtd.	1						11			11			ļ				
AA -3191190	AA 5240240	Fidelis Underwriting Ltd	2						2			 2							
AA-3190060	AA-334U31U	IDEN INO CUKP UT INDIA	10	†	†			†	10		ł	10	†		 	 			
AA - 1460080					†	†	†	t			†				†	†			
AA-8310008	AA - 1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS						I			I	I			I	I		YES	
AA -1440060	AA-8310008	Humboldt Re Ltd	<u> </u>		ļ		ļ	ļ	1			11			ļ	ļ		YES	
AA -3191239			<u>5</u>		-	 	ļ		5			5	ļ				 		ļ'
AA-1460019. MS Amlin AG. AA-5340660. NEW INDIA ASSUR CO LTD. 1 AA-5320039. Peak Reins Co Ltd. 12 YES. 12			2		 	 		 	2		 	ļ2			 	 			
AA-5340660. NEW INDIA ASSUR CO LTD			†4		†	 	·····	†	t4		†	t ⁴			†	†			ļ
AA-5320039 Peak Reins Co Ltd. 12 YES YES			1	I	1		<u> </u>	1	1		1	1			I	İ			
IM 00/00065 IDICC Daing Colltd	AA-5320039	Peak Reins Co Ltd.	12						12		ļ	12				ļ		YES	
INV-5740000 ILIO VEILE OF THE PROPERTY AND THE PROPERTY A	AA-9240065	PICC Reins Co Ltd									ļ							YES	

							ce as of Dece Aging of Ce)	ded Reinsur		,								
		Reins	surance Reco	verable on Pa	id Losses and	Paid Loss Ad	justment Expe		44	45	46	47	48	49	50	51	52	53
		37			Overdue			43]									
ID Number			38	39	40	41	42 Total Overdue	Total Due Cols. 37 + 42 (In total	on Paid Losses & LAE Amounts in Dispute	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	Amounts Received	Percentage Overdue	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/	120 Days Overdue	Is the Amount in Col. 50 Less	
From Col. 1	Name of Reinsurer From Col. 3	Current	1 – 29	30 – 90	91 – 120	Over 120		should equal Cols. 7 + 8)	Included in Col. 43	in Cols. 40 & 41	(Cols. 43 – 44)	(Cols. 40 + 41 – 45)	Prior 90	Col. 42/Col. 43	[Cols. 46 +		Than 20%	20% in Col. 50
AA - 1240051	QBE Europe NV/SA	Current	Days	Days	Days	Days	+ 40 + 41	Cois. 7 + 6)	C0I. 43	40 & 41	44)	41 – 45)	Days	43	48])	Col. 43)	(Yes or No)	50
AA - 1340004	IR V Versicherung AG	23			†		1	23		†	23						YES	
AA - 1440076	R V Versicherung AG	1						I1			1						YES	
AA-5324100	Taiping Reins Co Ltd.	7						<u>7</u>			<u>7</u>						YES	
AA-3191432 AA-3191388	Vantage Risk Ltd	5		+	 		+	5		 	5			+			YESYES	
	otal Unauthorized - Other Non-U.S. Insurers	118					+	118			118						XXX	
	otal Unauthorized - Other Non-o.s. Insurers	110						110			110						۸۸۸	
	2299999, 2399999, 2499999, 2599999 and 2699999)	118						118			118						XXX	
	Other Non-U.S. Insurers																	
	Hannover Rueck SE	7				ļ	ļ	7		ļ	7				ļ	ļ	YES	
CR-3190875 CR-1460100	Hiscox Ins Co (Bermuda) Ltd	35			 	 	+	35	ļ	 	35				 	 	YES YES	
	Partner Reins Co Ltd.	6			†			t'6		†	6				†		YES	
	otal Certified - Other Non-U.S. Insurers	49						49			49						XXX	
4299999 - T	otal Certified Excluding Protected Cells (Sum of																	
	3699999, 3799999, 3899999, 3999999 and 4099999)	49						49			49						XXX	
	urisdiction – Other Non-U.S. Insurers JArch Reins Ltd.	1		1	Т	I	1	Γ	Г	Т		1		1	Т		YES	T
RJ-3191435	Conduit Reins Ltd.				†		·		†	†	***************************************	T			†		YES	
RJ-1120191	Convex Ins UK Ltd.	4						4			4						YES	
RJ-3191400	Convex Re Ltd.	3			ļ			3		ļ	3				ļ		YES	
RJ-3194122 RJ-3191190	DaVinci Reins Ltd			·	 		+			 	+	ł		+	 		YES YES	
RJ-1340125	Hannover Rueck SE			†			+			 				†			YES	
RJ -3190875	Hiscox Ins Co (Bermuda) Ltd.																YES	
RJ-3190871	Lancashire Ins Co Ltd.																YES	
RJ-1126033	Lloyd's Syndicate Number 33			ļ	ļ	ļ	ļ	ļ	ļ	ļ				ļ	ļ		YES	
RJ-1126435 RJ-1126510	Lloyd's Syndicate Number 435Lloyd's Syndicate Number 510	-			 	 	+	 	 	 	†	 			 	 	YESYES	
RJ-1126609	Lloyd's Syndicate Number 609.			İ	İ	İ	1	İ	İ	İ	İ	<u> </u>		İ	İ		YES	
RJ-1126623	Lloyd's Syndicate Number 623			ļ	ļ	ļ	1	ļ	ļ	ļ	ļ			ļ	ļ		YES	
RJ - 1120085	Lloyd's Syndicate Number 1274				ļ	ļ		ļ	ļ			ļ			ļ	ļ	YES	
RJ-1127301 RJ-1127414	Lloyd's Syndicate Number 1301Lloyd's Syndicate Number 1414			·	 	 	+	 	 	 	 	 		 	 	 	YES YES	
RJ-1120198	Lloyd's Syndicate Number 1414	·		†	†	t	†	†	†	†	t	†		†	†	 	YES	
RJ-1120157	Lloyd's Syndicate Number 1729.																YES	
RJ-1120096	Lloyd's Syndicate Number 1880	ļ		ļ	ļ	ļ		ļ	ļ	ļ	ļ	ļ		ļ	ļ	ļŢ.	YES	ļ
RJ-1120084	Lloyd's Syndicate Number 1955								ļ			 			ļ		YES	
RJ-1128001 RJ-1128003	Lloyd's Syndicate Number 2001 Lloyd's Syndicate Number 2003	·		†	 	 	+	 	 	 	†	 		†	 	 	YES YES	·
RJ-1128010	Lloyd's Syndicate Number 2005			1	İ	İ	1	İ	İ	İ	İ	<u> </u>		1	İ	<u> </u>	YES	<u> </u>
RJ-1128121	Lloyd's Syndicate Number 2121																YES	
RJ - 1128623	Lloyd's Syndicate Number 2623	·}				ļ	·	ļ		ļ	∤	 			ļ	ļļ.	YES	ļ
RJ-1128791 RJ-1128987	Lloyd's Syndicate Number 2791 Lloyd's Syndicate Number 2987			+	 	 	+	 	 	 	+	 		+	 		YESYES	
RJ-1129000	Lloyd's Syndicate Number 3000.	·		†	†	†	†	t	†	†	†	†		†	†	<u> </u>	YES	
RJ - 1120075	Lloyd's Syndicate Number 4020																YES	
RJ-1126006	Lloyd's Syndicate Number 4472																YES	
RJ-1120181	Lloyd's Syndicate Number 5886.	ļ			 	 	+	 	 	 		 			 	ļļ.	YESYES	ļ
RJ-3190686	Partner Reins Co Ltd	1 1		1	1	1	1		1	1	1			1	1		Y = S	1

							(Aging of Ceded Reinsura	ince)									
		Reins	surance Reco	verable on Pa		Paid Loss Ad	ustment Expenses	44	45	46	47	48	49	50	51	52	53
		37			Overdue		43										
			38	39	40	41	42	Total	Recoverable on Paid Losses &	Total	Recoverable on Paid Losses &			Percentage			
							Total Due	Recoverable on Paid Losses & LAE						of Amounts More Than	Percentage More Than	Is the	Amounts in Col. 47 for Reinsurers
ID							Total Cols. 37 + 42		in Dispute	Amounts Not	1	Amounts	Percentage	in Dispute	120 Days		with Values
Number							Overdue (In total	Dispute	Included	in Dispute	Dispute	Received	Overdue	(Col. 47/	Overdue	Col. 50 Less	
From	Name of Reinsurer		1 – 29	30 – 90	91 – 120	Over 120	Cols. 38 + 39 should equal		in Cols.	(Cols. 43 –	(Cols. 40 +	Prior 90	Col. 42/Col.		(Col. 41/		20% in Col.
Col. 1	From Col. 3	Current	Davs	Davs	Days	Davs	+ 40 + 41 Cols. 7 + 8)	Col. 43	40 & 41	44)	41 – 45)	Davs	43	481)	Col. 43)	(Yes or No)	
	RENAISSANCE REINS LTD	Odiron	Dayo	Buyo	Buyo	Dayo	10 11 00.0.1 10	001. 10	10 0 11	,	11 10)	Dayo	10	.0]/	001. 10)	YES	- 00
	Validus Reins Ltd															YES	
	Vermeer Reins Ltd															YES	
5499999 - To	otal Reciprocal Jurisdiction – Other Non-U.S. Insurers	7					7			7						XXX	
	otal Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	7					7			7						XXX	
	otal Authorized, Unauthorized, Reciprocal																
	Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	905					905			905						XXX	
	3033333)	303					903			303						۸۸۸	
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9999999 To	otais	905					905			905						XXX	

						vision for Reir		Current Year Certified Reins		u)							
					(1.10	*101011 101 1101I	100101100			tified Reinsura	nce						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete in	f Col. 52 = "No" Enter 0	; Otherwise	69
				Percent		Net Recoverables Subject to	Dollar	Percent of Collateral Provided for Net Recoverables Subject to Collateral	Percent Credit Allowed on Net Recoverables Subject to Collateral	20% of Recoverable on Paid Losses & LAE Over	Amount of Credit	Provision for Reinsurance with Certified Reinsurers	20% of Recoverable on Paid Losses & LAE Over 90 Days Past	66 Total Collateral Provided	67 Net Unsecured	68	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of
ID Number		Certified Reinsurer	Effective Date of Certified	Collateral			Amount of Collateral Required	Requirements			Allowed for Net Recoverables	Due to Collateral Deficiency	Due Amounts Not in Dispute		Recoverable for Which Credit is	20% of	[Col. 62 + Col. 65] or Col. 68; not
From	Name of Reinsurer	Rating	Reinsurer	(0% through	Collateral	(Col. 19 –	(Col. 56 *	22+Col.	exceed	Dispute (Col.	(Col. 57+[Col.	(Col. 19 –	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	to Exceed
Col. 1	From Col. 3	(1 through 6)	Rating	100%)	Deferral	Col. 57)	Col. 58)	24]/Col. 58)	100%)	45 * 20%)	58 * Col. 61])	Col. 63)	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
	Affiliates - U.S. Intercompany Pooling FARM BUREAU PROP & CAS INS CO	XXX	I XXX	I XXX	I XXX	I XXX	XXX	I XXX	XXX	I XXX	I XXX	XXX	XXX	XXX	XXX	XXX	I XXX
	otal Authorized - Affiliates - U.S. Intercompany Pooling	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - To	otal Authorized – Affiliates – Total Authorized –																
	Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Other U.S. Unaffiliated Insurers ACCIDENT FUND INS CO OF AMER	XXX	I XXX	I XXX	I XXX	I XXX	XXX	I XXX	XXX	I XXX	I XXX	XXX	XXX	XXX	XXX	XXX	I XXX
95-2371728	ACE AMER INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-3187355	ALLIANZ GLOBAL RISKS US INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1182357 36-2661954	ALLIED WORLD INS CO	XXX	XXX	XXX XXX	XXXXXX	XXX	XXX XXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX XXX	XXX	XXXXXX	XXX
06-1430254	ARCH REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
51-0434766	AXIS REINS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47 - 0574325	BERKLEY INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980 22-2005057	EMPLOYERS MUT CAS CO	XXXXXX	XXXXXX	XXXXXX	XXXXXX.	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXXXXX
05-0316605	FACTORY MUT INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-6108721	HARCO NATL INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-0384680 74-2195939	HARTFORD STEAM BOIL INSPEC & INS COHOUSTON CAS CO	XXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX	XXX	XXX	XXX XXX	XXXXXX	XXX	XXX	XXXXXX	XXX
04-1543470	LIBERTY MUT INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	I XXX	XXX	I XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1481194	MARKEL GLOBAL REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	MUNICH REINS AMER INCNATIONWIDE MUT INS CO	XXX	XXXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXX
13-3138390	NAVIGATORS INS CO.	XXX	XXX	XXX	XXX	xxx	XXX	**************************************	XXX	**************************************	XXX	XXX	XXX	XXX	XXX	XXX	-†XXX
47 - 0698507	ODYSSEY REINS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-2379438	PALOMAR SPECIALTY INS CO	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3031176 35-6021485	PROTECTIVE INS CO	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	LXXX XXX	XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX
23-1641984	QBE REINS CORP.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX
52-1952955	RENAISSANCE REINS US INC.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-0727872 75-1444207	SAFETY NATL CAS CORPSCOR REINS CO.	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXX	XXXXX	XXX XXX	XXX	XXXXXX	XXX XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX
75-1980552	STATE NATL INS CO INC.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
02-0449082 31-0542366	TECHNOLOGY INS CO INC	XXXXXX	XXXXXX	XXXXXX	LXXXXXX	LXXXXXX	XXXXXX	XXXXXX	XXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXX	XXX	XXXXXX	XXXXXX
87 - 2252307	TRISURA INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0644327	UNITED FIRE & CAS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	UNITED SPECIALTY INS CO	XXX	XXXXXX	XXX XXX	XXX XXX	LXXXXXX	LXXX XXX	XXXXXX	LXXX XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX XXX	XXX	XXXXXX	.LXXXXXX
	XL REINS AMER INC.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
94 - 1590201	YOSEMITE INS CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Other U.S. Unaffiliated Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Pools - Mandatory Pools MINNESOTA WORKERS COMP	I XXX	I XXX	I XXX	I XXX	T XXX	XXX	T XXX	XXX	T XXX	I XXX	XXX	XXX	XXX	I XXX I	XXX	I XXX
	otal Authorized - Pools - Mandatory Pools	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Authorized -	Other Non-U.S. Insurers																
AA-1120337	Aspen Ins UK Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

						vision for Rein		Certified Rein		. ,							
					(ovision for Cer	tified Reinsura	nce						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete in	f Col. 52 = "No"	: Otherwise	69
			""		"				"	"-		"		' '	Enter 0	, -	
								Percent of	Percent					66	67	68	Provision for
								Collateral	Credit				20% of		"	00	Overdue
								Provided for		20% of			Recoverable				Reinsurance
								Net	Net	Recoverable		Provision for	on Paid				Ceded to
						Net		I	Recoverables	I .		Reinsurance	Losses &	Total			Certified
						Recoverables		Subject to	Subject to	Losses &	Amount of	with Certified			Net		Reinsurers
				Percent		Subject to	Dollar	Collateral	Collateral	LAE Over	Credit	Reinsurers	Days Past	Provided	Unsecured		(Greater of
				Collateral	Catastrophe	Collateral	Amount of		Requirements		Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
ID		Certified	Effective Date	1 -		Requirements	Collateral	([Col. 20+Col.			Net	Collateral	Not in	21+Col.22+	for Which		Col. 65] or
Number		Reinsurer	of Certified	Full Credit		for Full Credit	Required	21+Col.	56, not to	Amounts in			Dispute	Col. 24; not	Credit is	20% of	Col. 68; not
From	Name of Reinsurer	Rating	Reinsurer	(0% through	Collateral	(Col. 19 –	(Col. 56 *	22+Col.	exceed	Dispute (Col.		. (Col. 19 –	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	to Exceed
Col. 1	From Col. 3	(1 through 6)		100%)	Deferral	Col. 13 –	Col. 58)	241/Col. 58)	100%)	45 * 20%)	58 * Col. 61])	Col. 63)	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
AA-3194122	DaVinci Reins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Specialty Ins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1126435	Lloyd's Syndicate Number 435	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510	Lloyd's Syndicate Number 510	XXX	XXX	XXX	XXX	XXX	XXX	.LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1120085	Lloyd's Syndicate Number 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127301 AA-1120156	Lloyd's Syndicate Number 1301	XXX	XXX XXX	XXXXXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX
AA-1120150	Lloyd's Syndicate Number 1686 Lloyd's Syndicate Number 1729	XXX	XXX	1XXX	†XXX	XXX	XXX	·†XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856.	XXX	XXX	†xxx	†xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120096	Lloyd's Syndicate Number 1880.	XXX	XXX	1 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120083	Lloyd's Syndicate Number 1910.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120186	Lloyd's Syndicate Number 1947	XXX	XXX	XXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Syndicate Number 1955	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120106	Lloyd's Syndicate Number 1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1128003 AA - 1128010	Lloyd's Syndicate Number 2003 Lloyd's Syndicate Number 2010	XXXXXX	LXXX XXX	XXX	XXX	XXXXXX	LXXXXXX	XXXXXX	XXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX XXX	XXX
AA-1128121	Lloyd's Syndicate Number 2121	XXX	XXX	1XXX	†XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Lloyd's Syndicate Number 2791.	XXX	XXX	1 XXX	I XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126005	Lloyd's Syndicate Number 4000	XXX	XXX	XXX	XXX	ХХХ	XXX	ххх	XXX	ХХХ	XXX	ХХХ	XXX	XXX	ХХХ	XXX	XXX
AA-1120086	Lloyd's Syndicate Number 4141	XXX	XXX	LXXX	LXXX	XXX	XXX	. . XXX	. . XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1120181	Lloyd's Syndicate Number 5886.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1840000 AA - 3190829	Mapfre Re Compania de Reaseguros SA	XXXXXX	XXX XXX	XXX	XXX	XXXXXX	LXXXXXX	XXXXXX	XXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX
AA-3190829	Markel Bermuda Ltd RENAISSANCE REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	. XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reins Ltd.	XXX	XXX	†xxx	†xxx	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal Authorized Excluding Protected Cells (Sum of 0899999,	7001	7///	7077	7///	7001	7///	7000	7000	7000	7077	7000	, , , , ,	7000	7001	7000	7000
1.00000	0999999, 1099999, 1199999 and 1299999)	XXX	l xxx	l xxx	l xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	l xxx
Unauthorized	- Other non-U.S. Insurers																
AA-3191298	Antares Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5280012	CENTRAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9240012	China Prop & Cas Reins Co Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA -9240020	China Reins Grp Corp.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191435 AA-1340028	Conduit Reins Ltd	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX
AA-3191289	Fidelis Ins Bermuda Ltd.	XXX	XXX	**************************************	**************************************	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX
AA-1120175	Fidelis Underwriting Ltd.	XXX	XXX	†xxx	1xxx	XXX	XXX		1xxx	1xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5340310	GEN INS CORP OF INDIA	XXX	XXX	1 XXX	T XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190060	Hannover Re (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	XXX_	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-8310008	Humboldt Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 5420050	KOREAN REINS CO.	XXX	XXX	XXX	LXXX	XXX	XXX	.LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1440060 AA - 3191239	LANSFORSAKRINGS BOLAG ENS AB.	XXX XXX	XXX XXX	XXXXXX	XXX	XXXXXX	XXX XXX	XXXXXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX XXX
[AA-9191299	Lumen Re Ltd		.	↓	1	1 ΛΛΛ	L	. 	. 		1 ΛΛΛ			.μ			

						urance as of D				u)							
	<u> </u>				(Prov	vision for Rein	isurance for			tified Reinsura	nce						
		54	55	56	57	58	59	60	61	62	63	64	65	Complete	f Col. 52 = "No"	· Otherwise	69
		54	55	56	57	36	59	60	01	02	03	04	65	Complete	Enter 0	, Otherwise	69
								Percent of	Percent					66	67	68	Provision for
								Collateral	Credit				20% of	00	07	00	Overdue
								Provided for	Allowed on	20% of			Recoverable				Reinsurance
								Net	Net	Recoverable		Provision for	on Paid				Ceded to
						Net		1	Recoverables	1		Reinsurance	Losses &	Total			Certified
						Recoverables		Subject to	Subject to	Losses &	Amount of	with Certified	LAE Over 90		Net		Reinsurers
				Percent		Subject to	Dollar	Collateral	Collateral	LAE Over	Credit	Reinsurers	Days Past	Provided	Unsecured		(Greater of
				Collateral	Catastrophe		Amount of	Requirements			Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
ID ID		Certified	Effective Date	-		Requirements	Collateral	([Col. 20+Col.			Net	Collateral	Not in	21+Col.22+	for Which		Col. 65] or
Number		Reinsurer	of Certified	Full Credit		for Full Credit	Required	21+Col.	56, not to	Amounts in	II .		Dispute	Col. 24; not	Credit is	20% of	Col. 68; not
From	Name of Reinsurer	Rating	Reinsurer	(0% through	Collateral	(Col. 19 –	(Col. 56 *	22+Col.	exceed			(Col. 19 –	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	to Exceed
Col. 1	From Col. 3	(1 through 6)	Rating	100%)	Deferral	Col. 13 –	Col. 58)	24]/Col. 58)	100%)			Col. 63)	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
AA - 1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5340660	NEW INDIA ASSUR CO LTD.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5320039	Peak Reins Co Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 9240065	PICC Reins Co Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	LXXX	LXXX	XXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX
AA - 1240051 AA - 1340004	QBE Europe NV/SA	XXX XXX	XXX	XXX	XXX	XXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA - 1340004	R V Versicherung AG SiriusPoint Intl Ins Corp (publ)	XXX	XXX XXX	XXXXXX	XXXXXX	XXX XXX	XXX XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXXXXX
AA - 5324100	Taiping Reins Co Ltd.	XXX	XXX	XXX	1xxx	XXX	XXX	1xxx	1xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
AA-3191432	Vantage Risk Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191388	Vermeer Reins Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	ХХХ	XXX	ХХХ
2699999 - T	otal Unauthorized - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999 - T	otal Unauthorized Excluding Protected Cells (Sum of																
	2299999, 2399999, 2499999, 2599999 and 2699999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Other Non-U.S. Insurers		00/00/00/4	10.000		070	00	10.000	100.000		070			1			
CR-1340125 CR-3190875	Hannover Rueck SE Hiscox Ins Co (Bermuda) Ltd	<u>Z</u>	09/22/2014 06/13/2017	10.000 20.000		379 545	38		100.000				····				+
CR-1460100	New Reins Co Ltd	3	05/09/2018	10.000			1	10.000	100.000		11						+
	Partner Reins Co Ltd.	3	08/08/2019	20.000		91	18	20.000	100.000		91						
	otal Certified – Other Non-U.S. Insurers	XXX	XXX	XXX		1,026	166		XXX		1,026						
4299999 - T	otal Certified Excluding Protected Cells (Sum of 3699999,					ĺ					, , , , , , , , , , , , , , , , , , ,						
	3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX		1,026	166	XXX	XXX		1,026						
	risdiction - Other Non-U.S. Insurers																
RJ-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191435 RJ-1120191	Conduit Reins Ltd	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	LXXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXXXXX	XXX
RJ-3191400	Convex Re Ltd	XXX	XXX	XXX	†XXX	XXX	XXX	1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194122	DaVinci Reins Ltd.	XXX	XXX	XXX	I XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191190	Hamilton Re Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd.	XXX	XXX	XXX	LXXX	XXX	XXX	LXXX	LXXX	LXXX	LXXX	LXXX	LXXX	XXX	XXX	XXX	XXX
RJ-3190871 RJ-1126033	Lancashire Ins Co Ltd	XXX XXX	XXX XXX	XXXXXX	XXX XXX	XXX XXX	XXX XXX	XXXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXX	XXXXXX	XXX	XXX XXX	XXXXXX
RJ-1126435	Lloyd's Syndicate Number 35	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1126510	Lloyd's Syndicate Number 510.	XXX	XXX	XXX	1xxx	XXX	XXX	1xxx	1xxx	1 XXX	XXX	1xxx	xxx	XXX	XXX	XXX	1xxx
RJ-1126609	Lloyd's Syndicate Number 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1126623	Lloyd's Syndicate Number 623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120085	Lloyd's Syndicate Number 1274.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1127301	Lloyd's Syndicate Number 1301	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXXXXX	XXX
RJ-1127414 RJ-1120198	Lloyd's Syndicate Number 1414 Lloyd's Syndicate Number 1618	XXX	LXXXXXX	XXX	XXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXXXXX
RJ - 1120156	Lloyd's Syndicate Number 1016.	XXX	XXX	XXX	XXX	XXX	XXX	1	1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120096	Lloyd's Syndicate Number 1880.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120084	Lloyd's Syndicate Number 1955	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1128003	Lloyd's Syndicate Number 2003.	XXX	XXX	XXX	XXX	XXX	XXX	LXXX	LXXX	LXXX	XXX	LXXX	LXXX	XXX	XXX	XXX	XXX
RJ-1128010 RJ-1128121	Lloyd's Syndicate Number 2010 Lloyd's Syndicate Number 2121	XXX XXX	XXX XXX	XXXXXX	XXX	XXXXXX	LXXX XXX	XXX	XXXXX	XXX	XXX	XXX	XXX	XXXXXX	XXX	XXXXXX	XXXXXX
	Lloyd's Syndicate Number 2121	XXX	XXX	XXX	1xxx	XXX	XXX	1XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Illoyd's Syndicate Number 2023	XXX	XXX	XXX	†xxx	XXX	XXX	XXX	XXX	XXX	XXX	1xxx	1xxx	XXX	XXX	XXX	

				(Prov	vision for Rein	surance for	Certified Rein	surers)								
							Pr	ovision for Cer	tified Reinsura	nce						
	54	55	56	57	58	59	60	61	62	63	64	65	Complete i	f Col. 52 = "No" Enter 0	; Otherwise	69
			Percent		Net Recoverables Subject to	Dollar	Percent of Collateral Provided for Net Recoverables Subject to Collateral	Percent Credit Allowed on Net Recoverables Subject to Collateral	20% of Recoverable on Paid Losses & LAE Over	Amount of Credit	Provision for Reinsurance with Certified Reinsurers		66 Total Collateral Provided	67 Net Unsecured	68	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of
			Collateral	Catastrophe				Requirements		Allowed for	Due to	Due Amounts		Recoverable		[Col. 62 +
l ID	Certified	Effective Date	Required for					. (Col. 60 / Col.		Net	Collateral	Not in	21+Col.22+	for Which		Col. 65] or
Number	Reinsurer	of Certified	Full Credit		for Full Credit	Required	21+Col.	56, not to		Recoverables		Dispute	Col. 24; not	Credit is	20% of	Col. 68; not
From Name of Reinsurer	Rating	Reinsurer	(0% through	Collateral	(Col. 19 –	(Col. 56 *	22+Col.	exceed	Dispute (Col.	(Col. 57+[Col.	(Col. 19 –	(Col. 47 *	to Exceed	Allowed (Col.	Amount in	to Exceed
Col. 1 From Col. 3	(1 through 6)		100%)	Deferral	Col. 57)	Col. 58)	24]/Col. 58)	100%)	/	58 * Col. 61])	Col. 63)	20%)	Col. 63)	63-Col. 66)	Col. 67	Col. 63)
RJ-1128987 Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1129000Lloyd's Syndicate Number 3000 RJ-1120075Lloyd's Syndicate Number 4020	XXX XXX	XXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXX XXX	XXX
RJ-1126006Lloyd's Syndicate Number 4472	XXX	XXX	1xxx	XXX	†^^^	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120181 Lloyd's Syndicate Number 5886	XXX	XXX	1 XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190686 Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190339 RENAISSANCE REINS LTD.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190870Validus Reins Ltd	XXX XXX	XXX	XXX	LXXXXXX	XXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXX	XXXXXX	XXX	XXX XXX	XXXXXX
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum																
of 5099999, 5199999, 5299999, 5399999 and 5499999) 5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	XXX	XXX	XXX		1,026	166	XXX	XXX		1,026						
2555555 125555 4.14 555555)	7000	7000	7000		1,020	100	7000	77.77		1,020						
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9999999 Totals	XXX	XXX	XXX		1.026	166	XXX	XXX		1.026						

		,		of December 31, Curr		ea)				
		70		Il Provision for Reinsu horized Reinsurance		due Authorized and	1	Total Provision	for Reinsurance	
		70	Provision for Oriauti	ionzed Remsurance		iction Reinsurance		TOTAL PTOVISION	ioi Reilisulalice	
			71	72	73	74	75	76	77	78
			/ '	12	7.5	Complete if	"3	"0	''	70
						Col. 52 = "No";				
					Complete if	Otherwise Enter 0				
					Col. 52 = "Yes";	Otherwise Enter 6				
					Otherwise Enter 0	Greater of 20% of Net				
					Otherwise Linter 0	Recoverable Net of				
					20% of Recoverable	Funds Held &				
				Provision for Overdue						
		20% of Recoverable	Provision for	Reinsurance from	Over 90 Days Past		Provision for Amounts	Provision for Amounts		
		on Paid Losses &	Reinsurance with	Unauthorized	Due Amounts Not in	Losses & LAE Over	Ceded to Authorized	Ceded to		
l ID		LAE Over 90 Days	Unauthorized	Reinsurers and	Dispute + 20% of	90 Days Past Due	and Reciprocal	Unauthorized	Provision for Amounts	
Number		Past Due Amounts	Reinsurers Due to	Amounts in Dispute	Amounts in Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or [Col. 40 + 41]		(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	* 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
	Affiliates - U.S. Intercompany Pooling		, , , ,		((======================================		, , , , , , , , , , , , , , , , , , , ,	,
42-0331872	FARM BUREAU PROP & CAS INS CO.		XXX	XXX				XXX	XXX	
0199999 - To	tal Authorized – Affiliates – U.S. Intercompany Pooling		XXX	XXX				XXX	XXX	
0899999 - To	tal Authorized - Affiliates - Total Authorized - Affiliates		XXX	XXX		İ		XXX	XXX	
Authorized - 0	Other U.S. Unaffiliated Insurers					•		•		
38-3207001	ACCIDENT FUND INS CO OF AMER.		XXX	XXX				XXX	XXX	
95-2371728	ACE AMER INS CO.		XXX	XXX		ļ		XXX	XXX	
	ALLIANZ GLOBAL RISKS US INS CO		XXX	XXX				XXX	XXX	
	ALLIED WORLD INS CO.		XXX	XXX				XXX	XXX	
	AMERICAN AGRICULTURAL INS CO		XXX XXX	XXX XXX		 	+	XXX XXX	XXX XXX	
51-0434766	AKUR KEINS CO		XXX	XXX				XXX	XXX	
	BERKLEY INS CO.		XXX	XXX		 	<u> </u>	XXX	XXX	
	EMPLOYERS MUT CAS CO.		XXX	XXX				XXX	XXX	
	EVEREST REINS CO		XXX	XXX				XXX	XXX	
	FACTORY MUT INS CO		XXX	XXX		<u> </u>	<u> </u>	XXX	XXX	
13-6108721	HARCO NATL INS CO		XXX	XXX				XXX	XXX	
	HARTFORD STEAM BOIL INSPEC & INS CO		XXX	XXX				XXX	XXX	
	HOUSTON CAS CO.		XXXXXX	XXX				XXX	XXX	
04-1543470 06-1481194	LIBERTY MUT INS CO		XXXXXX	XXX XXX				XXXXXX	XXX XXX	
	MUNICH REINS AMER INC		XXX	XXX		•		XXX	XXX	
	NATIONWIDE MUT INS CO.		XXX	XXX				XXX	XXX	
13-3138390	NAVIGATORS INS CO.		XXX	XXX				XXX	XXX	
	ODYSSEY REINS CO		XXX	XXX				ХХХ	XXX	
	PALOMAR SPECIALTY INS CO		XXX	XXX				XXX	XXX	
	PARTNER REINS CO OF THE US.		XXX	XXX			 	XXX	XXX	
	PROTECTIVE INS CO	ļ	XXX	XXX		 	 	XXX	XXX	
	OBE REINS CORP		XXXXXX	XXXXXX				XXXXXX	XXXXXX	
	REINATSSANCE RETNS OS TINU		XXX	XXX		†	†	XXX	XXX	
	SCOR REINS CO.		XXX	XXX				XXX	XXX	
75-1980552	STATE NATL INS CO INC.		XXX	XXX				XXX	XXX	
13 - 1675535	SWISS REINS AMER CORP.		XXX	XXX				ХХХ	XXX	
	TECHNOLOGY INS CO INC		XXX	XXX				XXX	XXX	
	THE CINCINNATI INS CO	ļ	XXX	XXX		ļ	ļ	XXX	XXX	
	TRISURA INS CO		XXXXXX	XXX		ļ		XXX	XXX	
42-0644327 20-3145738	UNITED FIRE & CAS COUNITED SPECIALTY INS CO		XXXXXX	XXX XXX		 		XXXXXX	XXX XXX	
13-3088732	WCF NATL INS CO		XXXXXX	XXXXXX		 		XXX XXX	XXXXXX	
13-1290712	XL REINS AMER INC.	†	XXX	XXX		1	†	XXX	XXX	
	YOSEMITE INS CO.		XXX	XXX				XXX	XXX	
	tal Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX		• • • • • • • • • • • • • • • • • • • •	•	XXX	XXX	
	Pools - Mandatory Pools	1	500	7,7/1		1		77/7	72/11	
	MINNESOTA WORKERS COMP.		XXX	XXX				I XXX	XXX	
	tal Authorized – Pools – Mandatory Pools		XXX	XXX				XXX	XXX	
	Other Non-U.S. Insurers	•				•	·			

			(Tota	I Provision for Reinsu	rance)	•				
		70		norized Reinsurance		due Authorized and		Total Provision	for Reinsurance	
		70		1011204 1 1011104141100		iction Reinsurance				
			71	72	73	74	75	76	77	78
			, , , , , , , , , , , , , , , , , , ,	12	73	Complete if	'3	""	''	70
						Col. 52 = "No":				
					0 11 %					
					Complete if	Otherwise Enter 0				
					Col. 52 = "Yes";					
					Otherwise Enter 0	Greater of 20% of Net				
						Recoverable Net of				
					20% of Recoverable	Funds Held &				
				Provision for Overdue	on Paid Losses & LAE	Collateral, or 20% of				
		20% of Recoverable	Provision for	Reinsurance from	Over 90 Days Past	Recoverable on Paid	Provision for Amounts	Provision for Amounts		
		on Paid Losses &	Reinsurance with	Unauthorized	Due Amounts Not in	Losses & LAE Over	Ceded to Authorized	Ceded to		
l ID l		LAE Over 90 Days	Unauthorized	Reinsurers and	Dispute + 20% of	90 Days Past Due	and Reciprocal	Unauthorized	Provision for Amounts	
Number		Past Due Amounts	Reinsurers Due to	Amounts in Dispute	Amounts in Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or [Col. 40 + 41]	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	* 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
	Aspen Ins UK Ltd.	(301. 11 2070)	XXX	XXX	[501. 10 2070])	20,0,	(3010. 10 : 14)	XXX	XXX XXX	(55.5. 10 : 10 : 11)
AA-3194122	DaVinci Reins Ltd		XXX	XXX				XXX	XXX	
AA-3194130	Endurance Specialty Ins Ltd		XXX	XXX				XXX	XXX	
IAA-1126033	Llovd's Syndicate Number 33		XXX	XXX				XXX	XXX	
AA-1126435	Lloyd's Syndicate Number 435		XXX	XXX				XXX	XXX	
AA-1126510	Lloyd's Syndicate Number 510		XXX	XXX		ļ	ļ	XXX	XXX	
AA - 1120085	Lloyd's Syndicate Number 1274		XXX	XXX				XXX	XXX	
AA-1127301	Lloyd's Syndicate Number 1301		XXX	XXX				XXX	XXX	
AA - 1120156	Lloyd's Syndicate Number 1686. Lloyd's Syndicate Number 1729.		XXX	XXX				XXX	XXX	
AA-1120157	Lloyd's Syndicate Number 1729		XXX	XXX				XXX	XXX	
AA - 1120171	Lloyd's Syndicate Number 1856		XXX	XXX				XXX	XXX	
AA - 1120096	Lloyd's Syndicate Number 1880		XXX	XXX				XXX	XXX	
AA-1120083 AA-1120186	Lloyd's Syndicate Number 1910		XXX XXX	XXX XXX				XXX XXX	XXXXXX	
	Lloyd's Syndicate Number 1997.		XXX	XXX				XXX	XXX	
AA-1120004	Lloyd's Syndicate Number 1935.		XXX	XXX				XXX	XXX	
AA-1128001	Lloyd's Syndicate Number 2001		XXX	XXX				XXX	XXX	
IAA-1128003 I	Lloyd's Syndicate Number 2003		XXX	XXX		1		XXX	XXX	
AA - 1128010	Lloyd's Syndicate Number 2010.		XXX	XXX		T		XXX	XXX	
IAA-1128121 I	Lloyd's Syndicate Number 2121		XXX	XXX				XXX	XXX	
AA-1128791	Lloyd's Syndicate Number 2791. Lloyd's Syndicate Number 2987.		XXX	XXX				XXX	XXX	
AA-1128987	Lloyd's Syndicate Number 2987		XXX	XXX				XXX	XXX	
IAA-1126005 I	Lloyd's Syndicate Number 4000		XXX	XXX				XXX	XXX	
	Lloyd's Syndicate Number 4141		XXX	XXX				XXX	XXX	
AA - 1120181	Lloyd's Syndicate Number 5886.		XXX	XXX				XXX	XXX	
AA - 1840000	Mapfre Re Compania de Reaseguros SA Markel Bermuda Ltd		XXX	XXX				XXX	XXX	
AA-3190829 AA-3190339	MARKET BERMUDA LTDRENATSSANCE REINS LTD		XXX XXX	XXX XXX		 		XXX XXX	XXX XXX	
	Validus Reins Ltd		XXXXXX	XXX				XXX	XXXXXX	
	tal Authorized - Other Non-U.S. Insurers		XXX	XXX				XXX	XXX	
	ital Authorized - Other Mon-U.S. Historis tal Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999,		۸۸۸	۸۸۸				۸۸۸	۸۸۸	
	1199999 and 1299999)		XXX	XXX				XXX	XXX	
Unauthorized	Other non-U.S. Insurers		ΛΛΛ	ΛΛΛ		1	l .	۸۸۸	ΛΛΛ	
M -3101208	Antares Reins Co Ltd				XXX	I XXX	XXX		I XXX I	
	CENTRAL REINS CORP				XXX	XXX	XXX	·····	XXX	
AA -9240012	China Prop & Cas Reins Co Ltd.				XXX	XXX	XXX		XXX	
AA -9240020	China Reins Grp Corp				XXX	XXX	XXX		XXX	
AA-3191435	Conduit Reins Itd				XXX	XXX	XXX		XXX	
AA-1340028	Devk Ruckversicherungs und Beteiligungs AG.				XXX	XXX	XXX		XXX	
IAA-3191289 I	Fidelis Ins Bermuda Itd				XXX	XXX	XXX		XXX	•••••
AA-1120175	Fidelis Underwriting Ltd. GEN INS CORP OF INDIA.				XXX	XXX	XXX		XXX	
AA -5340310	GEN INS CORP OF INDIA.				XXX	XXX	XXX		XXX	
IAA-3191190 I	Hamilton Re Ltd				XXX	XXX	XXX		XXX	
AA-3190060	Hannover Re (Bermuda) Ltd				XXX	XXX	XXX		XXX	
	HELVETIA SCHWEIZERISCHE VERSICHERUNGS.				XXX	XXX	XXX		XXX	
AA-8310008	Humboldt Re Ltd				XXX	XXX	XXX	ļ	XXX	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Total Provision for Reinsurance)

			(10เล	I Provision for Reinsu	rance)					
1		70	Provision for Unauth	norized Reinsurance	Provision for Over	due Authorized and		Total Provision	for Reinsurance	
					Reciprocal Jurisdi	iction Reinsurance				
			71	72	73	74	75	76	77	78
			<i>,</i> ,	12	73	Complete if	73	""	· · ·	70
						Col. 52 = "No";				
					Complete if	Otherwise Enter 0				
					Col. 52 = "Yes";					
					Otherwise Enter 0	Greater of 20% of Net				
					Otherwise Linter 0					
						Recoverable Net of				
					20% of Recoverable	Funds Held &				
				Provision for Overdue	on Paid Losses & LAE	Collateral, or 20% of				
		20% of Recoverable	Provision for	Reinsurance from	Over 90 Days Past		Provision for Amounts	Provision for Amounts		
		on Paid Losses &	Reinsurance with	Unauthorized	Due Amounts Not in	Losses & LAE Over	Ceded to Authorized	Ceded to		
ID									D	
		LAE Over 90 Days	Unauthorized	Reinsurers and	Dispute + 20% of	90 Days Past Due	and Reciprocal	Unauthorized	Provision for Amounts	
Number		Past Due Amounts	Reinsurers Due to	Amounts in Dispute	Amounts in Dispute	(Greater of Col. 26 *	Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Name of Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or [Col. 40 + 41]	Reinsurers	(Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	(Col. 45 * 20%)	* 20%)	(Cols. 73 + 74)	Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
AA-5420050	KOREAN REINS CO.	(55 2070)	(55 25)	1 2011 10)	XXX XXX	XXX	XXX		XXX	(20.0 0 . 10 . 11)
AA-1440060	LANSFORSAKRINGS BOLAG ENS AB				XXX	XXX	XXX		XXX	
	LIMBORUKSAKKINUS BULAU ENS AB	·····			XXX	XXX	XXX	<u> </u>	XXX	
AA -3191239										
AA - 1460019	MS Amlin AG.				XXX	XXX	XXX		XXX	
AA-5340660	NEW INDIA ASSUR CO LTD.	ļ			XXX	XXX	XXX	ļ	ХХХ	
AA-5320039	Peak Reins Co Ltd.	ļ .			XXX	XXX	XXX	ļ	XXX	
AA -9240065	PICC Reins Co Ltd.				XXX	XXX	XXX		XXX	
AA - 1240051	QBE Europe NV/SA				XXX	XXX	XXX		XXX	
AA - 1340004	R V Versicherung AG				XXX	XXX	XXX		XXX	
AA - 1440076	SiriusPoint Int I Ins Corn (publ)				XXX	XXX	XXX		XXX	
AA - 5324100	SiriusPoint Inti Ins Corp (publ). Taiping Reins Co Ltd. Vantage Risk Ltd.			• • • • • • • • • • • • • • • • • • • •	XXX	XXX	XXX		XXX	
AA-3191432	Vantago Pick Ltd				XXX	XXX	XXX		XXX	
AA 3404300	Validge Nisk Ltu				XXX		XXX			
AA-3191388	Vermeer Reins Ltd.					XXX			XXX	
	Total Unauthorized – Other Non-U.S. Insurers				XXX	XXX	XXX		XXX	
2899999 -	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999,									
	2599999 and 2699999)				XXX	XXX	XXX		XXX	
Certified -	Other Non-U.S. Insurers					•		•		
CR - 1340125	Hannover Rueck SE.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1460100	New Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	Partner Reins Co Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	†	
4099999 -	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999 -	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999,									
	3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	urisdiction – Other Non-U.S. Insurers									
RJ-3194126	Arch Reins Ltd.		XXX	XXX				XXX	XXX	
RJ-3191435	Conduit Reins Ltd		XXX	XXX				XXX	XXX	
RJ-1120191	Convex Ins UK Ltd		XXX	XXX				XXX	XXX	
RJ-3191400	Convex Re Ltd		XXX	XXX		T		XXX	XXX	
RJ-3194122	DaVinci Reins Ltd.		XXX	XXX		1		XXX	XXX	
RJ-3191190	Hamilton Re Ltd		XXX	XXX	•	1		XXX	XXX	
RJ-1340125	Hannover Rueck SE		XXX	XXX		t		XXX	XXX	
			XXX	XXX		t		XXX	XXX	
RJ-3190875	. Hiscox Ins Co (Bermuda) Ltd.					+				
RJ-3190871	Lancashire Ins Co Ltd.		XXX	XXX		ł		XXX	XXX	
RJ-1126033	Lloyd's Syndicate Number 33.		XXX	XXX				XXX	XXX	
RJ-1126435	Lloyd's Syndicate Number 435.		XXX	XXX				XXX	XXX	
RJ-1126510	Lloyd's Syndicate Number 510	ļ .	XXX	XXX				XXX	XXX	
RJ-1126609	Lloyd's Syndicate Number 609.		XXX	XXX				XXX	XXX	
RJ-1126623	Lloyd's Syndicate Number 623	L	XXX	XXX		l		xxx	XXX	
RJ-1120085	Lloyd's Syndicate Number 1274	[T	XXX	XXX		1		XXX	XXX	
RJ-1127301	Lloyd's Syndicate Number 1301		XXX	XXX				XXX	XXX	
RJ-1127414	Lloyd's Syndicate Number 1414.		XXX	XXX		I		XXX	XXX	
RJ-1120198	Lloyd's Syndicate Number 1618		XXX	XXX	***************************************	1		XXX	XXX	
RJ-1120150	Lloyd's Syndicate Number 1729.		XXX	XXX		†		XXX	XXX	
				XXX		t				
RJ-1120096	Lloyd's Syndicate Number 1880		XXX			+		XXX	XXX	
RJ-1120084	Lloyd's Syndicate Number 1955		XXX	XXX		ł		XXX	XXX	
RJ-1128001	Lloyd's Syndicate Number 2001.		ХХХ	XXX				XXX	XXX	

SCHEDULE F - PART 3 (Continued) Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Total Provision for Reinsurance)

	for Reinsurance	
Destructed to the Control of the Con		
Reciprocal Jurisdiction Reinsurance		
71 72 73 74 75 76	77	78
Complete if		
Col. 52 = "No";		
Complete if Otherwise Enter 0		
Col. 52 = "Yes":		
Otherwise Enter 0 Greater of 20% of Net		
Recoverable Net of		
20% of Recoverable Funds Held &		
Provision for Overdue on Paid Losses & LAE Collateral, or 20% of		
20% of Recoverable Provision for Reinsurance from Over 90 Days Past Recoverable on Paid Provision for Amounts Prov	s	
on Paid Losses & Reinsurance with Unauthorized Due Amounts Not in Losses & LAE Over Ceded to Authorized Ceded to		
ID LAE Over 90 Days Unauthorized Reinsurers and Dispute + 20% of 90 Days Past Due and Reciprocal Unauthorized	Provision for Amounts	
Number Past Due Amounts Reinsurers Due to Amounts in Dispute Amounts in Dispute (Greater of Col. 26 * Jurisdiction Reinsurers	Ceded to Certified	Total Provision for
From Name of Reinsurer Not in Dispute Collateral Deficiency (Col. 70 + 20% of the ([Col. 47 * 20%] + 20% or [Col. 40 + 41] Reinsurers (Cols. 71 + 72 Not in	Reinsurers	Reinsurance
Col. 1 From Col. 3 (Col. 47 * 20%) (Col. 26) Amount in Col. 16) (Col. 45 * 20%) (Cols. 73 + 74) Excess of Col. 15)	(Col. 64 + 69)	(Cols. 75 + 76 + 77)
RJ-1128003. Lloyd's Syndicate Number 2003. XXX. XXX. XXX. XXX.	XXX	
RJ-1128010 Lloýd's Sýndicate Number 2010	XXX	.
RJ-1128121	XXX	
RJ-1128623. Lloyd's Syndicate Number 2623. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX	
RJ-1128791 Lloyd's Syndicate Number 2791 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX	·
NJ-1129900 Lloyd's Syndicate Number 2907. XXX	XXX	-
RJ-1120075 Lloyd's Syndicate Number 4020 XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX	
RJ-1126006 Lloyd's Syndicate Number 4472 XXX XXX XXX XXX	XXX	
RJ-1120181 Lloýd's Sýndicate Number 5886 XXX	XXX	
RJ-3190686 Partner Réins Co Ltd	XXX	.
RJ-3190339 RENAISSANCE REINS LTD. XXX XXX XXX	XXX	
RJ-3190870. Validus Reins Ltd. XXX. XXX. XXX. XXX. XXX. XXX XXX. XXX XXX	XXXXXX	
KJ-5191586 Verimeer Retris Ltd. AAA AAA XXX XXX XXX XXX XXX XXX XXX XX	XXX	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999,	۸۸۸	
5299999, 5399999 and 5499999) XXX XXX XXX XXX XXX	XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding		
Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		
		
	+	†
		†
	1	<u>†</u>
999999 Totals		

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
11	1	026009632	Bank of Tokyo-Mitsubishi UFG.	
2	1	026001591	Standard Chartered Bank	
3	1	026001591	Standard Chartered Bank	2
4	1	026002655	Lloyds Bank PLC	
5	1	026013453	Landesbank Baden-Wurttemberg, New York Branch	82
6	1	021000089	Citibank Europe PLC	14
7	1	026002655	Lloyds Bank PLC.	
8	1	026002574	Barclays Bank PLC	6
99	1	026007993	UBS AG	153
10	1	026008008	UniCredit Bank AG	271
11	1	026010786	Nordea Bank ABP, New York Branch	81
12	1	026002574	Barclays Bank PLC	8
13	1	026004307	Mizuho Bank Ltd.	63
14	1	026009179	Credit Suisse AG	
15	2	026002574	Barclays Bank PLC.	
15	2	026002655	Lloyds Bank PLC	
15	22	026007728.	National Australia Bank, A.B.N	
15	22	026007689	BNP Paribas.	
1515	22	026008044	Commerzbank AG	
16	1	026002574	Barclays Bank PLC.	9
17	1	026007728	National Australia Bank, A.B.N.	180
18	1	021000089	Citibank Europe PLC	497
19	1	021000089	Citibank Europe PLC	6
20	1	021000089	Citibank Europe PLC	92
21	1	121000248	Wells Fargo Bank, N.A.	
22	1	021000089	Citibank Europe PLC	18
23	111	026007728	National Australia Bank, A.B.N.	109
otal	·	<u>. </u>		1,959

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A.	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 exce	ess of \$50,	,000.			
	1 2		3			
	Name of Reinsurer Commission	on Rate	Ceded Premium			
1.	1.					
2.	2.					
3.	3.					
4.	4.					
5.	b					
5.	b					
5.	Report the five largest reinsurance recoverables reported in Schedule F. Part 3.Column 15. due from any one reinsurer (based on-the total recoverables). Schedule F. Part 3. Li	ine 999999	9. Column 15. the amo	nt of ceded premium.	and indicate whether the	recoverables are due from
5. B.	Report the five largest reinsurance recoverables reported in Schedule F, Part 3.Column 15, due from any one reinsurer (based on-the total recoverables), Schedule F, Part 3, Li 3. an affiliated insurer.	ine 999999	9, Column 15, the amo	nt of ceded premium, a	and indicate whether the	recoverables are due from
5. B.		ine 999999	9, Column 15, the amo	nt of ceded premium, a	and indicate whether the	recoverables are due froi
5. B.			9, Column 15, the amou	nt of ceded premium, a 4 <u>Affiliated</u>	and indicate whether the	recoverables are due from
	3. an affiliated insurer. 1 2		3	4	and indicate whether the	recoverables are due from
6.	3. an affiliated insurer. 1 2 Name of Reinsurer Total Reco	<u>verables</u>	3 Ceded Premiums	4 <u>Affiliated</u>	and indicate whether the	recoverables are due from
6. 7.	3. an affiliated insurer. 1 2 Name of Reinsurer Total Reco	<u>verables</u> 278,874 .	3 <u>Ceded Premiums</u> 262,287	4 Affiliated Yes [X] No []	and indicate whether the	recoverables are due from
6. 7. 8.	3. an affiliated insurer. 1 2 Name of Reinsurer 6. FARM BUREAU PROP & CAS INS CO 7. ACE AMER INS CO	verables 278,874 125,611	3 <u>Ceded Premiums</u> 262 ,287 209 ,846	4 Affiliated Yes [X] No [] Yes [] No [X]	and indicate whether the	recoverables are due from

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance 3 As Reported (Net of Ceded) Restatement (Gross of Ceded) Adjustments ASSETS (Page 2, Col. 3) 1. Cash and invested assets (Line 12)110,188 .110 , 188 .257,676 .257,676 2. Premiums and considerations (Line 15) (904, 823) .904.823 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1). 4 Funds held by or deposited with reinsured companies (Line 16.2)... .40.060 .40.060 5. Other assets 13.494.832 .13,494,832 6. Net amount recoverable from reinsurers 424.827.427 424.827.427 7. Protected cell assets (Line 27) . 8. Totals (Line 28) .. .14,807,579 .423,922,604 438.730.183 LIABILITIES (Page 3) .252,402,060 .252,447,657 9. Losses and loss adjustment expenses (Lines 1 through 3) 10. Taxes, expenses, and other obligations (Lines 4 through 8) .. .1,185,370 ...1,654,782 .2,840,152 .172,839,942 .172,839,942 11. Unearned premiums (Line 9) ... 12. Advance premiums (Line 10). 13. Dividends declared and unpaid (Line 11.1 and 11.2) (2,947,080) 2.947.080 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)

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

.27,100

439,023

4,644,170

10,163,409

14.807.579

.(27,100)

423,922,604

XXX

423.922.604

439,023

428,566,774

10,163,409

438.730.183

15. Funds held by company under reinsurance treaties (Line 13) ...

19. Total liabilities excluding protected cell business (Line 26)

17. Provision for reinsurance (Line 16) ...

20. Protected cell liabilities (Line 27) ..

21. Surplus as regards policyholders (Line 37) ...

18. Other liabilities ..

Totals (Line 38)

16. Amounts withheld or retained by company for account of others (Line 14)

The company participates in a reinsurance pooling agreement with an affiliated company. Under the terms of the agreement, the Company cedes to the affiliate all of its business......

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

Schedule P - Part 1 - Summary

NONE

Schedule P - Part 2 - Summary

NONE

Schedule P - Part 3 - Summary

NONE

Schedule P - Part 4 - Summary

Schedule P - Part 1A - Home/Farm NONE

Schedule P - Part 1B - Private Passenger NONE

Schedule P - Part 1C - Comm Auto/Truck
NONE

Schedule P - Part 1D - Workers' Comp

Schedule P - Part 1E - Comm Multi Peril NONE

Schedule P - Part 1F - Med Pro Liab Occ NONE

Schedule P - Part 1F - Med Pro Liab Clm

NONE

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other NONE

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance
NONE

Schedule P - Part 10 - Reinsurance NONE

Schedule P - Part 1P - Reinsurance NONE

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty
NONE

Schedule P - Part 1T - Warranty
NONE

Schedule P - Part 2A

NONE

Schedule P - Part 2B

NONE

Schedule P - Part 2C

NONE

Schedule P - Part 2D

NONE

Schedule P - Part 2E

Schedule P - Part 2F - Section 1

NONE

Schedule P - Part 2F - Med Pro Liab Clm

NONE

Schedule P - Part 2G

NONE

Schedule P - Part 2H - Other Liab Occur

NONE

Schedule P - Part 2H - Other Liab Claim

NONE

Schedule P - Part 2I

NONE

Schedule P - Part 2J

NONE

Schedule P - Part 2K

NONE

Schedule P - Part 2L

NONE

Schedule P - Part 2M

Schedule P - Part 2N

NONE

Schedule P - Part 20

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

Schedule P - Part 3F - Med Pro Liab Occ

NONE

Schedule P - Part 3F - Med Pro Liab Clm

NONE

Schedule P - Part 3G

NONE

Schedule P - Part 3H - Other Liab Occur

NONE

Schedule P - Part 3H - Other Liab Claims

Schedule P - Part 3I

NONE

Schedule P - Part 3J

NONE

Schedule P - Part 3K

NONE

Schedule P - Part 3L

NONE

Schedule P - Part 3M

NONE

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

Schedule P - Part 3R - Prod Liab Occur NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

Schedule P - Part 4F - Med Pro Liab Occ NONE

Schedule P - Part 4F - Med Pro Liab Clm
NONE

Schedule P - Part 4G NONE

Schedule P - Part 4H - Other Liab Occur NONE

Schedule P - Part 4H - Other Liab Claims

NONE

Schedule P - Part 4I

Schedule P - Part 4J

Schedule P - Part 4K
NONE

Schedule P - Part 4L NONE

Schedule P - Part 4M NONE

Schedule P - Part 4N

NONE

Schedule P - Part 40

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

Schedule P - Part 6E - SN1

NONE

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

NONE

Schedule P - Part 6H - SN2A

NONE

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 60 - SN1

NONE

Schedule P - Part 60 - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

Schedule P - Part 7A - Section 1

NONE

Schedule P - Part 7A - Section 2

NONE

Schedule P - Part 7A - Section 3

NONE

Schedule P - Part 7A - Section 4

NONE

Schedule P - Part 7A - Section 5

Schedule P - Part 7B - Section 1

NONE

Schedule P - Part 7B - Section 2

NONE

Schedule P - Part 7B - Section 3

NONE

Schedule P - Part 7B - Section 4

NONE

Schedule P - Part 7B - Section 5

NONE

Schedule P - Part 7B - Section 6

NONE

Schedule P - Part 7B - Section 7

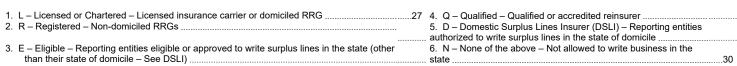
NONE

Schedule P Interrogatories
NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		1	Gross Premiu		ated By States A		_	_	_	
			Policy and Mer Less Return F Premiums on Tak	mbership Fees Premiums and Policies Not	4 Dividends Paid	5	6	7	8 Finance and	9 Direct Premium Written for Federal
	04-44-	Active Status	Premiums	3 Direct Premiums	or Credited to Policyholders on Direct	Direct Losses Paid (Deducting	Direct Losses	Direct Losses	Service Charges Not Included in	Purchasing Groups (Included in
1	States, etc. Alabama AL.	(a)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	Col. 2)
	Alaska AK	L N								
	Arizona AZ	L	35,920,415	32,922,166		17,634,731	23,199,539	16,978,703	11,342	
	ArkansasAR									
	California CA		000 707	000 075		F4 040	00 577	000 755		
1	Colorado CO		206,787	223,375		54,946	68,577	362,755		
	Delaware DE									
	Dist. ColumbiaDC									
	FloridaFL	N								
	Georgia GA Hawaii HI									
	Hawaii HI . Idaho ID .	N	37,254	84.060		21,265	10,333	1.625		
	IllinoisIL	Ī	7,631	7,631			(117)	(117)		
	IndianaIN .		2,541,826	2,174,255		5,474,765	6,348,646	1,524,556		
	lowaIA .		117,248,290	111,570,549 151,251,607		71,874,589 216.436.703	104,477,798	57,370,813 60,386,217	18,158	
	Kansas KS. Kentucky KY.		150 , 121 , 532	131,231,00/		∠10,430,703	225,447,983	00,380,21/	18,362	
	Louisiana LA.									
	Maine ME									
	MarylandMD									
	Massachusetts MA Michigan MI									
	MinnesotaMN		33,260,623	29,776,208		33,792,978	37,829,286	20,549,683	9.495	
	Mississippi MS									
26.	Missouri MO	LL	246,616	246,616		33,308	51,818	29,702		
	Montana MT Nebraska ME			28,950 64,847,492		44,433	49,126 73,717,517	16,327 38,955,526	10,653	
	Nevada NV		1,029,698			315,623	321,286	191,839	10,653	
	New Hampshire NH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	New JerseyNJ.									
	New MexicoNM		20 , 583 , 401	18,844,769		14,349,706	18 , 556 , 488	9,871,808	6,823	
	New York NY.									
	No.Dakota ND		624,273	623,512		226,065	564,420	426,858		
36.	OhioOH	L	2,614,982	3,755,055		5,642,943	6,725,226	1,888,386		
	Oklahoma OK		356 , 866	315,690		406,227	406,051	2,065		
38.	Oregon OR Pennsylvania PA									
	Rhode IslandRI									
41.	So. Carolina SC.									
	So. DakotaSD		19 , 386 , 251	17 , 741 , 042		10 , 584 , 545	9,802,750	5,712,952	3,692	
	TennesseeTN. TexasTX		137,316	72,890		56,900	72,993	19,676		
1	UtahUT.		37 ,483 ,555	34,870,700		19,508,677	25,108,211	16,553,646	5,680	
46.	Vermont VT.	N		, , , , , , , , , , , , , , , , , , , ,						
	VirginiaVA									
	Washington WA		+		l					
	West Virginia WV Wisconsin WI.		602 , 151	594,094		1,048,114	1,160,177	112.063		
51.	WyomingWY	L	65,449	44,203		7,260	4,768	4,452		
	American Samoa AS.							 		
	Guam GU Puerto Rico PR		+			 		 		
	U.S. Virgin Islands									
	Northern Mariana Islands MP	N								
	Canada CA	N. N	+							
58.	Aggregate other alienOT.	xxx								
59.	Totals	XXX	492,870,363	470,859,386		460,576,570	533,922,876	230,959,535	84,205	
	LS OF WRITE-INS	xxx								
58002.		XXX.						ļ	ļ	
58003.	Sum. of remaining	XXX.								
	write-ins for Line 58 from overflow page	xxx								
58999.	Totals (Lines 58001 through 58003 + 58998 (Line 58 above)	B) XXX								

(a) Active Status Counts



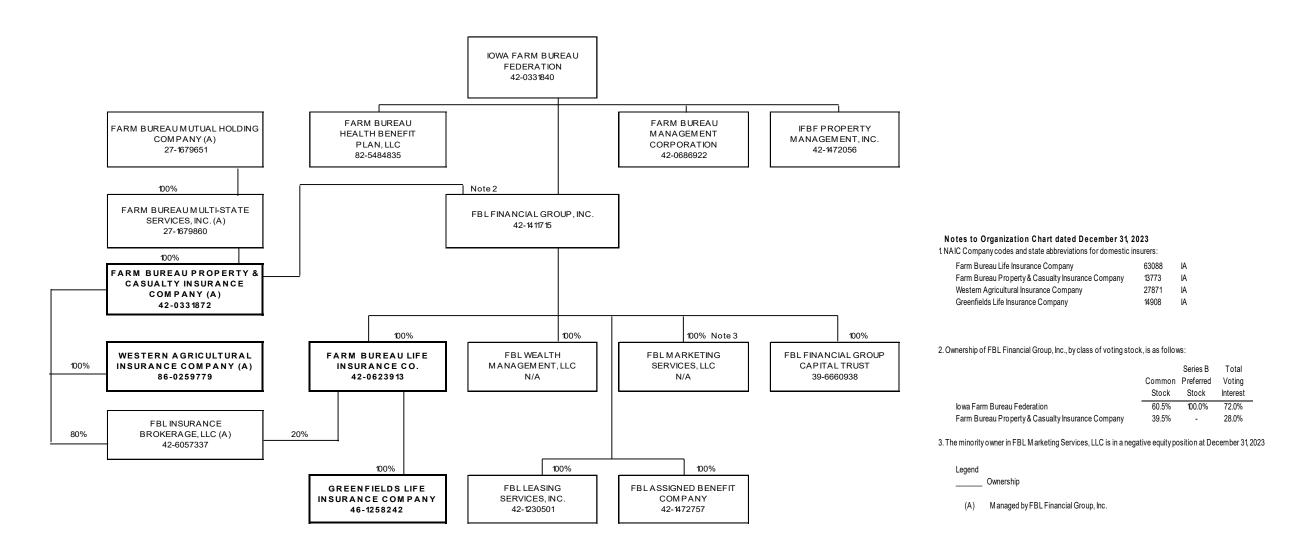
(b) Explanation of basis of allocation of premiums by states, etc.

Gross premiums were allocated to states based on location of $\ensuremath{\operatorname{risk}}\,.$

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		4	_	^	4	-	
		1	2	3 Disability	4	5	6
		Life		Disability Income	Long-Term Care		
		(Group and	Annuities (Group	(Group and	(Group and	Deposit-Type	
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL	marriadary	una marriada,	marriada)	individual)	Communic	101010
2. Alaska							
3. Arizona	AZ						
4. Arkansas							-
					-		-
5. California	CA				-		-
6. Colorado					-		
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
					-		·
14. Illinois					·	<u> </u>	·
15. Indiana					-	l	·
16. lowa	IA					ļ	
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine							
21. Maryland							1
22. Massachusetts							1
					1		·
23. Michigan							
24. Minnesota							
25. Mississippi							
26. Missouri	MO						
27. Montana	T						
28. Nebraska							
29. Nevada							
30. New Hampshire		·····					
31. New Jersey							
-							-
32. New Mexico							-
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania							
40. Rhode Island			T		1	İ	†
					·	l	†
41. South Carolina							+
42. South Dakota							
43. Tennessee						ļ	
44. Texas	TX						.
45. Utah	UT						
46. Vermont							1
47. Virginia							
48. Washington							
							·
49. West Virginia					·	·	†
50. Wisconsin					-	ł	·
51. Wyoming	WY					ļ	·
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico							
55. U.S. Virgin Islands							1
56. Northern Mariana Islands							<u> </u>
					·		†
57. Canada58. Aggregate Other Alien					-	·	+
	OT		1	ı	1	1	1

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	_	·	· ·	Ü	ŭ	Name of	Ĭ		10		Type of Control	10		"	10
						Securities					(Ownership.				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
						,	FARM BUREAU LIFE INSURANCE				, ,	Ŭ	IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA	63088	42-0623913	2506551	0000911209		COMPANY	IA	IA	FBL FINANCIAL GROUP. INC	OWNERSHIP	100.0	FEDERATION.	NO.	
							FARM BUREAU PROPERTY & CASUALTY			FARM BUREAU MULTI-STATE			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA	13773	42-0331872				INSUR CO	I A	UDP	SERVICES. INC.	OWNERSHIP	100.0	FEDERATION	YES	1
							WESTERN AGRICULTURAL INSURANCE			FARM BUREAU PROPERTY &			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA.	27871	86-0259779				COMPANY	IA	RF	CASUALTY INSUR CO.	OWNERSHIP	100 0	FEDERATION	NO.	1
							GREENFIELDS LIFE INSURANCE			FARM BUREAU LIFE INSURANCE			IOWA FARM BUREAU		
00513	IOWA FARM BUREAU GROUP OF IOWA	14908	46 - 1258242				COMPANY	IA	IA	COMPANY	OWNERSHIP	100.0	FEDERATION.	NO.	
													IOWA FARM BUREAU		
			42-1411715	3894291	0001012771		FBL FINANCIAL GROUP. INC	IA	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP	72 0	FEDERATION	NO.	
			12				The state of the s			FARM BUREAU PROPERTY &			IOWA FARM BUREAU		
			42-1411715	3894291	0001012771		FBL FINANCIAL GROUP. INC	IA	NIA	CASUALTY INSUR CO	OWNERSHIP	28 0	FEDERATION	NO	
			12 11111 10		0001012111		The Triving The Ortoon, Thomas			SHOOKETT THOOK CO	O III LENGITII	20.0	IOWA FARM BUREAU		
			42-0331840		0001033753		IOWA FARM BUREAU FEDERATION	IA	NIA	ELECTED BOARD OF DIRECTORS	MANAGEMENT		FEDERATION.	NO	
			12 0001010		000 10001 00		FARM BUREAU MANAGEMENT			ELECTED BOTTLE OF BITTLEOTONO	III/ U U U CEMENT		IOWA FARM BUREAU		
			42-0686922				CORPORATION	IA	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP	100 0	FEDERATION	NO	
			12 0000022				OOTH OTHER TOTAL			TOTAL TAKEN BOKENO TEBERATION	O III LENGITII		IOWA FARM BUREAU		
			42-1472056				IFBE PROPERTY MANAGEMENT. INC	IA	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP	100 0	FEDERATION	NO	
			42 147 2000				FBL FINANCIAL GROUP CAPITAL			TOWN THIN BONEAU TEBERATION	O III LICOTTI		IOWA FARM BUREAU		
			39-6660938				TRUST	DE	NIA	FBL FINANCIAL GROUP, INC	OWNERSHIP	100 0	FEDERATION	NO	
			00-0000000				111001]DL		FARM BUREAU PROPERTY &	I O MINEROITH	100.0	IOWA FARM BUREAU		
			42-6057337				FBL INSURANCE BROKERAGE, LLC.	IA	NIA	CASUALTY INSUR CO	OWNERSHIP	80 N	FEDERATION	NO	1
			42 0007 007				THE MODIVINGE BROKEINGE, LEG			ONCONETT THOOK OO.	O		IOWA FARM BUREAU		'
			42-6057337				FBL INSURANCE BROKERAGE, LLC.	IA	NIA	FARM BUREAU LIFE INSURANCE CO	OWNERSHIP	20.0	FEDERATION.	NO	1
			.2 0007007				I DE MOONTHOE BROKENIOE, EEO	1		THE BOILERO ETTE THOOKANOE OU.	· · · · · · · · · · · · · · · · · · ·		IOWA FARM BUREAU		
							FBL MARKETING SERVICES. LLC	IA	NIA	FBL FINANCIAL GROUP. INC	OWNERSHIP	100 0	FEDERATION	NO	
							LEG. MARIE THO GENT TOLO. ELG.	1		The state of the s	<u>-</u>	1	IOWA FARM BUREAU		
			42-1230501				FBL LEASING SERVICES. INC	IA	NIA	FBL FINANCIAL GROUP. INC	OWNERSHIP	100 0	FEDERATION	NO	
			12 120000 1				LEGINO CENTICEO, INC			The invitoring oncor, inc	O		IOWA FARM BUREAU		
			42-1472757				FBL ASSIGNED BENEFIT COMPANY	I A	NIA	FBL FINANCIAL GROUP. INC	OWNERSHIP	100 0	FEDERATION	NO	
			12 1712101				FARM BUREAU MUTUAL HOLDING	1		The invitoring oncor, inc	O ENOTH		IOWA FARM BUREAU		
			27 - 1679651				COMPANY	I A	UIP	FBL FINANCIAL GROUP, INC	MANAGEMENT		FEDERATION	NO	1
			21 101 300 1				FARM BUREAU MULTI-STATE		וו ע	FARM BUREAU MUTUAL HOLDING	III/ U W TOLINLIY I		IOWA FARM BUREAU		
			27 - 1679860				SERVICES, INC	I A	UIP	COMPANY	OWNERSHIP	100 0	FEDERATION	NO	1
			21 1013000				JOENT TOLO, THO		וו ע	Voini /111/	O III 1	100.0	IOWA FARM BUREAU		
							FBL WEALTH MANAGEMENT. LLC	I A	NIA	FBL FINANCIAL GROUP. INC	OWNERSHIP	100.0	FEDERATION	NO	
							FARM BUREAU HEALTH BENEFIT	I M	IN I M	TIDE I INMINOTAL GROOF, INC	OHINLINOITIF	100.0	TOWA FARM BUREAU	. NU	
			82-5484835				PLAN, LLC	I A	NIA	IOWA FARM BUREAU FEDERATION	OWNERSHIP	100.0	FEDERATION	NO	
			02 -0404000				FLMN, LLU	I A	N I A	TIONA LANN DONEAU FEDERATION	OMINENOUIL		I LULNATI I UN	. NU	

Asterisk	Explanation Explanation
1	Managed by FBL Financial Group, Inc

SCHEDULE Y

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

1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities, Real	7 Income/ (Disbursements) Incurred in Connection with Guarantees or	8	9 Income/ (Disbursements)	10	Any Other Material Activity Not in the	12	Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions		Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Incurred Under Reinsurance Agreements	*	Ordinary Course of the Insurer's Business	Totals	Reserve Credit Taken/(Liability)
	42 0331840	Lowa Farm Burgay Fodoration	Dividorido			7 iiiiiidto(0)		7 igroomonio		Buoinoso	Totalo	Tulton/(Liabinty)
	42-1472056	FBF Property Management Inc. Farm Bureau Management Corporation. FBL Financial Group, Inc. FBL Financial Group Capital Trust FBL Financial Group Capital Trust Farm Bureau Property & Casualty Insur Co. FBL Financial Farm Bureau Property & Casualty Insur Co. FBL Financial Farm Bureau Property & Casualty Insur Co. FBL Financial Farm Bureau Property & Casualty Insur Co. FBL FINANCIA FBL F										
	42-0686922 42-1411715	Farm Bureau Management Corporation	64.364.951						ļ		64,364,951	
	39-6660938	IFBL Financial Group Capital Trust	04,304,901							•	04,304,931	
13773	42-0331872	Farm Bureau Property & Casualty Insur Co	10,355,049		-						10,355,049	(278,874,027
27871	Xh_II/5u//u	IWASTARN MARICILITURAL INSURANCA LAMBANA	10,000,010									278,874,027
63088 I	42-0623913	Farm Bureau Life Insurance Company	(73,820,000)								(73,820,000)	
14908 I	46-1258242	Farm Bureau Life Insurance Company. Greenfields Life Insurance Company. FBL Financial Services, Inc.									······································	
	42-1230500	FBL Financial Services, Inc.							ļ			
	42-0954363	FBL Investment Management Services. FBL Marketing Services, LLC.							ļ	•		
	42-1230501	FBL Leasing Services, LLC										
	42-6057337	IEBL Insurance Brokerage IIC	(900,000)		-						(900,000)	
	42-1472757	FBL Assigned Benefit Company. Farm Bureau Mutual Holding Company.	(000,000)								(000,000)	
	27 - 1679651	Farm Bureau Mutual Holding Company.										
	27 - 1679860	IFarm Bureau Multi-State Services Inc										
	00 5404005	FBL Wealth Management, LLC.										
	82-5484835	Farm Bureau Health Benefit Plan , LLC										
					·							
					+				ļ	 		
					+				····	ļ		
					·							
										ļ		
									ļ			
					-							
		1							XXX			

The 2023 participation percentage for the reinsurance agreement are: Farm Bureau Property & Casualty 100%, Western Agricultural 0%.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	1 2	2	1	5	6	7	Q
l l	2	3	Granted Disclaimer	5	0	'	Granted Disclaimer
		Ownership				Ownership	of Control\Affiliation
		Percentage				Percentage	
		Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
FARM BUREAU LIFE INSURANCE COMPANY	FBL FINANCIAL GROUP, INC	100.000 %	NO		TOWA FARM BUREAU GROUP OF TOWA	100.000 %	NO
FARM BUREAU PROPERTY & CASUALTY INSUR CO	FARM BUREAU MULTI-STATE SERVICES, INC	100.000 %	NO		IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
WESTERN AGRICULTURAL INSURANCE COMPANY	FARM BUREAU PROPERTY & CASUALTY INSUR CO.		NO	IOWA FARM BUREAU FEDERATION	IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
GREENFIELDS LIFE INSURANCE COMPANY	FARM BUREAU LIFE INSURANCE COMPANY.	100.000 %	NO		IOWA FARM BUREAU GROUP OF IOWA	100.000 %	NO
ONLEW TEEDS ETTE THOOKINGE GOMETHY	THIN BOILERO ETTE THOOKINGE GOMETHAT			TOWN TAKE BOILERO TEDERITION	TOWN TAKE BONENO ONOOF OF TOWN	100.000 %	
		0/2				0/2	
		0/2				0/2	
		0/2				0/,	
		0/2				0/,	
		0/2				0/,	
		0/2				0/2	
		0/2				0/2	
		0/2				0/2	
		0/,				0/_	
		0/2				0/,	
		0/,				0/,	
		0/,				0/,	
		0/,				0/,	
						0/	
		··· /0 0/				0/	·
		/0				1	
		1	1			1	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

RESPONSES

	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 12	YES

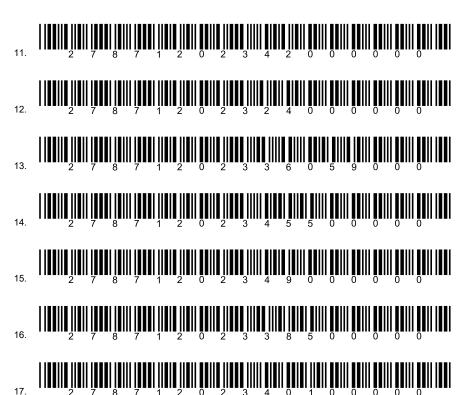
SUPPLEMENTAL FILINGS

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

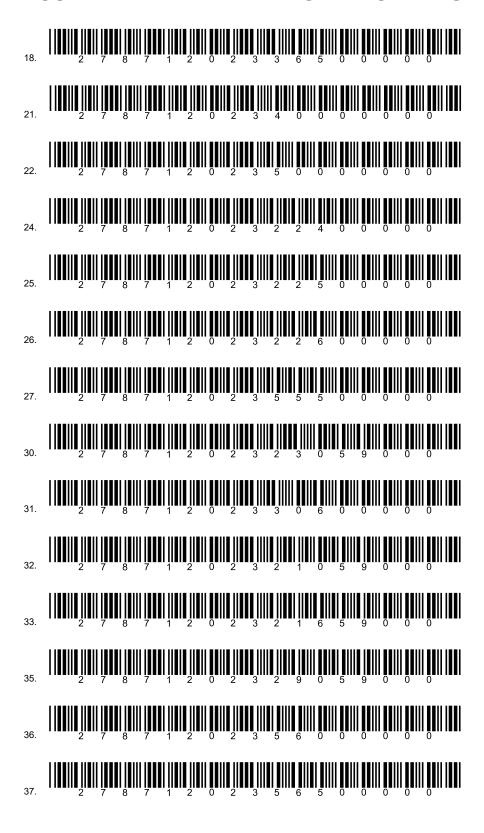
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.		NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.		YES
20.		YES
21.		NO
22.		NO
23.		YES
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be	
		N0
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	NO
20.	with the NAIC by March 1?	N0
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state	
	of domicile and the NAIC by March 1?	NO
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by	
	March 1?	YES
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.		NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the	
		NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? AUGUST FILING	NO
38.		YES

Explanation:

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUMMARY INVESTMENT SCHEDULE

		Gross Inve	stment		Admitted Assets in the Annual S		
		1	2	3	4 Securities	5	6
			Percentage of Column 1		Lending Reinvested Collateral	Total (Col. 3+4)	Percentage of Column 5
	Investment Categories	Amount	Line 13	Amount	Amount	Amount	Line 13
1.	Long-Term Bonds (Schedule D, Part 1): 1.01 U.S. governments	3 013 454	2 73/ 830	3 013 454		3 013 454	2.734.830
	1.02 All other governments		1	1			2,734.030
	1.03 U.S. states, territories and possessions, etc. guaranteed		l			i	
	1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
	1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
	1.06 Industrial and miscellaneous						
	1.07 Hybrid securities						
	1.08 Parent, subsidiaries and affiliates						
	1.09 SVO identified funds						
	1.10 Unaffiliated bank loans						
	1.11 Unaffiliated certificates of deposit.						
	1.12 Total long-term bonds	3,013,454	2,734.830	3,013,454		3,013,454	2,734.830
2.	Preferred stocks (Schedule D, Part 2, Section 1):						
	2.01 Industrial and miscellaneous (Unaffiliated)			1 1			
	2.02 Parent, subsidiaries and affiliates						
	2.03 Total preferred stocks						
3.	Common stocks (Schedule D, Part 2, Section 2):						
	3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
	3.02 Industrial and miscellaneous Other (Unaffiliated)			1		1	· '
	3.03 Parent, subsidiaries and affiliates Publicly traded		1	1 1		1	l
	3.04 Parent, subsidiaries and affiliates Other			1		1	l
	3.05 Mutual funds			1			
	3.06 Unit investment trusts		I	1		1	
	3.07 Closed-end funds		1	1		1	
	3.08 Exchange traded funds		1	1		1	0.007.000
	3.09 Total common stocks	3 , 120 , 804	2,837.699	3,126,804			2,837.699
4.	Mortgage loans (Schedule B):						
	4.01 Farm mortgages		1	1		1	
	4.02 Residential mortgages			1		1	
	4.03 Commercial mortgages			1		-	
	4.04 Mezzanine real estate loans			l		-	
	4.05 Total valuation allowance					-	
-	4.06 Total mortgage loans					-	
5.	Real estate (Schedule A):						
	5.01 Properties occupied by company			1			
	5.03 Properties held for sale			1 1			
	5.04 Total real estate						
6	Cash, cash equivalents and short-term investments:						
0.	6.01 Cash (Schedule E, Part 1)	(6 032 007)	(5 474 287)	(6.032.007)		(6,032,007)	 (5_474_287)
	6.02 Cash equivalents (Schedule E, Part 2)		1	1		1	(0,474.207)
	6.03 Short-term investments (Schedule DA)			1		1	
	6.04 Total cash, cash equivalents and short-term investments		i	1 1		(6,032,007)	(5,474,287)
7	Contract loans		1	1 1		[, , , , , , , ,	[
	Derivatives (Schedule DB)		i	1 1			
	Other invested assets (Schedule BA).		1	1			
	Receivables for securities		1	1		1,937	1.758
	Securities Lending (Schedule DL, Part 1)			1 1	XXX		XXX
	Other invested assets (Page 2, Line 11)						
	Total invested assets	110,188	100.000	110,188		110,188	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 6)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
3.	Current year change in encumbrances:
	3.1 Totals, Part 1, Column 13
	3.2 Totals, Part 3, Column 11
4.	Total gain (loss) on disposals, Part 3, Column 18 Deduct amounts received on disposals, Part 3, Column 15
5.	Deduct amounts received on disposals, Part 3, Column 15
6.	Total foreign exchange change in book/adjusted carrying valua
	6.1 Totals, Part 1, Column 15
	6.2 Totals, Part 3, Column 13.
7.	Deduct current year's other-than-temporary impairment recognized:
	7.1 Totals, Part 1, Column 12
	7.2 Totals, Part 3, Column 10
8.	Deduct current year's depreciation:
	8.1 Totals, Part 1, Column 11
	8.2 Totals, Part 3, Column 9
	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)
10.	Deduct total nonadmitted amounts
11	Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year.
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 7)
	2.2 Additional investment made after acquisition (Part 2, Column 8)
3.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 12
	3.2 Totals, Part 3, Column 11
4.	Accrual of discount
5.	Unrealized valuation increase/(decrease):
	5.1 Totals, Part 1, Column 9 5.2 Totals, Part 3, Column 8 Total gain (loss) on disposals, Part 3, Column 18
	5.2 Totals, Part 3, Column 8
6.	Total gain (loss) on disposals, Part 3, Column 18
7.	Deduct amounts received on disposals, Part 3, Column 15
8.	Deduct amortization of premium and mortgage interest points and commitment fees.
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:
	9.1 Totals, Part 1, Column 13
	9.1 Totals, Part 1, Column 13
10.	Deduct current year's other-than-temporary impairment recognized:
	10.1 Totals, Part 1, Column 11
	10.2 Totals, Part 3, Column 10
	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).
12.	Total valuation allowance
13.	Subtotal (Line 11 plus Line 12)
14.	Deduct total nonadmitted amounts
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 8)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
3.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 16
	3.2 Totals, Part 3, Column 12
4.	Accrual of discount
5.	Unrealized valuation increase/(decrease):
	5.1 Totals, Part 1, Column 13
	5.2 Totals, Part 3, Column 9
6.	Total gain (loss) on disposals, Part 3, Column 19
7.	Deduct amounts received on disposals, Part 3, Column 16.
8.	Deduct amortization of premium and depreciation.
9.	Total foreign exchange change in book/adjusted carrying value:
	9.1 Totals, Part 1, Column 17
	9.2 Totals, Part 3, Column 14
10.	Deduct current year's other-than-temporary impairment recognized:
	10.1 Totals, Part 1, Column 15
	10.2 Totals, Part 3, Column 11
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12.	Deduct total nonadmitted amounts
13	Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	5,976,744
2.		
3.	Accrual of discount	95
	Unrealized valuation increase/(decrease):	
	4.1 Part 1, Column 12	
	4.2 Part 2, Section 1, Column 15	
	4.3 Part 2, Section 2, Column 13	
	4.4 Part 4, Column 11	
5.		
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	
7.	Deduct amortization of premium	4 , 481
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1 Part 1, Column 15	
	8.2 Part 2, Section 1, Column 19.	
	8.3 Part 2, Section 2, Column 16	
	8.4 Part 4, Column 15	
9.		
	9.1 Part 1, Column 14	
	9.2 Part 2, Section 1, Column 17	
	9.3 Part 2, Section 2, Column 14. 9.4 Part 4, Column 13	
	9.4 Part 4, Column 13	
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line (2)	0.440.000
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	b, 140, 266
12.	Deduct total nonadmitted amounts.	C 440 000
13.	Statement value at end of current period (Line 11 minus Line 12)	D,14U,200

SCHEDULE D - SUMMARY BY COUNTRY

	LC	ong-Term Bonds and Stocks	December 31 o		3	Ι 4
			Book/Adjusted	2	3	4
Description			Carrying Value	Fair Value	Actual Cost	Par Value of Bonds
BONDS			yg			,
	1	United States	3 013 454	2 789 265	3 022 257	3,000,000
Governments (including all obligations	2.	Canada				
guaranteed by governments)	3	Other Countries				
guaranteed by governments)	4.	Totals	3,013,454	2,789,265	3,022,257	3,000,000
U.S. States, Territories and Possessions	· ·	Totalo	0,010,101	2,1.00,1200	0,022,201	0,000,000
(direct and guaranteed)	5	Totals				
U.S. Political Subdivisions of States, Territories	<u> </u>	101010				
and Possessions (direct and guaranteed)	6	Totals				
U.S. Special Revenue and Special Assessment	<u> </u>	101010				
Obligations and all Non-Guaranteed						
Obligations of Agencies and Authorities of						
Governments and their Political Subdivisions	7.	Totals				
Industrial and Miscellaneous, SVO Identified	8.					
Funds, Unaffiliated Bank Loans, Unaffiliated	9.	_				
Certificates of Deposit and Hybrid Securities	10.	Other Countries				
(unaffiliated)	11.	Totals				
Parent, Subsidiaries and Affiliates	12.	Totals				
,	13.	Total Bonds	3,013,454	2,789,265	3,022,257	3,000,000
PREFERRED STOCKS			.,,	,,	- , - , -	.,,
	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.					
,	16.	Other Countries				
	17.					
Parent, Subsidiaries and Affiliates	18.	Totals				1
,	19.	Total Preferred Stocks				1
COMMON STOCKS			'	<u>'</u>		1
	20.	United States	3.126.804	3.126.804	624,613	1
Industrial and Miscellaneous (unaffiliated),	21.				,	
Mutual Funds, Unit Investment Trusts, Closed-	22.]
End Funds and Exchange Traded Funds	I	Totals	3,126,804	3,126,804	624,613	
Parent, Subsidiaries and Affiliates		Totals	, , , , , ,	, , , , , ,	, , , , ,	1
		Total Common Stocks	3,126,804	3,126,804	624,613	1
		Total Stocks	3,126,804	3,126,804	624,613	1
		Total Bonds and Stocks	6,140,258	5,916,069	3,646,870	1
			, , ,	, , , , , , , , , , , , , , , , , , , ,	, , ,	<u>.</u>

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year Through	Over 5 Years	Over 10 Years	0 00 1	No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately Place
NAIC Designation 1. U.S. Governments	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 12.7	Prior Year	Prior Year	Traded	(a)
1.1 NAIC 1		3,013,454				XXX	3,013,454	100.0	3,017,840	100.0	3,013,454	
1.2 NAIC 2						XXX	3,013,454	100.0		100.0		
1.3 NAIC 3						XXX						-
1.4 NAIC 4						XXX						-
1.5 NAIC 5						XXX						
1.6 NAIC 6		0.040.454				XXX	0.040.454	400.0	0.047.040	400.0	0.040.454	
1.7 Totals 2. All Other Governments		3,013,454				XXX	3,013,454	100.0	3,017,840	100.0	3,013,454	
						VVV						
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and F	Possessions, etc., Gua	ranteed										
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						ХХХ						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of	States, Territories and	d Possessions, Guarante	ed									
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Spe	cial Assessment Oblic	ations. etc Non-Guaran	teed			7001						
5.1 NAIC 1		, , , , , , , , , , , , , , , , , , ,	[XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5		·				XXX						
5.6 NAIC 6		·				XXX						<u> </u>
VIV NAIL. N		1				XXX						

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6 No Maturity	7 Total	8 Col. 7 as a	9 Total from Col. 7	10 % From Col. 8	11 Total Publicly	12 Total Privately Placed
NAIC Designation	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 12.7	Prior Year	Prior Year	Traded	(a)
6. Industrial and Miscellaneo	ous (unaffiliated)											
6.1 NAIC 1						XXX						
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 Totals						XXX						
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 Totals						XXX						
8. Parent, Subsidiaries ar	nd Affiliates					AAA						
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX						
8.3 NAIC 3						XXX						
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
						XXX						
8.7 Totals						۸۸۸						
9. SVO Identified Funds	VVV	VVV	VVV	VVV	VVV							
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	ХХХ	XXX	ХХХ	ХХХ							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX						
10.2 NAIC 2						XXX						
10.3 NAIC 3						XXX					ļ	
10.4 NAIC 4						XXX						
10.5 NAIC 5						XXX						
10.6 NAIC 6]					XXX						
10.7 Totals						XXX						
11. Unaffiliated Certificate	es of Deposit											
11.1 NAIC 1						XXX						
11.2 NAIC 2						XXX						
11.3 NAIC 3	<u> </u>					XXX		T	1		T	
11.4 NAIC 4						XXX		†	†		†	
11.5 NAIC 5						XXX		†	†		†	
11.6 NAIC 6						XXX		 	 		 	
11.6 NAIC 6											-	+
11.7 Totals	1			1	I	XXX	1			1		1

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	All Bolius Owned De	5	6	es by Major Types of Is:	8	9	10	11	12
	'	Over 1 Year Through	Over 5 Years	Over 10 Years	3	No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately Placed
NAIC Designation	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 12.7	Prior Year	Prior Year	Traded	(a)
12. Total Bonds Current Year				i i i i i i i i i i i i i i i i i i i								(/
12.1 NAIC 1	(d)	3,013,454					3,013,454	100.0	XXX	XXX	3,013,454	
12.2 NAIC 2	(d)						, , , , , , , , , , , , , , , , , , , ,		XXX	ХХХ		
12.3 NAIC 3	(d)								XXX	XXX		
12.4 NAIC 4	(d)								XXX	ХХХ		
12.5 NAIC 5	(d)						(c)		ХХХ	XXX		
12.6 NAIC 6	(d)						(c)		XXX	XXX		
12.7 Totals		3,013,454					(b)3,013,454	100.0	XXX	ХХХ	3,013,454	
12.8 Line 12.7 as a % of Col. 7		100.0					100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.1 NAIC 1		3,017,840					XXX	XXX	3,017,840	100.0	3,017,840	
13.2 NAIC 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					XXX	XXX	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	
13.3 NAIC 3							XXX	XXX				
13.4 NAIC 4							XXX	XXX				
13.5 NAIC 5							ХХХ	ХХХ	(c)			
13.6 NAIC 6							XXX	XXX	(c)			
13.7 Totals		3,017,840					ХХХ	XXX	(b)3,017,840	100.0	3,017,840	
13.8 Line 13.7 as a % of Col. 9		100.0					XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.1 NAIC 1		3,013,454					3,013,454	100.0	3,017,840	100.0	3,013,454	XXX
14.2 NAIC 2							, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,			XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals		3,013,454					3,013,454	100.0	3,017,840	100.0	3,013,454	XXX
14.8 Line 14.7 as a % of Col. 7		100.0					100.0	ХХХ	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line												
12.7, Col. 7, Section 12		100.0					100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1											XXX	
15.2 NAIC 2		.									ХХХ	ļ
15.3 NAIC 3											XXX	
15.4 NAIC 4											XXX	
15.5 NAIC 5											XXX	
15.6 NAIC 6											XXX	
15.7 Totals											XXX	
15.8 Line 15.7 as a % of Col. 7								ХХХ	XXX	XXX	XXX	
^{15.9} Line 15.7 as a % of Line												
12.7, Col. 7, Section 12			1.0 1.0 1	OFO D 4444				XXX	XXX	XXX	XXX	

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

⁽b) Includes \$..current year of bonds with Z designations, and\$.. prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

⁽c) Includes \$...current year, \$ prior year of bonds with 5GI designations and \$current year, \$prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in; NAIC 5 \$; NAIC 6 \$

SCHEDULE D - PART 1A - SECTION 2

	M	aturity Distribution	of All Bonds Owned	December 31, At B	ook/Adjusted Carry	ing Values by Majo	r Type and Subtype	of Issues				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments			J									
1.01 Issuer Obligations		3,013,454				XXX	3,013,454	100.0	3,017,840	100.0	3,013,454	<u> </u>
1.02 Residential Mortgage-Backed Securities						XXX						<u> </u>
1.03 Commercial Mortgage-Backed Securities						ХХХ						<u> </u>
1.04 Other Loan-Backed and Structured Securities						XXX						1
1.05 Totals		3,013,454				XXX	3,013,454	100.0	3,017,840	100.0	3,013,454	
2. All Other Governments		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0,010,101		0,011,010		0,010,101	
2.01 Issuer Obligations						XXX				l		
2.02 Residential Mortgage-Backed Securities						XXX				l		
2.03 Commercial Mortgage-Backed Securities						XXX						1
2.04 Other Loan-Backed and Structured Securities						XXX						
2.05 Totals						XXX						
3. U.S. States, Territories and Possessions, Guaranteed						7000						
3.01 Issuer Obligations						XXX						1
3.02 Residential Mortgage-Backed Securities						XXX						
3.03 Commercial Mortgage-Backed Securities	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	XXX			• • • • • • • • • • • • • • • • • • • •			
3.04 Other Loan-Backed and Structured Securities						XXX						
3.05 Totals						XXX						
U.S. Political Subdivisions of States, Territories and Possessions,	Currentered					۸۸۸						
4. U.S. Political Subdivisions of States, Territories and Possessions, 4.01 Issuer Obligations	Guaranteed					Lxxx						1
		-				XXX						
4.02 Residential Mortgage-Backed Securities						XXX						
4.03 Commercial Mortgage-Backed Securities												
4.04 Other Loan-Backed and Structured Securities						XXX						
4.05 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-	-Guaranteed					NAVA						1
5.01 Issuer Obligations						XXX						
5.02 Residential Mortgage-Backed Securities.						XXX						·
5.03 Commercial Mortgage-Backed Securities						XXX						·
5.04 Other Loan-Backed and Structured Securities						XXX						
5.05 Totals						XXX						
6. Industrial and Miscellaneous												
6.01 Issuer Obligations						ХХХ						<u> </u>
6.02 Residential Mortgage-Backed Securities						ХХХ						<u> </u>
6.03 Commercial Mortgage-Backed Securities						XXX				l		
6.04 Other Loan-Backed and Structured Securities.						XXX						1
6.05 Totals						XXX						
7. Hybrid Securities						7000						
7.01 Issuer Obligations						ХХХ						1
7.02 Residential Mortgage-Backed Securities						XXX						
7.03 Commercial Mortgage-Backed Securities						XXX						
7.04 Other Loan-Backed and Structured Securities						XXX						
7.05 Totals						XXX						
8. Parent. Subsidiaries and Affiliates						^^^						
8.01 Issuer Obligations						XXX						1
8.02 Residential Mortgage-Backed Securities						XXX				·		
8.03 Commercial Mortgage-Backed Securities.		·				XXX				·····		
8.04 Other Loan-Backed and Structured Securities		-				XXX						
		·	·····			XXX				-		
8.05 Affiliated Bank Loans – Issued		-								}		
8.06 Affiliated Bank Loans – Acquired.						XXX						,
8.07 Totals		I	I	I		XXX	I	i l		1		

SCHEDULE D - PART 1A - SECTION 2 (Continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

		Maturity Distribution	า of All Bonds Owne	ed December 31, at E	Book/Adjusted Carr	ying Values by Majo	r Type and Subtype	e of Issues				
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds	1 Total Of Ecos	Tillough o reals	Through to rears	Through 20 Tears	Over 20 Tears	Date	Ourient real	70 OI LINE 12.03	T HOT T CUI	1 Hor rear	Hadea	i idoca
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	l xxx	XXX	XXX							
10. Unaffiliated Bank Loans	ΛΛΛ	7///		AAA	AAA							
10.01 Bank Loans - Issued						l xxx						
10.01 Bank Loans - Issued						XXX						
10.03 Totals						XXX						
						۸۸۸						
11. Unaffiliated Certificates of Deposit 11.01 Totals						XXX						
						۸۸۸		-				
12. Total Bonds Current Year		3,013,454				VVV	3,013,454	100.0	VVV	VVV	2 042 454	
12.01 Issuer Obligations		3,013,454				XXX	3,013,454	100.0	XXX	XXX	3,013,454	
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	.lXXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans		ļ				XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX	 		XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals		3,013,454					3,013,454		XXX	XXX	3,013,454	
12.10 Lines 12.09 as a % Col. 7		100.0					100.0	XXX	XXX	XXX	100.0	
13. Total Bonds Prior Year												
13.01 Issuer Obligations		3,017,840				XXX	XXX	XXX	3,017,840	100.0	3,017,840	
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities						ХХХ	ДХХХ	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	ХХХ				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals		3,017,840					XXX	XXX	3,017,840	100.0	3,017,840	
13.10 Line 13.09 as a % of Col. 9		100.0					XXX	XXX	100.0	XXX	100.0	
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations		3,013,454				XXX	3,013,454	100.0	3,017,840	100.0	3,013,454	XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities						XXX						XXX
14.05 SVO Identified Funds	XXX	ХХХ	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans		ļ				XXX	ļ					XXX
14.07 Unaffiliated Bank Loans		ļ				ХХХ	ļ					XXX
14.08 Unaffiliated Certificates of Deposit						XXX						XXX
14.09 Totals		3,013,454					3,013,454		3,017,840	100.0	3,013,454	XXX
14.10 Line 14.09 as a % of Col. 7		100.0					100.0		XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12		100.0					100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations						ХХХ					ХХХ	
15.02 Residential Mortgage-Backed Securities						XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	ХХХ	XXX	XXX						XXX	
15.06 Affiliated Bank Loans						XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
15.09 Totals											XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	XXX	•••••
10.11 Emo 10.00 as a 70 of Emo 12.00, Oof. 1, Oction 12		1	I	ı	L	I	I	1 ////	AAA	1 ////	VVV	

Schedule DA - Verification Between Yrs

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Part 2 - Verification Between Yrs

NONE

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

SCHEDULE D - PART 1

Showing All Long	ı-Term BONDS Ow	mod Docombor 31	of Current Voor

	_										ember 31 of Current									
1 1	2		Codes	6	7		Value	10	11		nange in Book / Adjust		45	- 10	4-7	Interes				ates
			4 5 F o r	NAIC Designation , NAIC Designation Modifier		8 Rate Used	9		Book/	12 Unrealized	13	14 Current Year's Other Than	Total Foreign	16	17	18	19 Admitted	20 Amount	21	22 Stated
			e	and SVO		to Obtain			Adjusted	Valuation	Current Year's	Temporary	Exchange Change		Effective		Amount	Rec.	1	Contractual
CUSIP			g Bond			Fair	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	In	Rate	Rate	When	Due &	During	1	Maturity
Identification	Description	Code	n CHAF	R ive Symbol	Cost	Value	Value	Value	Value	(Decrease)	` Accretion '	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
	Governments - Issuer Obligation	ons																		
912828-YU-8	U S TREASURY NOTES 1.625% 11/30/26	SD		1.A	535,828	93.4600	490,665	525,000	531,433		(2,157)			1.625	1.196	MN		8,531	12/10/2021	11/30/2026
912828-YX-2		SD		1.A	154,078	93.6900	140,535	150,000	152,451		(798)			1.750	1.193	JD	7	2,625	12/10/2021	12/31/2026
912828-Z7-8	U S TREASURY NOTES 1.5% 1/31/27U S TREASURY NOTES .25%	SD		1.A	329,773	92.8200	301,665	325,000	327 ,901		(919)			1.500	1.204	JJ	2,040	4,875	12/10/2021	01/31/2027
912828-ZW-3		SD		1.A	499,531	93.9300	469,650	500,000	499,858		95			0.250	0.269	JD	3	1,250	07/16/2020	06/30/2025
91282C-DK-4	11/30/26	SD		1.A	1,503,047	92.4500	1,386,750	1,500,000	1,501,811		(607)			1.250	1.208	MN	1,639	18,750	12/10/2021	11/30/2026
	- Bonds - U.S. Governments - I			•	3,022,257	XXX	2,789,265	3,000,000	3,013,454		(4,386)			XXX	XXX	XXX	4,435	36,031	XXX	XXX
	- Bonds - U.S. Governments - S				3,022,257	XXX	2,789,265	3,000,000	3,013,454		(4,386)			XXX	XXX	XXX	4,435	36,031	XXX	XXX
2419999999	- Bonds - Total Bonds - Subtot	als - Is	suer Oblig	ations	3,022,257	XXX	2,789,265	3,000,000	3,013,454		(4,386)			XXX	ХХХ	XXX	4,435	36,031	XXX	XXX
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25099999	99 Total Bonds	ļ			3,022,257	XXX	2,789,265	3,000,000	3,013,454		(4,386)			XXX	XXX	XXX	4,435	36,031	XXX	XXX
20000000	JU TOKAI DONAS				0,022,201	1 ////	2,700,200	0,000,000	0,010,404		(7,000)			////		7///	7,700	00,001		ΛΛΛ



SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

												OCINO OWIN		of Current Year							
	1	2	Co	des	5	6	7	8	Fair \	/alue	11		Dividends				Book/Adjusted Carrying			20	21
			3	4					9	10		12	13	14	15	16	17	18	19	NAIC	1
																	1			Designation,	1
																	1			NAIC	1
									Rate Per								1		Total	Designation	1
									Share								Current Year's	Total	Foreign	Modifier	1
						Par		Book/	Used to				Amount	Nonadmitted	Unrealized	Current	Other-Than-	Change	Exchange	and SVO	1
					Number	Value	Rate		Obtain			Declared	Received	Declared	Valuation	Year's		In Change	Change	Admin-	1
	IOID				Of			Adjusted		F-:-	A -41						Temporary				D-4-
	ISIP			L . I		Per	Per	Carrying	Fair	Fair	Actual	but	During	But	Increase/	(Amortization)/	Impairment	B./A.C.V.	In In	istrative	Date
Identi	fication	Description	Code	Foreign	Shares	Share	Share	Value	Value	Value	Cost	Unpaid	Year	Unpaid	(Decrease)	Accretion	Recognized	(15+16-17)	B./A.C.V.	Symbol	Acquired
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45000			····	ļ		<u> </u>			VVV			+								VVV	VVV
45099	99999 T	otal Preferred Stocks							XXX				1	1	I	1	1			XXX	XXX

1.												
Lir	ie											
Num	berBook	Adjusted Carrying Value b	y NAI	C Designation Category Fo	ootnot	te:						
1 <i>A</i>	1A	\$	1B	\$	1C	\$	 1D	\$ 1E	\$ 1F	\$ 	1G	\$
1E	3 2A	\$	2B	\$	2C	\$						
10	3A	\$	3B	\$	3C	\$						
10	4A	\$	4B	\$	4C	\$						
1E	5A	\$	5B	\$	5C	\$						

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owner	d Docombor 31 of Current Voor

								STOCKS Owned	December 310	Current real							
1	2	С	odes	5	6	Fair \	Value	9		Dividends			Change in Book/Adj	usted Carrying Value		17	18
		3	4			7	8] [10	11	12	13	14	15	16	l	NAIC
																1	Designation NAIC
						Rate per							Current Year's			1	NAIC
						Share Used						Unrealized	Other-Than-	Total	Total Foreign	1	Modifier
					Book / Adjusted	To Obtain				Amount	Nonadmitted	Valuation	Temporary	Change in	Exchange	1	Designation Modifier and SVO
CUSIP				Number of	Carrying	Fair	Fair	Actual	Declared	Received	Declared	Increase/	Impairment	B./A.C.V.	Change in	Date	Administra
Identification	Description	Code	Foreign	Shares	Value	Value	Value	Cost	but Unpaid	During Year	But Unpaid	(Decrease)	Recognized	(13-14)	B./A.C.V.	Acquired	ive Symbo
	Miscellaneous (Unaffiliated) - Other																
023731-2#-8	AMERICAN AGRICULTURAL INS CO CLASS A			1,363.000	3,126,804	2,294.060	3,126,804	624,613				167,908		167,908		09/23/2005	XXX
	ndustrial and Miscellaneous (Unaffiliated)				3,126,804	XXX	3,126,804	624,613				167,908		167,908		XXX	XXX
5109999999 - 8	Subtotals - Industrial and Miscellaneous (Una	affiliated)	1		3,126,804	XXX	3,126,804	624,613				167,908		167,908		XXX	XXX
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5989999999	Total Common Stocks	h	!	+	3,126,804	XXX	3,126,804	624,613				167,908		167,908		XXX	XXX
	Total Preferred and Common Stocks				3,126,804	XXX	3,126,804	624,613				167,908		167,908		XXX	XXX
	Total I Totolica and Johnnon Glocks				3,120,004	AAA	0,120,004	024,010		1	1	107,300	1	107,000		4 /////	1 1/1/1

1.												
Line												
Numbe	rBook/	Adjusted Carrying Value by N	NAIC	Designation Category Fo	ootnote	:						
1A	1A	\$ 1	В	\$	1C	\$	1D	\$ 1E	\$ 	1F	\$ 1G	\$
1B	2A	\$ 2	B	\$	2C	\$						
		\$ 3										
1D	4A	\$ 4	В	\$	4C	\$						
1E	5A	\$ 5	В	\$	5C	\$						
1F	6	¢										

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Depository OPEN DEPOSITORIES US BANK DES JP MORGAN CHASE - DDA ACCOUNT NEW CITIBANK - CUSTODY ACCOUNT NEW O199998 Deposits in dep allowable limit in any one depository - Ope 0199999 Totals - Open Depositories	positories that do not exceed the	Code	Rate of Interest 0.050 XXX XXX	Amount of Interest Received During Year 3 3	Amount of Interest Accrued December 31 of Current Year	6 Balance (7,987,735)1,955,66266 (6,032,007)	7
US BANK. DES JP MORGAN CHASE - DDA ACCOUNT. NEW CITIBANK - CUSTODY ACCOUNT NEW 0199998 Deposits in depository - Ope	positories that do not exceed the	XXX	0.050	Received During Year	Accrued December 31 of	(7,987,735) 1,955,662 66	XXX XXX
US BANK. DES JP MORGAN CHASE - DDA ACCOUNT. NEW CITIBANK - CUSTODY ACCOUNT NEW 0199998 Deposits in depository - Ope	positories that do not exceed the	XXX	0.050 XXX	3		(7,987,735) 1,955,662 66	XXX XXX
US BANK	positories that do not exceed the	XXX XXX	XXX			1,955,662	XXX XXX
0199998 Deposits in dep allowable limit in any one depository - Ope	positories that do not exceed the	XXX	XXX			1,955,662	XXX XXX
0199998 Deposits in dep allowable limit in any one depository - Ope	positories that do not exceed the	XXX	XXX			66	XXX
0199998 Deposits in dep allowable limit in any one depository - Ope	positories that do not exceed the	XXX	XXX				XXX
allowable limit in any one depository - Ope	en Depositories	XXX XXX	XXX	3		(6,032,007)	
0199999 Totals - Open Depositories	en Depositories	XXX	XXX			(6,032,007)	
U199999 Totals - Open Depositories			***************************************			(6,032,007)	
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0399999 Total Cash on Deposit		XXX	XXX	3		(6,032,007)	XXX
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX	, , , , ,	ХХХ
0599999 Total Cash				1 333		(6,032,007)	XXX

TOTALS	OF DEPOSITORY	BALANCES ON THE LAS	T DAY OF EACH MO	NTH DURING THE CU	RRENT YEAR

1. January	(3,972,634)	4. April	(4,956,783)	7. July	(7,521,676)	10. October	(10,650,581)
2. February	(4,462,431)	5. May	(7,420,238)	8. August	(13,272,746)	11. November	(10,280,310)
3. March	(8,229,872)	6. June	(7,780,084)	September	(8,791,268)	12. December	(6,032,007)

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		Show I	nvestments Own	ned December 31 of Current Y	'ear			
1	2	3	4	5	6	7	8	9
			Date	Rate of	Maturity	Book/Adjusted Carrying Value	Amount of Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
COOII	Description	Code	Acquired	interest	Date	Carrying value	Due & Accided	Dulling Teal
				·				
			······					
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000000000 Tatal	Cook Facilization		+	h				
8609999999 Total	r Casri Equivalents							

1.												
Line												
Number	·Book/	/Adjı	usted Carrying Value b	y NAIC	C Designation Category Fo	otnote	:					
1A	1A	\$:	1B	\$	1C	\$	1D	\$ 1E	\$ 1F	\$ 1G	\$
1B	2A	\$	i	2B	\$	2C	\$					
1C	3A	\$:	3B	\$	3C	\$					
1D	4A	\$		4B	\$	4C	\$					
1E	5A	\$		5B	\$	5C	\$					
1F	6	\$										

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

		1	2	Depos					
		'	2	the Benefit of A		All Other Special Deposits 5 6			
States, etc.		Type of Deposits	Purpose of Deposits	Book/Adjusted Carrying Value	4 Fair Value	Book/Adjusted Carrying Value	6 Fair Value		
1. Alabama	۸۱	Deposits	Deposits	Carrying value	value	Carrying value	value		
2. Alaska									
3. Arizona									
4. Arkansas		В	RSD by Ins Code 23-63-206 (a) (2) (i)				140,53		
5. California			105 S) 1110 0000 20 00 200 (a) (2) (1)						
6. Colorado									
7. Connecticut									
8. Delaware									
District of Columbia									
10. Florida									
11. Georgia									
12. Hawaii									
13. Idaho									
14. Illinois									
15. Indiana									
16. lowa		В	Protection of all policyholder	2,033,245	1,877,415				
17. Kansas		D	Protection of all policyholder	2,000,240	,077,410				
18. Kentucky		<u> </u>							
19. Louisiana		·							
20. Maine		ļ							
21. Maryland									
22. Massachusetts									
23. Michigan		·							
24. Minnesota		·							
25. Mississippi		ļ							
26. Missouri									
27. Montana		ļ							
28. Nebraska	NE								
29. Nevada									
30. New Hampshire	NH	ļ							
31. New Jersey	NJ								
32. New Mexico	NM	B	RSD by Ins Code 59A-5-19			427 ,872	395 , 59		
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah						T			
46. Vermont						T			
47. Virginia		В	RSD by Ins Code 38-2-1045.			249,929	234,8		
48. Washington									
49. West Virginia									
50. Wisconsin									
51. Wyoming									
52. American Samoa									
53. Guam									
54. Puerto Rico									
55. U.S. Virgin Islands		ļ							
56. Northern Mariana Islands		·							
57. Canada		vvv	vvv	·····					
58. Aggregate Alien and Othe	er U l	XXX	XXX	0.000.045	4 077 445	000 050	770.0		
59. Total		XXX	XXX	2,033,245	1,877,415	830,252	770,9		
TAILS OF WRITE-INS									
801.		ļ							
802.									
803.									
898. Sum of remaining write-	ins for Line	XXX	XXX						
58 from overflow page 899. Totals (Lines 5801 - 580	3 + 5898)								
(Line 58 above)	,	XXX	XXX						