ANNUAL STATEMENT

OF THE

Texas Windstorm Insurance Association				
of	Austin			
STATE OF	Texas			

TO THE

Insurance Department

OF THE

State of Texas

FOR THE YEAR ENDED

December 31, 2020



ANNUAL STATEMENT

For the Year Ended December 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

	l exas windstorm i	nsurance Association		
NAIC Group Code 4766	4766 NAIC Company Co	ode 80040 Emplo	oyer's ID Number	74-6189303
(Current Pe	Enclosed and the second	State of Domicile or Port of Entry	TX	
	Texas ,	State of Domicile of Port of Entry	IA	
Country of Domicile USA		0 10 10	Dan 4 4	774
Incorporated/Organized	June 1, 1971	Commenced Business		97 1
Statutory Home Office 5700 S.	Mopac Bldg A (Street and Number)	, Austin, IX,	US 78749 (City or Town, State, Country and 2	Zip Code)
Main Administrative Office	5700 S. Mopac Bldg A		7,	
mani Administrative Office	5700 G. Niopad Blag /	(Street and Number)		
	Austin, TX, US 78749	512-899-		
	(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)	
Mail Address P.O. Box 99090		, Austin, TX,	US 78709	r 0 1)
	(Street and Number or P.O. Box)		(City or Town, State, Country and 2	100
Primary Location of Books and Reco	ords 5700 S. Mopac Bldg A (Street and Number)	Austin, TX, US 787	749 512-i htry and Zip Code) (Area Code) (899-4900 Telephone Number)
lutamat Mah Sita Address http		(City of Town, State, Cour	itiy and zip code) (rifed code) (relephone rumber,
Internet Web Site Address http Statutory Statement Contact		512-899-498	18	
Statutory Statement Contact	(Name)	(Area Code)	(Telephone Number) (Extension	on)
21	afulkerson@twia.org		512-899-4952	
	(E-Mail Address)		(Fax Number)	1
	OFF	ICERS		
	011	102.10		
~				
	Chandra Fran	nklin Womack #		
	Name	a	Title	
1. John William Polak		General Manager		
Georgia Rutherford Neblett #		Vice Chairman		
Corise Morrison Jerome Tonra Fadden		Secretary-Treasurer Chief Financial Officer		
4. Jerome Toma Fadden		Offici i filancial officei		,
9	VICE-PF	RESIDENTS		
Name	Title	Name		Title
David Patrick Durden	VP Legal	David Scott Williams	VP Claims	
Camron Malik	VPIT	Juanita Deloris Lester	VP HR and Administ	ration
Jennifer Taylor Armstrong	VP Communications&Legislative Affairs	Denise Ingerson Larzalere	VP Underwriting	
		*		
			-	
	DIDECTORS	OR TRUSTEES		
Karasa Orasad		Tony Schrader	Michael Frank G	arik
Karen Guard	Corise Morrison	Peggy Gonzalez#	Tim Garrett #	CIIK
Georgia Rutherford Neblett Ron Walenta #	Chandra Franklin Womack	1 eggy Gonzalez #	Till Gallett II	
Roll Walelia #				*
				1
		# - Officer or Director who di	d not occupy the indicated position i	n the prior annual statemen
State of Texas		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
County of Travis	SS			
The officers of this reporting entity being	duly sworn, each depose and say that they are the describe	ed officers of said reporting entity, and that o	n the reporting period stated above	, all of the herein described
assets were the absolute property of the	e said reporting entity, free and clear from any liens or claim	ns thereon, except as herein stated, and tha	t this statement, together with rela	ted exhibits, schedules and
explanations therein contained, annexed	or referred to, is a full and true statement of all the assets and	d liabilities and of the condition and affairs of	the said reporting entity as of the re	porting period stated above
and of its income and deductions therefore	om for the period ended, and have been completed in accorda	ance with the NAIC Annual Statement Instruc	ctions and Accounting Practices and	Procedures manual excep
to the extent that: (1) state law may diff	er; or, (2) that state rules or regulations require differences i	in reporting not related to accounting practic	ces and procedures, according to t	he best of their information
knowledge and belief, respectively. Furth	nermore, the scope of this attestation by the described officers	also includes the related corresponding elec-	ctronic filing with the NAIC, when re	quired, that is an exact copy
(except for formatting differences due to	electronic filing) of the enclosed statement. The electronic filing	ng may be requested by various regulators in	leu of or in addition to the enclose	d statement.
		(/(// /		
7111			90	
100	(Signa) (re)		(Signature)	
	John William Polak	1-/	Jerome Tonra Fadden	
	(Printed Name)	1 /	(Printed Name)	
~	1.		2.	
	Conord Manager	*	Chief Financial Officer	
	General Manager	1	200 N A	
	(Title)		(Title)	
Subscribed and sworn to (or affirmed) be				
27 day of Januar-	, 2021, by	- 1-1	his an original filing?	[X]Yes []No
(An I		a. is t b. If n	his an original filing? o: 1. State the amendment num	
VX VY	Jen	D. IT N	State the amendment num Date filed	DOI
			2. Date filed	

ASSETS

		Current Year			Prior Year	
		1	2	3	4	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets	
1.	Bonds (Schedule D)					
2.	Stocks (Schedule D):					
	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 (less \$ 0 encumbrances)					
	4.2 Properties held for the production of income (less \$					
	4.3 Properties held for sale (less \$ 0 encumbrances)					
5.	Cash (\$ 196,418,871, Schedule E - Part 1), cash equivalents (\$ 285,256,971,					
	Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	481,675,842		481,675,842	514,611,122	
6.	Contract loans (including \$ 0 premium notes)					
7.	Derivatives (Schedule DB)					
8.	Other invested assets (Schedule BA)					
9.	Receivables for securities					
10.	Securities lending reinvested collateral assets (Schedule DL)					
	Aggregate write-ins for invested assets					
	Subtotals, cash and invested assets (Lines 1 to 11)	481,675,842		481,675,842	514,611,122	
	Title plants less \$0 charged off (for Title insurers only)					
	Investment income due and accrued	3,904		3,904	215,780	
15.	Premiums and considerations:					
	15.1 Uncollected premiums and agents' balances in the course of collection	1,436,523	154,972	1,281,551	116,418	
	15.2 Deferred premiums, agents' balances and installments booked but deferred					
	and not yet due (including \$ 0 earned but unbilled premiums)					
	15.3 Accrued retrospective premiums (\$ 0) and contracts subject to					
	redetermination (\$0)					
16.	Reinsurance:	0= =00		a= =aa		
	16.1 Amounts recoverable from reinsurers	65,526		65,526	6,826	
	16.2 Funds held by or deposited with reinsured companies					
	16.3 Other amounts receivable under reinsurance contracts					
	Amounts receivable relating to uninsured plans					
	Current federal and foreign income tax recoverable and interest thereon					
	Net deferred tax asset					
	Guaranty funds receivable or on deposit Electronic data processing equipment and software	/ E77 E07	/ E77 E07			
20. 21	Furniture and equipment, including health care delivery assets (\$ 0)	4,577,587 447,521	4,577,587 447,521			
21. 22	Net adjustment in assets and liabilities due to foreign exchange rates	447,521	441,521			
22. 23.	Receivables from parent, subsidiaries and affiliates	1,132,407		1 122 407	1,075,625	
23. 24.	Health care (\$ 0) and other amounts receivable	1,132,407		1,132,407	1,070,020	
24. 25.	Aggregate write-ins for other-than-invested assets	3,380,692	3,346,576	34,116	90,091,033	
	Total assets excluding Separate Accounts, Segregated Accounts and	3,300,092	3,340,376	34,110	30,081,033	
20.	Protected Cell Accounts (Lines 12 to 25)	492,720,002	8,526,656	484,193,346	606,116,804	
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	702,120,002	0,520,050	704, 130,040	000, 1 10,004	
28.	Total (Lines 26 and 27)	492,720,002	8,526,656	484,193,346	606,116,804	
	Total (Lines 20 and 21)	702,120,002	0,020,000	707,130,040	000,110,004	

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	<u> </u>			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Member Assessment Receivable	2,199,241	2,199,241		90,000,000
2502. Prepaid assets	1,035,454	1,035,454		
2503. Security deposit - lease	111,881	111,881		
2598. Summary of remaining write-ins for Line 25 from overflow page	34,116		34,116	91,033
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3 380 692	3 346 576	34 116	90 091 033

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		0 11	B: V
		Current Year	Prior Year
	Losses (Part 2A, Line 35, Column 8)	123,287,727	131,861,792
2.	Lacadiustrant superces (Part 2A Line 25, Oakuna 0)	44.007.040	37,268,229
4.	Commissions payable, contingent commissions and other similar charges		3,607,624
5.	Other expenses (excluding taxes, licenses and fees)	6,081,492	5,667,291
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	979,882	686,629
7.1	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
8.	Net deferred tax liability Borrowed money \$ 227,200,000 and interest thereon \$ 9,372,000	236,572,000	331,742,250
9.			
	reinsurance of \$ 0 and including warranty reserves of \$ 0		
	and accrued accident and health experience rating refunds including \$ 0		
10	for medical loss ratio rebate per the Public Health Service Act) Advance premium	185,916,764 7,544,511	185,495,369 6,588,932
1	Advance premium Dividends declared and unpaid:	[0,566,952
	11.1 Stockholders		
	11.2 Policyholders		
12.		25,908,476	22,381,265
13.			178,745
14.	Demittance and items not allocated	0.004.070	2,934,010
16.			2,004,010
17.			
18.	Drafts outstanding		
19.	* * * * * * * * * * * * * * * * * * * *		
20.			
21.	Payable for securities Payable for securities lending		
1	Liability for amounts held under uninsured plans		
1	Capital notes \$ 0 and interest thereon \$ 0		
25.		10 714 756	61,496,446
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		789,908,582
27.	Protected cell liabilities	644,644,253	789,908,582
27. 28.	Protected cell liabilities Total liabilities (Lines 26 and 27)		
27. 28. 29.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds	644,644,253	789,908,582
27. 28.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock	644,644,253	789,908,582
27. 28. 29. 30.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock	644,644,253	789,908,582
27. 28. 29. 30. 31.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes	644,644,253	789,908,582
27. 28. 29. 30. 31. 32. 33.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus	644,644,253 644,644,253	789,908,582 789,908,582
27. 28. 29. 30. 31. 32. 33. 34. 35.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus)	644,644,253	789,908,582
27. 28. 29. 30. 31. 32. 33.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost:	644,644,253 644,644,253 (160,450,907)	789,908,582 789,908,582
27. 28. 29. 30. 31. 32. 33. 34. 35.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0)	644,644,253 644,644,253	789,908,582 789,908,582
27. 28. 29. 30. 31. 32. 33. 34. 35.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0)	644,644,253 644,644,253 (160,450,907)	789,908,582 789,908,582
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	644,644,253 644,644,253 (160,450,907)	789,908,582 789,908,582 (183,791,778)
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3)	644,644,253 644,644,253 (160,450,907) (160,450,907)	789,908,582 789,908,582 (183,791,778) (183,791,778)
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3)	(160,450,907) (160,450,907) (160,450,907)	789,908,582 789,908,582 (183,791,778) (183,791,778) (183,791,778) 606,116,804
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES	(160,450,907) (160,450,907) (160,450,907) 484,193,346	789,908,582 789,908,582 (183,791,778) (183,791,778) (183,791,778) 606,116,804
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878	(183,791,778) (183,791,778) (183,791,778) 606,116,804
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878	(183,791,778) (183,791,778) (183,791,778) 606,116,804
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) NONE Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202. 3203.	Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Pension benefits liability Escheat liability Deferred rent liability Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) NONE Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	(160,450,907) (160,450,907) (160,450,907) 484,193,346 7,933,853 2,022,878 297,100 460,925	789,908,582 789,908,582 (183,791,778) (183,791,778) 606,116,804 6,887,665 956,753 406,157 53,245,871

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	261,573,991	287,476,738
2.	Losses incurred (Part 2, Line 35, Column 7)	80,911,038	86,654,749
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	37,558,946	26,742,763
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	90,594,243	92,414,790
5.	Aggregate write-ins for underwriting deductions	222 224 225	52,641,201
6.	Total underwriting deductions (Lines 2 through 5)		258,453,503
7. 8.	Net income of protected cells Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	52 500 764	29,023,235
0.	INVESTMENT INCOME	52,509,704	20,020,200
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(23,692,958)	(22,117,196)
10.	Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	(23,692,958)	(22,117,196)
	OTHER INCOME		
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
	\$ 0 amount charged off \$ 0)		
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income		90,042,566
	Total other income (Lines 12 through 14)		90,042,566
	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	28,816,806	96,948,605
	Dividends to policyholders		
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)		96,948,605
	Federal and foreign income taxes incurred		00 040 005
20.	Net income (Line 18 minus Line 19) (to Line 22)	28,816,806	96,948,605
	CAPITAL AND SURPLUS ACCOUNT		
21.	Netter of the Property of the	(183,791,778) 28.816.806	(277,864,197) 96,948,605
22. 23.	Net income (from Line 20) Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
_			
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(4,429,747)	135,477
27. 28.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(4,429,747)	135,477
28. 29.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes	(4,429,747)	135,477
28. 29. 30.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells	(4,429,747)	135,477
28. 29. 30. 31.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles	(4,429,747)	135,477
28. 29. 30.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes:	(4,429,747)	135,477
28. 29. 30. 31.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in	(4,429,747)	135,477
28. 29. 30. 31.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend)	(4,429,747)	135,477
28. 29. 30. 31. 32.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments:	(4,429,747)	135,477
28. 29. 30. 31. 32.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in	(4,429,747)	135,477
28. 29. 30. 31. 32.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital	(4,429,747)	135,477
28. 29. 30. 31. 32.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital Net remittances from or (to) Home Office	(4,429,747)	135,477
28. 29. 30. 31. 32. 33.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital Net remittances from or (to) Home Office Dividends to stockholders	(4,429,747)	135,477
28. 29. 30. 31. 32. 33.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital Net remittances from or (to) Home Office Dividends to stockholders Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	(4,429,747)	
28. 29. 30. 31. 32. 33.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) Change in surplus notes Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles Capital changes: 32.1 Paid in 32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus Surplus adjustments: 33.1 Paid in 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital Net remittances from or (to) Home Office Dividends to stockholders	(4,429,747)	(3,011,663) 94,072,419

	DETAILS OF WRITE-IN LINES		
0501.	Statutory fund expense		52,641,201
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 05 from overflow page		
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 05 above)		52,641,201
1401.	Member Assessment Income		90,000,000
1402.	Other income (loss)		42,566
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		90,042,566
3701.	Pension unassigned funds - unrecognized liability	(1,046,188)	(3,011,663)
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page		
3799.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	(1,046,188)	(3,011,663)

CASH FLOW

_		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance		280,264,406
2.	Net investment income	(24,970,596)	(23,323,762
3.	Miscellaneous income	00 000 000	42,566
4.	Total (Lines 1 through 3)		256,983,210
5.	Benefit and loss related payments	89,539,771	111,977,29
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	174,473,340	234,448,05
8.	Dividends paid to policyholders		
9.			
10.			346,425,35
11.	Net cash from operations (Line 4 minus Line 10)	66,152,074	(89,442,14
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	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		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
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		
15.			
	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		
	16.3 Borrowed funds	(95,170,250)	(51,958,37
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(3,917,104)	(115,71
17.			
	plus Line 16.6)	(99,087,354)	(52,074,09
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(32,935,280)	(141,516,23
19.			
	19.1 Beginning of year	514,611,122	656,127,35
	19.2 End of year (Line 18 plus Line 19.1)	481,675,842	514,611,12
_	, , , , , , , , , , , , , , , , , , ,	.0.,0.0,012	0,071,12

Note: Supplemental disclosures of cash flow information for non-cash transactions:	
20.0001	
20.0002	
20.0003	

UNDERWRITING AND INVESTMENT EXHIBIT PART 1 – PREMIUMS EARNED

		1	2	3	4
			Unearned	Unearned	
		Net	Premiums Dec. 31	Premiums Dec. 31	Premiums
		Premiums	Prior Year-	Current Year-	Earned
		Written per	per Col. 3,	per Col. 5	During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1	F:				
1	Fire	004 005 200	405 405 200	405.040.704	004 572 004
	Allied lines	261,995,386	185,495,369	185,916,764	261,573,991
	Farmowners multiple peril				
	Homeowners multiple peril				
	Commercial multiple peril				
	Mortgage guaranty				
8.	Ocean marine				
	Inland marine				
	Financial guaranty				
	Medical professional liability—occurrence				
11.2	Medical professional liability—claims-made				
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
	(group and individual)				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability—occurrence				
17.2	Other liability—claims-made				
17.3	Excess workers' compensation				
18.1	Products liability—occurrence				
18.2	Products liability—claims-made				
	Private passenger auto liability				
	Commercial auto liability				
	Auto physical damage				
	Aircraft (all perils)				
	Fidelity				
	Surety				
	Burglary and theft				
	Boiler and machinery				
	Credit				
	International				
	Warranty				
	Reinsurance-nonproportional				
31.	' '				
20	assumed property				
32.	Reinsurance-nonproportional				
22	assumed liability				
33.	Reinsurance-nonproportional				
	assumed financial lines				
34.	Aggregate write-ins for other lines				
	of business				_
35.	TOTALS	261,995,386	185,495,369	185,916,764	261,573,991

	DETAILS OF WRITE-IN LINES		
3401.			
3402.			
3403.		MANIE	
3498.	Sum of remaining write-ins for		
	Line 34 from overflow page		
3499.	Totals (Lines 3401 through 3403		
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		

UNDERWRITING AND INVESTMENT EXHIBIT PART 1A – RECAPITULATION OF ALL PREMIUMS

	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
	Ento of Edomood	(α)	(4)	1 Tottillatii	OH EXPONONCE	0010.1 * 2 * 0 * 1
	Fire					
	Allied lines	185,916,764				185,916,764
	Farmowners multiple peril					
	Homeowners multiple peril					
	Mortgage guaranty					
	Ocean marine					
	Inland marine					
	• • • • • • • • • • • • • • • • • • • •					
	Medical professional liability—occurrence					
	Medical professional liablity—claims-made					
	Earthquake					
	Group accident and health					
14.	Credit accident and health					
	(group and individual)					
15.	Other accident and health					
16.	Workers' compensation					
17.1	Other liability—occurrence					
17.2	Other liability—claims-made					
17.3	Excess workers' compensation					
18.1	Products liability—occurrence					
18.2	Products liability—claims-made					
19.1,19.2	Private passenger auto liability					
19.3,19.4	Commercial auto liability					
21.	Auto physical damage					
	Aircraft (all perils)					
23.	Fidelity					
	Surety					
26.	Burglary and theft					
27.	Boiler and machinery					
	Credit					
29.	International					
31.	Reinsurance-nonproportional					
	assumed property					
32.	Reinsurance-nonproportional					
	assumed liability					
33.	Reinsurance-nonproportional					
	assumed financial lines					
34.	Aggregate write-ins for other lines					
	of business					
35.	TOTALS	185,916,764				185,916,764
	Accrued retrospective premiums based on exp		•	•		, , , , , , , , , , , , , , , , , , ,
	Formed but unbilled promiums					

	DETAILS OF WRITE-IN LINES			
3401.				
3402.				
3403.		$\mathbf{N}()\mathbf{N}$		
3498.	Sum of remaining write-ins for	11011		
	Sum of remaining write-ins for Line 34 from overflow page			
	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			

⁽a) State here basis of computation used in each case Daily Prorata

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

		1	Reinsurand	ce Assumed	Reinsurar	nce Ceded	6
			2	3	4	5	Net Premiums
		Direct		From		То	Written
		Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
	Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1.	Fire						
2.	Allied lines	369,600,488				107,605,102	261,995,386
	Farmowners multiple peril						
4.	Homeowners multiple peril						
5.	Commercial multiple peril						
6.	Mortgage guaranty						
8.	Ocean marine						
9.	Inland marine						
10.	Financial guaranty						
11.1	Medical professional liabilityoccurrence						
	Medical professional liabilityclaims-made					 	
12.	Earthquake						
13.	Group accident and health						
14.	Credit accident and health						
	(group and individual)						
15.	Other accident and health						
16.	Wed-selsessesses						
	Other liability—occurrence						
	Other liability—claims-made						
	Excess workers' compensation						
	Products liability—occurrence						
	Products liability—claims-made						
	Private passenger auto liability						
	Commercial auto liability						
	Auto physical damage						
	Aircraft (all perils)						
	Fidelity						
24.	Surety						
26.	Burglary and theft						
	Boiler and machinery						
	Credit						
	International						
	Warranty						
	Reinsurance-nonproportional						
• • • • • • • • • • • • • • • • • • • •	assumed property	xxx					
32	Reinsurance-nonproportional						
02.	annumed linbility	XXX					
33	Reinsurance-nonproportional	(
JJ.	assumed financial lines	XXX	1				
2/	Aggregate write-ins for other lines						
54.	of business						
35	TOTALS	369,600,488				107,605,102	261,995,386
აე.	IOTALO	309,000,488		<u> </u>		107,000,102	201,990,366

DETAILS OF WRITE-IN LINES				
3401.				
3402.				
3403.			 	
3498. Sum of remaining write-ins for	INC			
Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				
plus 3498) (Line 34 above)				

'a'	Dogs the	compan	v'e direct	nramiume	writton	include	premiums	racordad	on an	inetallma	nt hacic?
u		, compan	y 3 un cct	promiums	WITHOUT	IIICIUUC	promiums	recorded	on an	IIIStalliilo	iii basis :

Yes[] No[X]

If yes: 1. The amount of such installment premiums \$

^{2.} Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

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				((1 1 , 1 1 1)		((, ,
2. Allied lines	89,639,169		154,066	89,485,103	123,287,727	131,861,792	80,911,038	30.9
Farmowners multiple peril								
Homeowners multiple peril								
Commercial multiple peril								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
9.1,19.2 Private passenger auto liability								
9.3,19.4 Commercial auto liability								
21. Auto physical damage 22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-nonproportional assumed property	XXX							
32. Reinsurance-nonproportional assumed liability	XXX							
33. Reinsurance-nonproportional assumed financial lines	XXX							
34. Aggregate write-ins for other lines of business	00.000.400		454.000	00 405 400	400 007 707	404 004 700	00.044.000	20.0
35. TOTALS	89,639,169		154,066	89,485,103	123,287,727	131,861,792	80,911,038	30.9
DETAILS OF WRITE-IN LINES								

DETAILS OF WRITE-IN LINES				
3401.				П
3402.				
3403.				
3498. Sum of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)				

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

		Reporte	d Losses			Incurred But Not Reported		8	9
	1	2	3	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire 2. Allied lines	41,262,198		2,969	41,259,229	82,092,187		63.688	123,287,728	41,027,046
Farmowners multiple peril	11,202,100							120,201,120	
Homeowners multiple peril									
Commercial multiple peril									
6. Mortgage guaranty									
8. Ocean marine								1	
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liablity—occurrence									
11.2 Medical professional liablity—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
16. Workers' compensation									
17.1 Other liability—occurrence									
17.2 Other liability—claims-made	[1	
17.3 Excess workers' compensation								1	
18.1 Products liability—occurrence								1	
18.2 Products liability—claims-made								1	
19.1,19.2 Private passenger auto liability	[1	
19.3,19.4 Commercial auto liability								1	
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX XXX				
33. Reinsurance-nonproportional assumed financial lines									
34. Aggregate write-ins for other lines of business 35. TOTALS	41,262,198		2,969	41,259,229	82,092,187		63,688	123,287,728	41,027,046
							,		
DETAILS OF WRITE-IN LINES								· ·	

DETAILS OF WRITE-IN LINES						
3401.						
3402.						
3403.						
3498. Sum of remaining write-ins for Line 34 from overflow page 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	· · · · · · · · · · · · · · · · · · ·	VIIL			1	
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)						

⁽a) Including \$ 0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	22,341,389			22,341,389
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	7,117			7,117
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	22,334,272			22,334,272
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		59,103,153		59,103,153
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent		3,772,654		3,772,654
	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)		55,330,499		55,330,499
3.	Allowances to manager and agents				
	Advertising	5,940	53,560		59,500
5.	Boards, bureaus and associations		164,923		164,923
6.	Surveys and underwriting reports		1,326,088		1,326,088
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries	11,713,641	13,816,925		25,530,566
	8.2 Payroll taxes	199,026	685,536		884,562
9.	Employee relations and welfare	1,021,275	3,777,729		4,799,004
	Insurance	57,628	198,497		256,125
11.	Directors' fees				
12.	Travel and travel items	9,983	47,898		57,881
	Rent and rent items	898,636	3,541,001		4,439,637
	Equipment	45,567	294,188		339,755
15.	Cost or depreciation of EDP equipment and software		28,090		28,090
	Printing and stationery	54,015	148,444		202,459
	Postage, telephone and telegraph, exchange and express	490,809	1,249,885		1,740,694
	Legal and auditing	132,657	1,066,691		1,199,348
19.	Totals (Lines 3 to 18)	14,629,177	26,399,455		41,028,632
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty				
	association credits of \$ 0		6,862,952		6,862,952
	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)		41,397		41,397
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		6,904,349		6,904,349
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans			[
	Aggregate write-ins for miscellaneous expenses	595,497	1,959,940	3,265,283	5,820,720
25.		37,558,946	90,594,243	3,265,283	(a) 131,418,472
26.	Less unpaid expenses—current year	41,027,046	11,038,296		52,065,342
	Add unpaid expenses—prior year	37,268,229	9,961,544		47,229,773
	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, current year	[[
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	33,800,129	89,517,491	3,265,283	126,582,903
	,	, , ,			

DETAILS OF WRITE-IN LINES				
2401. IT Systems Support & Product Development	418,847	1,961,595		2,380,442
2402. Line of Credit Issuance Cost			2,300,000	2,300,000
2403. Line of Credit Fees			569,664	569,664
2498. Sum of remaining write-ins for Line 24 from overflow page	176,650	(1,655)	395,619	570,614
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	595.497	1.959.940	3.265.283	5.820.720

(a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected	2 Earned
		During Year	During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
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)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 1,781,525	1,570,950
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	1,781,525	1,570,950
11.	Investment expenses		(g) 3,265,283
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 21,998,625
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		25,263,908
17.	Net investment income (Line 10 minus Line 16)		(23,692,958
	DETAILS OF WRITE-IN LINES		
		<u> </u>	

	DETAILS OF WRITE-IN LINES	
0901.	NAME	
0902.	NIC INIE	
0903.	INDINL	
0998.	Summary of remaining write-ins for Line 09 from overflow page	
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	
1501.		
1502.	NANE	
1503.	NUNE	
1598.	Summary of remaining write-ins for Line 15 from overflow page	
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	

(a)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(b)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued dividends on purchases.
(c)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(d)	Includes \$	0 for company's occupancy of its own b	ouildings; and excludes \$ 0 interes	t on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fees, excl	uding federal income taxes,
	attributable to seg	regated and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other invested asse	ts.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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					
1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Preferred stocks of affiliates Common stocks (unaffiliated) Common stocks of affiliates		\			
2.21	Common stocks of affiliates		7 .L			
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
/.	Derivative instruments					
8.	Other invested assets					
1	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					

DETAILS OF WRITE-IN LINES				
0901. 0902.	NO	JE	 	
0903. 0998. Summary of remaining write-ins for Line 09 from overflow page		T.L.	 	
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)				

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year		
		Total Nonadmitted	Prior Year Total	Change in Total Nonadmitted Assets
		Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First leins			
	3.2 Other than first leins			
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)			
	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	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	154,972	139,953	(15,019)
	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			
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			
20.	Electronic data processing equipment and software			(4,577,587)
21.	Furniture and equipment, including health care delivery assets	447,521	652,549	205,028
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other-than-invested assets	3,346,576	3,304,407	(42,169)
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	8,526,656	4,096,909	(4,429,747)
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0		
28.	Total (Lines 26 and 27)	8,526,656	4,096,909	(4,429,747)

DETAILS OF WRITE-IN LINES			
1101.			
1102.	• • • • • • • • • • • • • • • • • • •		
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Member Assessment Receivable	2,199,241	2,199,241	
2502. Prepaid assets	1,035,454	993,285	(42,169)
2503. Security deposit - lease	111,881	111,881	
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3 346 576	3 304 407	(42 169)

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Texas Windstorm Insurance Association (The "Association" or "TWIA") have been prepared on the basis of accounting practices prescribed or permitted by the Texas Department of Insurance ("TDI"). TDI prescribed statutory accounting practices include state laws, regulations and general administrative rules applicable to all insurance companies domiciled in the State of Texas and the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual ("NAIC SAP") subject to any deviations prescribed or permitted by TDI.

TDI has granted a permitted practice allowing TWIA to admit certain restricted assets associated with the outstanding Series 2014 Pre-Event Class 1 Revenue Bonds ("Series 2014 bonds") as of December 31, 2020 (see Note 11 - Debt) to the extent that the assets do not exceed bond related liabilities. The detailed amounts are as follows:

• \$83,405,587 held in the obligation revenue fund for repayment of the Series 2014 bonds.

The obligation revenue funds are held in trust and restricted for future debt service obligations.

Reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements (TX basis) and NAIC SAP follow:

Net Income	SSAP#	F/S Page	F/S Line #	2020	2019
Company state basis (P 4, Line 20, Columns 1 & 3) State Prescribed Practices that is an increase / (decrease) from NAIC SAP State Permitted Practices that is an increase / (decrease) from NAIC SAP	XXX	XXX	XXX	\$28,816,806 - -	\$96,948,605 - -
4. NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$28,816,806	\$96,948,605

Surplus	SSAP#	F/S Page	F/S Line #	December 31, 2020	December 31, 2019
 5. Company state basis (Page 3, Line 37, Columns 1 & 2) 6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP 7. State Permitted Practices that is an increase / (decrease) 	XXX	XXX	XXX	(\$160,450,907)	(\$183,791,778)
from NAIC SAP	20	2	5	\$83,405,587	\$82,016,050
8. NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	(\$243,856,494)	(\$265,807,828)

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and accompanying footnotes. Actual results could differ from these estimates.

C. Accounting Policies

All insurance policies issued by the Association have a maximum term of one year from date of issuance. Premiums are earned over the terms of the related policies whereas the related acquisition costs such as sales commissions are expensed when incurred. Unearned premiums, net of deductions for reinsurance, are computed on a pro-rata basis to cover the unexpired portion of premiums written. Premiums receivable are primarily due from agents and policyholders and are charged off when specific balances are determined to be uncollectible. Net investment income consists primarily of interest income recognized on an accrual basis and is reduced by investment related expenses.

In addition, the company uses the following accounting policies:

- 1. Short-term investments are stated at amortized cost, which approximates market value. Reverse repurchase agreements are recorded in cash equivalents if the repurchase date is less than 90 days. Reverse repurchase agreements represent the purchase of a security with an agreement to resell.
- 2. through 9. Investment and mortgage loan related, Not applicable.
- 10. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.
- 11. Loss and loss adjustment expense reserves are based upon claim estimates for (1) losses for claims reported prior to the close of the accounting period, (2) losses incurred but unreported prior to the close of the accounting period, and (3) expenses for investigating and adjusting claims. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided.

The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

- 12. The Association has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
- 13. Not applicable as the Association does not write medical insurance with prescription drug coverage.

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Association's ability to continue as a going concern.

Note 2 - Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principle

None

B. Correction of Errors

Not applicable

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Troubled Debt Restructuring for Creditors

None

C. Reverse Mortgages

None

D. Loan-Backed and Structured Securities

None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as a Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
 - 1. Funds held by the Texas Treasury Safekeeping Trust Company ("TTSTC") on behalf of the Association are invested in overnight reverse repurchase agreements. These funds represent debt service payments deposited by TWIA and held in trust at the TTSTC prior to disbursement to the bond investors. See note 1 and note 11. The reverse repurchase agreements require collateral of at least 100% for Treasuries,

101% for Agencies and US Instrumentalities, and 102% for mortgage-backed securities. The fair value of reverse repurchase agreements was \$83,405,587 and \$82,016,050 at December 31, 2020 and December 31, 2019, respectively.

2. Type of Repo Trades Used

		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a.	Bilateral (YES/NO)	NO	NO	NO	NO
b.	Tri-Party (YES/NO)	YES	YES	YES	YES

3. Original (Flow) & Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Open No Maturity	\$ -	\$ -	\$ -	\$ -
2. Overnight	89,234,609	108,266,825	66,162,812	83,405,587
3. 2 Days to 1 Week	-	-	-	-
4. > 1 Week to 1 Month	-	-	-	-
5. > 1 Month to 3 Months	-	-	-	-
6. > 3 Months to 1 Year	-	-	-	-
7. > 1 Year	-	-	-	-

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
b. Ending Balance				
1. Open No Maturity	\$ -	\$ -	\$ -	\$ -
2. Overnight	89,234,609	108,266,825	66,162,812	83,405,587
3. 2 Days to 1 Week	-	-	-	-
4. > 1 Week to 1 Month	-	-	-	-
5. > 1 Month to 3 Months	-	-	-	-
6. > 3 Months to 1 Year	-	-	-	-
7. > 1 Year	-	-	-	-

4. Counterparty, Jurisdiction and Fair Value (FV)

No Defaults, not applicable.

5. Securities Acquired Under Repo - Sale

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	X X X	X X X	X X X
2. Nonadmitted Subset of BACV	XXX	XXX	XXX	XXX
3. Fair value	\$ 89,234,609	\$108,266,825	\$66,162,812	\$83,405,587

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
b. Ending Balance				
1. BACV	XXX	XXX	X X X	XXX
2 N 1 W 1 C 1 4 CD4CV	V V V	v v v	vvv	v v v
2. Nonadmitted Subset of BACV	XXX	XXX	XXX	XXX
3. Fair value	\$ 89,234,609	\$108,266,825	\$66,162,812	\$83,405,587

6. Securities Acquired Under Repo – Sale by NAIC Designation

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds BACV	-	-	-	-
b. Bonds FV	-	-	-	-
c. LB & SS BACV	-	-	-	-
d. LB & SS FV	-	-	-	-
e. Preferred Stock BACV	-	-	-	-
f. Preferred Stock FV	-	-	-	-
g. Common Stock	-	-	-	-
h. Mortgage Loans BACV	-	-	-	-
i. Mortgage Loans FV	-	-	-	-
j. Real Estate BACV	-	-	-	-
k. Real Estate FV	-	-	-	-
1. Derivatives BACV	-	-	-	-
m. Derivatives FV	-	-	-	-
n. Other Invested Assets BACV	-	\$83,405,587	-	-
o. Other Invested Assets FV	-	\$83,405,587	-	-
p. Total Assets BACV	-	\$83,405,587	-	-
q. Total Assets FV	-	\$83,405,587	-	-

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Nonadmitted
a. Bonds BACV	-	-	-	-
b. Bonds FV	-	-	-	-
c. LB & SS BACV	-	-	-	-
d. LB & SS FV	-	-	-	-
e. Preferred Stock BACV	-	-	-	-
f. Preferred Stock FV	-	-	-	-
g. Common Stock	-	-	-	-
h. Mortgage Loans BACV	-	-	-	-
i. Mortgage Loans FV	-	-	-	-
j. Real Estate BACV	-	-	-	-
k. Real Estate FV	-	-	-	-
1. Derivatives BACV	-	-	-	-
m. Derivatives FV	-	-	-	-
n. Other Invested Assets BACV	-	-	-	-
o. Other Invested Assets FV	-	-	-	-
p. Total Assets BACV	-	-	-	-
q. Total Assets FV	-	-	-	-

7. Proceeds Provided - Sale

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$ 89,234,609	\$ 108,266,825	\$ 66,162,812	\$83,405,587
2. Securities (FV)	XXX	XXX	X X X	XXX
3. Securities (BACV)	XXX	XXX	X X X	XXX
4. Nonadmitted Subset	XXX	XXX	XXX	XXX

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
b. Ending Balance				
1. Cash	\$ 89,234,609	\$ 108,266,825	\$ 66,162,812	\$83,405,587
2. Securities (FV)	XXX	XXX	X X X	X X X
3. Securities (BACV)	XXX	XXX	X X X	XXX
4. Nonadmitted Subset	XXX	X X X	X X X	X X X

8. Recognized Forward Resale Commitment

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	\$ 89,234,609	\$ 108,266,825	\$ 66,162,812	\$83,405,587
b. Ending Balance	\$ 89,234,609	\$ 108,266,825	\$ 66,162,812	\$83,405,587

J. Real Estate

None

K. Low-Income Housing Tax Credits

None

L. Restricted Assets

1. Restricted assets (including pledged) are summarized below by restricted asset category. These assets are held by the Texas Treasury Safekeeping Trust Company and are restricted for use for debt service reserves and for when a catastrophic event occurs (See note 1 and note 11). The assets are invested in overnight reverse repurchase agreements (See note 5).

		Gross (Admitted & Nonadmitted) Restricted							Currer	nt Year	
			Current Year							Percen	tage
	1	2	3	4	5	6	7	8	9	10	11
Restricted Asset Category	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase / (Decrease) (5 minus 6)	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. to c. None d. Subject to reverse repurchase e. to n. None	\$83,405,587				\$83,405,587	\$ 82,016,050	\$1,389,537	\$ -	\$83,405,587	16.93%	17.23%
o. Total restricted assets	\$83,405,587				\$83,405,587	\$ 82,016,050	\$1,389,537	\$ -	\$83,405,587	16.93%	17.23%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28
- 2. Detail of assets pledged as collateral not captured in other categories (reported on line m above)

None

3. Detail of other restricted assets (reported on line n above)

None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

None

M. Working Capital Finance Investments

None

N. Offsetting and Netting of Assets and Liabilities

None

O. 5GI Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

A. Accrued Investment Income

The Association does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-Admitted

None

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

In 2010, Texas Windstorm Insurance Association (The "Association") applied for and received a Private Letter Ruling ("PLR") from the Internal Revenue Service. The PLR requested acknowledgement that the Association's income is derived from an essential governmental function which accrues to a state or political subdivision and is therefore excluded from gross income under Section 115(1) of the Internal Revenue Code ("IRC"). On August 17, 2010, the Internal Revenue Service ruled that the Association performs an essential government function and that income from that function is excluded from gross income under IRC Section 115(1).

The Association had been filing form 1120-PC tax returns with the Internal Revenue Service as a property and casualty insurance company. Under the Internal Revenue Code the statute of limitations to be assessed additional taxes or to file amended tax returns is 3 years from the later of the due date of the return (including extensions) or the filing date of the return. There are existing net operating loss carryforwards in open tax years that are not anticipated to be realized. No further federal income tax impact is expected in the future.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

Pursuant to the Association's Plan of Operation, the Board of Directors consists of nine voting members appointed by the Commissioner of Insurance. The nine-member Board includes three public members residing in the first tier coastal counties and representing certain regions of the catastrophe area, three non-coastal representatives residing more than 100 miles from the coast, and three industry representatives actively writing and renewing windstorm and hail insurance in the first tier coastal counties.

On October 10, 2002, the Texas Commissioner of Insurance enacted Article 21.49A of the Texas Insurance Code creating the Texas FAIR Plan Association ("FAIR Plan" or "the Plan"). The Commissioner instructed the Texas Windstorm Insurance Association to manage all activities of FAIR Plan.

B. Significant Transactions and Changes in Terms of Intercompany Arrangements

None

C. Transactions with related parties who are not reported on Schedule Y

None

D. Amounts Due to or from Related Parties

During 2020 and 2019 the Association made expenditures on behalf of the Texas FAIR Plan Association under its management contract and was reimbursed \$14,314,490 and \$14,133,008, respectively. As of December 31, 2020, and December 31, 2019, the Association held an intercompany admitted receivable of \$1,132,407 and \$1,075,625, respectively. This arrangement is subject to a written agreement which requires that balances be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements

During 2002, the Association entered into a service contract with the Texas Fair Plan Association in which the Association is to be fully reimbursed for all expenditures, professional fees, consulting services, allocated employee time, lost investment income and other costs directly associated with the services provided by the Association on behalf of the Plan.

F. Guarantees or Undertakings for Related Parties

Not applicable

G. Nature of Relationships that Could Affect Operations

None

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP No. 48 Loss Tracking

Not applicable

Note 11 – Debt

A. The Texas Public Finance Authority (the "Authority" or the "Issuer") issued the Texas Public Finance Authority Class 1 Revenue Bonds (Texas Windstorm Insurance Association Program), Taxable Series 2014 (the "Bonds") on behalf of TWIA for the purpose of financing future costs in the amount of \$500,000,000. The Bonds were issued pursuant to a master resolution adopted by the Board of Directors of the Authority (the "Board") on September 24, 2014 (the "Master Resolution"), and a first supplemental resolution adopted by the Board on September 24, 2014 (the "First Supplemental Resolution", and together with the Master Resolution, the "Resolutions"). The Bonds constitute the initial series of Class 1 Public Securities of the Authority secured and payable from Class 1 TWIA Pledged Revenues irrevocably pledged under the Resolutions. TWIA has pledged the Class 1 Pledged Revenues to the Authority pursuant to a Financing and Pledge Agreement dated as of September 1, 2014 between the Authority and TWIA.

The secured Bonds were issued on September 30, 2014 for \$500,000,000 of which \$227,200,000 and \$318,600,000 was outstanding as of December 31, 2020 and December 31, 2019, respectively. The bonds mature July 1, 2024 and can be redeemed in whole or in part by the Seller beginning July 1, 2019. The original Bonds bear interest from 5.25% to 8.25% with an effective interest rate of 8.03%. Interest is payable semi-annually on January 1 and July 1 with the first payment made January 1, 2015. The Bonds are secured by TWIA's net premium and other revenue which is used to fund the Debt Service and related accounts held by the Texas Treasury Safekeeping Trust Company.

There are various general and special covenants associated with the Bonds. The primary provisions, which exist as long as there are outstanding Class 1 Public Securities and associated Administrative Expenses, require that; (1) TWIA will take actions that produce Projected Net Coverage Revenues in an amount not less than 125% of the Obligations and Administrative Expenses due in the succeeding four quarters and; (2) that actual Net Coverage Revenues for the Preceding Four Quarters will be in an amount not less than 110% of the actual Obligations and Administrative Expenses for the same period. Another provision, which exists as long as the Bonds are outstanding, requires TWIA to maintain the Operating bank account subject to a deposit account control agreement to provide a perfected security interest in the Net Premiums and Other Revenue held for the benefit of the Bondholders. As of December 31, 2020, TWIA estimates projected net coverage revenues will be 140% of the obligations and administrative expenses for the next four quarters ending December 31, 2021 which exceeds the required 125% threshold.

On May 11, 2020 the Association completed a voluntary early redemption of \$45 million principal of the 2014 Class 1 pre-event bonds and paid \$1.3 million interest associated with the redeemed securities. While the redemption was optional, the \$46.3 million paid to redeem these securities is required to be included as a debt obligation impacting the preceding 4 quarters "look back" calculation. The coverage ratio for the four quarters ending December 31, 2020 is 44% or 66 percentage points below the specified ratio of 110% due to the inclusion of the \$46.3 million redemption amount and losses from Hurricanes Hanna, Laura and Delta which struck TWIA coverage areas along the Texas coast during the 2020 hurricane season. Pursuant to the bond documents, if either the Actual Net Coverage Revenue test or the Projected Net Coverage Revenue test falls below the applicable threshold (110% and 125%, respectively) the Association is required to disclose to the Authority "the action or actions (including but not limited to rate changes, Reinsurance Costs adjustments, and other fiscal steps) necessary to meet" the requirements in the future. Future periods are forecasted to produce sufficient Projected Net Coverage Revenues as the early redemption and non-catastrophic losses from the 2020 hurricane season are excluded from the coverage calculation due to the passage of time. As a result, neither a rate adjustment nor an adjustment to reinsurance costs are necessary to ensure future Projected Net Coverage Revenues are equal to or exceed 125% of the Obligations and Administrative Expenses.

The Bonds were subject to optional make-whole redemption, in whole or in part, at the option of the Authority, at the request of TWIA prior to July 1, 2019 at a redemption price equal to the greater of (i) 100% of the principal amount of the Bonds to be redeemed or (ii) the sum of the present values of the remaining schedule payments of principal and interest on the Bonds to be redeemed (exclusive of interest accrued to the date fixed for redemption) discounted to the date of redemption on a semiannual basis (assuming a 360-day year consisting of twelve 30-day months) at the Treasury Rate plus 100 basis points, plus in each case, accrued and unpaid interest on the Bonds being redeemed to the date fixed for redemption.

The Bonds are subject to optional redemption prior to maturity on or after July 1, 2019 at a redemption price equal to the principal amount of bonds to be redeemed plus accrued interest to the date of redemption. On February 18, 2020 the Association Board of Directors approved an early redemption in the amount of \$45 million and directed Association staff to request approval from the Texas Commissioner. On February 24, 2020 the Association received approval from the Texas Commissioner to redeem the requested \$45 million of bond principal. The redemption was completed on May 11, 2020.

At December 31, 2020 and December 31, 2019, the notes had no unamortized premium or discount. Bond issuance costs are expensed as incurred.

Interest expense incurred is recorded as an investment expense and totaled \$21,998,625 and \$28,342,875 for the years ended December 31, 2020 and 2019 respectively. Interest of \$25,768,875 and \$30,401,250 was paid to bondholders for the years ended December 31, 2020 and 2019 respectively.

Changes in bonds payable for the year ending December 31, 2020:

Description	Bonds Outstanding December 31, 2019	Bonds	Issued	Bonds Matured/Redeemed	Bonds Outstanding December 31, 2020
Taxable					
Series 2014	\$ 318,600,000	\$	-	\$91,400,000	\$ 227,200,000

The schedule of aggregate maturities for the next five years and thereafter is as follows:

Year	Amount
2021	50,200,000
2022	54,400,000
2023	58,900,000
2024	63,700,000
Thereafter	-
On Demand	-
Total	\$ 227,200,000

The Association obtained a \$500,000,000 committed line of credit with two of its primary financial institutions during 2020. The line of credit agreement was entered into June 1, 2020 subsequent to the Association's board of directors approval on May 12, 2020. No amounts have been drawn against the line of credit. Issuance fees for the line of credit were \$500,000 and the Association paid the lenders a 0.8% commitment fee against the unused portion of the line of credit. The commitment originally matured on May 31, 2021, however the line of credit was terminated by the Association as of December 28, 2020 without penalty.

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated **Absences and Other Postretirement Benefit Plans**

Defined Benefit Plan A.

The Association sponsors a non-contributory defined benefit pension plan covering employees from date of hire that are scheduled to work at least 1,000 hours in a twelve-month period. Pension benefits are based on years of service and the employee's compensation during the five highest consecutive years' earnings from the last ten years of employment. An employee's benefits vest 5 years from date of hire. The Association makes contributions to the plan that comply with the minimum funding provisions of the Employee Retirement Income Security Act. As of December 31, 2020, the Association accrued in accordance with actuarially determined amounts with an offset to the pension cost accrual for the incremental asset amortization.

A summary of assets, obligations and assumptions of the Pension Plan are as follows at December 31, 2020 and 2019:

1.

Interest cost

Expected return on plan assets

Transition asset or obligation (Gains) and losses amortization

Prior service cost or (credit)

Total net periodic benefit cost

(Gain) or loss recognized due to settlement or curtailment

1.	Change in benefit obligation:		
		<u>Under</u> i	
		<u>2020</u>	<u>2019</u>
	Benefit obligation at beginning of year	\$ 30,989,299	\$ 22,936,583
	Service cost	2,276,135	1,731,374
	Interest cost	1,095,410	1,030,727
	Contribution by plan participants	-	-
	Actuarial loss/(gain)	2,892,774	5,887,877
	Foreign currency exchange rate changes	-	-
	Benefits paid	(663,002)	(597,262)
	Plan Amendments	· · · · · · · · · · · · · · · · · · ·	-
	Business combinations, divestitures,		
	curtailments, settlements and special		
	termination benefits	-	_
-	Benefit obligation at end of year	\$ 36,590,616	\$ 30,989,299
	Zonom congunan an one or your	\$ 00,000,010	\$ 50,505, = 55
2.	Change in plan assets:		
۷.	Change in plan assets.	2020	<u>2019</u>
	Fair value of plan assets at beginning of year		\$ 16,171,021
	Actual return/(loss) on plan assets	2,502,715	
	Foreign currency exchange rate changes	2,302,713	3,014,007
		2 569 240	2 250 776
	Employer contributions	2,308,240	2,359,776
	Plan participants' contributions	(((2,002)	(507.2(2)
	Benefits paid	(663,002)	(597,262)
	Business combinations, divestitures and settlements	- -	<u>-</u>
	Fair value of plan assets at end of year	\$ 25,955,555	\$ 21,547,602
3.	Funded status:		
		<u>2020</u>	<u>2019</u>
	Components:		
	Prepaid benefit costs	\$ -	\$ -
	Overfunded plan assets	-	-
	Accrued benefit costs	2,701,208	2,554,032
	Liability for pension benefits	7,933,853	6,887,665
	Assets and liabilities recognized		
	Assets (nonadmitted)	-	-
	Liability recognized	10,635,061	9,441,697
	Unrecognized liabilities	\$ -	\$ -
4.	Components of net periodic benefit costs:		
		<u>2020</u>	<u>2019</u>
	Service cost	\$ 2,276,135	\$ 1,731,374

1,030,727

(932,793)

150,581

44,359

2,024,248

1,095,410

410,078

44,359

(1,110,566)

\$ 2,715,416

 Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	<u>2020</u>	<u> 2019</u>
Items not yet recognized as a component of net periodic cost -	\$ 6,887,665	\$ 3,876,002
prior year		
Net transition asset or obligation recognized	-	-
Net prior service cost or (credit) arising during the period	-	-
Net prior service cost or (credit) recognized	(44,359)	(44,359)
Net (gain) and loss arising during the period	1,500,625	3,206,603
Net loss/(gain) recognized	(410,078)	(150,581)
Items not yet recognized as a component of net periodic cost -	\$ 7,933,853	\$ 6,887,665
current year		

6. Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost:

	<u> 2020</u>	<u> 2017</u>
Net transition asset or obligation	\$ -	\$ -
Net prior service cost or (credit)	266,947	311,306
Net recognized (gains) and losses	7,666,906	6,576,359

2020

2019

7. Weighted-average assumptions used to determine net periodic benefit cost as of December 31:

	<u>2020</u>	<u>2019</u>
Weighted-average discount rate	3.50%	4.50%
Expected long-term rate of return on plan assets	5.00%	5.50%
Rate of compensation increase	2.50%	2.50%
Interest crediting rates	n/a	n/a
Weighted-average assumptions used to determine projected benefit		
obligations as of December 31:		
Weighted-average discount rate	3.50%	3.50%
Rate of compensation increase	2.50%	2.50%
Interest crediting rates	n/a	n/a

- 8. The amount of accumulated benefit obligation for the defined benefit pension plan was \$32,056,741 for the current year and \$27,626,057 for the prior year.
- 9. Postretirement Benefits or Special or Contractual Benefits Per SSAP No. 11

None

10. The following estimated future benefit payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

<u>Years</u>	<u>Amount</u>
2021	\$ 744,360
2022	829,611
2023	934,376
2024	1,039,366
2025	1,158,754
2026 through 2030	7,723,213

11. The Company expects to contribute \$2,960,939 during 2021.

12 to 18 Not applicable

B. Description of Investment Policies

The investment policy is designed to de-risk investments as the funding ratio grows and exceeds 100%.

C. (1) Fair Value Measurements of Plan Assets at Reporting Date:

Description for each class of plan assets	<u>(Level 1)</u>	(Level 2)	(Level 3)	Total
Cash	\$ -	\$ 125,740	\$ -	\$ 125,740
Small Cap Equity	810,255	-	=	810,255
Large Cap Equity	5,747,951	-	-	5,747,951
Mid Cap Equity	1,853,532	-	-	1,853,532
International Equity	-	2,804,195	-	2,804,195
Realty Funds		1,421,045		1,421,045
Fixed Income	-	13,192,837	-	13,192,837
Limited Partnerships	-	-	-	-
Total Plan Assets	\$ 8 411 738	\$ 17 543 817	\$ -	\$ 25 955 555

D. Rate of Return Assumptions

The plan seeks to be diversified while trying to maximize investment returns. The expected long-term rate-of-return-on-assets assumption is based on historical returns.

E. Defined Contribution Plan

The Association maintains a qualified defined contribution (401(k)) plan available to eligible employees after 6 months of continuous service. Matching contributions totaling \$935,000 and \$949,000 (before allocation to FAIR Plan) were made for fiscal years ending December 31, 2020 and 2019, respectively. The Association's portion was approximately \$644,000 for the current year and \$645,000 for 2019.

F. Multiemployer Plans

Not applicable

G. Consolidated/Holding Company Plans

Not applicable

H. Postemployment Benefits and Compensated Absences

The Association has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned personal time off. The liability for earned but untaken personal time off has been accrued.

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

In 1993, the Texas legislature created the Catastrophe Reserve Trust Fund ("CRTF"). At the end of each year and pursuant to administrative rules, the Association must deposit the net gain from operations of the Association in excess of incurred losses, operating expenses, public security obligations, and public security administrative expenses into the CRTF and/or purchase reinsurance. In addition, pursuant to Tex. Ins. Code §2210.259, a surcharge is assessed on non-compliant structures insured by the Association, and these surcharges are deposited monthly into the CRTF.

When there is an occurrence or series of occurrences in a catastrophe area, the Association shall pay losses in excess of premium and other revenue of the Association from available reserves of the Association and available amounts in the CRTF. Administrative rules adopted by the Commissioner of insurance establish the procedures relating to the disbursement of money from the CRTF.

The Texas Comptroller of Public Accounts ("comptroller") administers the CRTF in accordance with Tex. Ins. Code, Chapter 2210. All money, including investment income, deposited in the CRTF are state funds to be held by the comptroller outside the state treasury on behalf of, and with legal title in, the TDI until disbursed as provided by the Tex. Ins. Code, Chapter 2210 and administrative rules adopted by the TDI under the Association's Plan of Operation.

The CRTF may be terminated only by law. On termination of the CRTF, all assets of the CRTF revert to the state of Texas to provide funding for the mitigation and preparedness plan established under Tex. Ins. Code, §2210.454.

For the twelve months ended December 31, 2020 and 2019, statutory fund costs were \$0 and \$52,641,201, respectively, based on the TDI's interpretation of the relevant statutes. TDI's directive requires the Association to determine its net gain from operations based on catastrophe-year incurred losses, rather than calendar year reported losses. Starting at the end of calendar year 2018, the Association is required to use the net gain from operations of the Association to make payments to the CRTF, procure reinsurance, or use alternative risk financing mechanisms. Although amounts held in the CRTF are not presented as an asset in the statutory statements of admitted assets, liabilities, surplus and other funds, once contributed to the CRTF, these funds are held in trust with the TTSTC and available for the exclusive use of the Association to pay losses and expenses of the Association as permitted by law. No contribution to the CRTF has been accrued related to calendar year 2020 while the December 31, 2019 payable to the CRTF of \$52,641,201 was remitted to the TTSTC on March 30, 2020.

In August 2017 the Texas coverage area insured by the Association was struck by Hurricane Harvey. The ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$1,700,000,000. Texas Insurance Code Chapter 2210 allows the Association to assess member companies Class 1 assessments up to \$500,000,000. A Class 1 member assessment was approved by the Commissioner of the Texas Department of Insurance on May 25, 2018 for \$175,000,000, a second assessment on August

29, 2018 for \$106,819,778 and a third assessment of \$90,000,000 on January 10, 2020 for a combined total of \$371,819,778. As of April 1, 2020, \$369,620,537 has been collected from the three assessments. One insurance group disputed whether they were subject to a 2018 assessment based on their interpretation of a 2017 legislative change. In 2020, the TDI Commissioner made a determination that the insurance group was not subject to the 2018 assessments. The insurance group's assessment of \$2,199,241 has been non-admitted by the Association as of December 31, 2020. The outstanding assessment will be reallocated and collected from the other member companies. Further assessments will be requested if needed as Hurricane Harvey paid loss development matures. As of December 31, 2020, the Association had a deficit surplus of \$160,450,907.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Association has no commitments or contingent commitments to other entities.

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The Association paid no amounts separately identified in the current year to settle claims related to extra contractual obligations or bad faith clams resulting from lawsuits.

	D: 4
Description	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$ 0

Number of claims for which amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits.

(1)	0-25	(b)	26-50	(3)	51-100	(4)	101-500	(5)	More than
	Claims		Claims		Claims		Claims		500 Claims
	X								

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

(f) Per Claim [X]

(g) Per Claimant []

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. Other Contingencies

The Association is subject to various investigations, claims and legal proceedings covering a wide range of matters that arise in the ordinary course of business. Management believes that any liability that may ultimately result from the resolution of these matters in excess of the amounts provided will not have a material adverse effect on the financial position of the Association. These matters are subject to various uncertainties, and some of these matters may be resolved unfavorably to the Association.

Note 15 – Leases

A. Lessee Leasing Arrangements

1. The Association leases office space under a non-cancelable operating lease agreement that expires in 2022. Rental expense for the current year and the prior year was approximately \$1,481,000 and \$1,422,000 respectively. The Association's portion was approximately \$963,000 for the current year and \$924,000 for the prior year.

2. At December 31, 2020, the future minimum aggregate rental commitments are as follows:

Year Ending	
December 31	Operating Leases
2021	\$ 1,062,027
2022	\$ 1,088,352
2023	-
2024	-
2025	-
Thereafter	-
Total	\$ 2,150,379

3. The Association has not entered into any sale or leaseback arrangements

B. Lessor Leasing Arrangements

Not applicable

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk

Not applicable

Note 17 - Sales, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

Note 18 - Gain or Loss from Uninsured Plans and Uninsured Portion of Partially Insured Plans

Not applicable

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

Note 20 - Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

Not applicable

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities.

Level 2 - Significant Other Observable Inputs: This category is for items measured at fair value on a recurring basis often determined by independent pricing services using observable inputs. The Association has no assets or liabilities measured at fair value in this category.

Level 3 - Significant Unobservable Inputs: The Association has no assets or liabilities measured at fair value in this category.

Cash, cash equivalents and short-term investments are the only financial instruments held by the Association.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level	<u>2</u>	Leve	13	<u>Net Asset</u> Value (NAV)	<u>Practical (Carry Value</u>	ing
Cash, cash equivalents and										
short-term investments	\$ 196,418,871	\$ 196,418,871	\$ 196,418,871	\$	-	\$	-	\$ -	\$	-
Exempt Money Market Mutual										
Funds – as Identified by SVO	201,851,384	201,851,384	-		-		-	201,851,384		-
All Other - Reverse Repurchase										
Agreements	83,405,587	83,405,587	83,405,587		-		-	-		-
Total Cash, cash equivalents and										
short-term investments	\$ 481,675,842	\$ 481,675,842	\$ 279,824,458	\$	-	\$	-	\$ 201,851,384	\$	-

Not

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

E. Instruments Measured at Net Asset Value (NAV)

The Association has elected to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

Note 21 – Other Items

A. Unusual or Infrequent Items

See Note 13

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

Not applicable

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

Not applicable

F. Subprime Mortgage Related Risk Exposure

Not applicable

G. Insurance Linked Securities (ILS) Contracts

The Association has ceded risks under an excess of loss agreement to a reinsurer during 2020 and 2019 who in-turn obtained retrocession coverage utilizing Catastrophe Bonds ("CAT Bonds"). Funds from the issuance of the CAT Bonds are held in trust. Certain events can bring rise to the Association to recover on ceded losses.

		Number of Outstanding	<u>Aggregate</u> <u>Maximum</u>
Manage	ment of Risk Related To:	Contracts	Proceeds
(6) Di	rectly Written Insurance Risks		
a.	ILS Contracts as Issuer	-	-
b.	ILS Contracts as Ceding Insurer	3	\$1,000,000,000
c.	ILS Contracts as Counterparty	-	-
(2) As	sumed Insurance Risks		
a.	ILS Contracts as Issuer	-	-
b.	ILS Contracts as Ceding Insurer	-	-
c.	ILS Contracts as Counterparty	-	-

Note 22 - Events Subsequent

The Association has evaluated subsequent events through February 25, 2021, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

The Association has unsecured aggregate recoverables for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with individual reinsurers, authorized or unauthorized, that exceed 3% of the Company's policyholder surplus.

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amount
90-0797817	Weston Insurance Company	\$64,135
46-3943172	SafePoint Insurance Company	\$87,278

Individual Reinsurers Who Are Members of a Group

Group Code	FEIN	Reinsurer Name	Unsecured Amount
		None	

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

Group Code	FEIN	Reinsurer Name	Unsecured Amount
		None	
Total Group			

B. Reinsurance Recoverables in Dispute

The Association does not have reinsurance recoverables in dispute for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus from an individual reinsurer or exceed 10% of policyholders' surplus in aggregate.

		Status of Dispute				
Name of Reinsurer	Total Amount in Dispute	Notification	Arbitration	Litigation		
None						

C. Reinsurance Assumed and Ceded

1. The following table summarizes the assumed and ceded unearned premiums and related commissions equity as of December 31, 2020.

	Assumed		Ce	ded	Assumed Less Ceded		
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	
a. Affiliates							
b. All other							
c. Totals							
d. Direct Unea	arned Premium Re	eserve \$1	85,916,764				

The maximum amount of return commission that would have been due the reinsurers if they or the Association had cancelled the Association's excess of loss reinsurance agreement is \$0 as of December 31, 2020.

- 2. No accrual exists at the end of the current period for additional or return commission, predicated on loss experience or on any other form of profit sharing agreements in this annual statement as a result of existing contractual arrangements.
- 3. The Association does not use protected cells as an alternative to traditional reinsurance.
- D. Uncollectible Reinsurance

None

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

K. Reinsurance Credit on Contracts Covering Health Business

Not applicable

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

A.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current calendar year losses and LAE reflected on the Statement of Income of \$118,469,984 had relatively minimal unfavorable prior year development. During 2020, Association policyholders were impacted by Hurricanes Hanna, Laura and Delta which have an estimated combined gross ultimate loss and loss adjustment expense of \$92.1 million as of December 31, 2020. The coverage area insured by the Association was previously impacted by Hurricane Harvey in 2017. Ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$1,700,000,000 as of December 31, 2020. The ultimate losses and loss adjustment expense attributable to Hurricane Harvey was increased by \$90,000,000 in 2019 due to the increase in severity of claims development. Increases or decreases of this nature occur as the result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves. Due to the inherently uncertain process involving loss and loss adjustment expense reserve estimates, the final resolution of the ultimate liability may be different from that anticipated at the reporting date. The Appointed Actuary for the Association has opined that the loss and LAE reserves as of December 31, 2020 make a reasonable provision for the Association's claims liabilities.

Rollforward of unpaid losses and LAE	December 31, 2020	December 31, 2019	
Balance as of January 1,	\$ 169,197,994	\$ 200,857,903	
Less: Reinsurance Recoverable	67,973	78,260	
Net Balance at January 1,	169,130,021	200,779,643	
Incurred, net of reinsurance, related to:			
Current year	118,361,396	26,451,275	
Prior years	108,588	86,946,237	
Net Incurred	118,469,984	113,397,512	
Paid, net of reinsurance, related to:			
Current year	(66,779,939)	(19,915,729)	
Prior years	(56,505,293)	(125,131,405)	
Net Paid Losses	(123,285,232)	(145,047,134)	
Net Balance at end of period,	164,314,773	169,130,021	
Plus: Reinsurance Recoverable	86,013	67,973	
Balance at end of period,	\$ 164,400,786	\$ 169,197,994	

B. Significant Changes in Reserving Methodology

Not applicable

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

The Association evaluated the need to record a premium deficiency reserve as of the end of the current year. No premium deficiency reserve was required as of December 31, 2020. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.

(1) Liability carried for premium deficiency reserve \$ -0-

(2) Date of the most recent evaluation of this liability
 (3) Was anticipated investment income utilized in calculation?
 (4) December 31, 2020
 (5) Ves () No (X)

Note 31 – High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 – Asbestos and Environmental Reserves

A hearing was held on January 8, 2003, for the purpose of making changes to Association policies. A petition was heard for the purpose of clarifying TWIA's exclusion related to mold coverage. TWIA policies do not cover loss due to mold damage, and the clarification verbiage was added to all Association policies, i.e., residential, commercial, and mobile home. Approval of the petition became effective March 1, 2003.

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

A. and B. Not applicable

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes[]No[X]
	If yes, complete Schedule Y, Parts 1, 1A and 2.	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements	V. J. I. N. J. I. N. J. V.
	substantially similar to those required by such Act and regulations?	Yes[] No[] N/A [X]
1.3	State Regulating?	Texas
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes[] No[X]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes[]No[X]
2.2	If yes, date of change:	
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2017
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2017
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	02/12/2019
3.4	By what department or departments? Texas Department of Insurance	
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes[X] No[] N/A[]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [X] No [] N/A []
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?	Voal I No I VI
	4.11 sales of new business? 4.12 renewals?	Yes[]No[X] Yes[]No[X]
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	
	4.21 sales of new business?4.22 renewals?	Yes[] No[X] Yes[] No[X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes[]No[X]
	If yes, complete and file the merger history data file with the NAIC.	

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3	
Name of Entity	NAIC Company Code	State of Domicile	

if app	olicable) suspen	ded or revoked by any governmental entity during the					
! If yes	s, give full inforn	nation:					
Does	any foreign (no	on-United States) person or entity directly or indirectly	control 10% or more of the reporting enti	ity?	Yes	s[]No[X	1
lf yes	s, 7.21	State the percentage of foreign control.					
	7.22	State the nationality(s) of the foreign person(s) or e	entity(s); or if the entity is a mutual or		_		
		reciprocal, the nationality of its manager or attorne	y-in-fact and identify the type of entity(s)				
		(e.g., individual, corporation, government, manage	r or attorney-in-fact).				
		1	2				
		Nationality	Type of Entity				
Is the	company a su	bsidiary of a bank holding company regulated by the	Federal Reserve Board?		Yes	s[]No[X]
If res affilia	ponse to 8.3 is tes regulated b Comptroller of	ated with one or more banks, thrifts or securities firms yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. ti the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal r	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities	ice	Yes	s[]No[X	1
If res	ponse to 8.3 is tes regulated b Comptroller of	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal r	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator.	I	ı		
If res	ponse to 8.3 is tes regulated b Comptroller of	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. t the Currency (OCC), the Federal Deposit Insurance	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities	ice	Yes	5] No [X	6
If res affilia	ponse to 8.3 is tes regulated b Comptroller of	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal r	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator.	I	ı		
If res	ponse to 8.3 is tes regulated b Comptroller of	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal read Affiliate	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location	3	4	5	6
If responding affiliation of the	ponse to 8.3 is tes regulated b Comptroller of	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal read Affiliate	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location	3	4	5	6
4 If res affilia of the Exch.	ponse to 8.3 is tes regulated by a Comptroller of ange Commissi	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regulatory. 1 Affiliate Name	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location (City, State)	3	4	5	6
4 If res affilia of the Exch.	ponse to 8.3 is tes regulated by a Comptroller of ange Commissi	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regulatory. 1 Affiliate Name d address of the independent certified public account audit?	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location (City, State)	3	4	5	6
What conductions the conduction of the conductions of the conductions of the conduction of the conduct	ponse to 8.3 is tes regulated by a Comptroller of ange Commission is the name and the annual aboun Thomson & the insurer beer	yes, please provide the names and locations (city an ya federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regulatory. 1 Affiliate Name and address of the independent certified public account audit? Matza; 9500 Arboretum Blvd., Suite 120, Austin, TX arganted any exemptions to the prohibited non-audit	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location (City, State) tant or accounting firm retained to 78759	3 FRB	4	5	6
I If res affilia of the Exch. What conduction Calhoring I Has to public public in the conduction of t	ponse to 8.3 is tes regulated by a Comptroller of ange Commission is the name and the annual aboun Thomson & the insurer beer concountant reconstruction.	yes, please provide the names and locations (city an y a federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regulatory. 1 Affiliate Name d address of the independent certified public account audit? Matza; 9500 Arboretum Blvd., Suite 120, Austin, TX	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location (City, State) tant or accounting firm retained to 78759	3 FRB	4 OCC	5	6 SEC
What condication with the condication of the Exch.	ponse to 8.3 is tes regulated by a Comptroller of ange Commission is the name and uct the annual abun Thomson & the insurer beer concountant reconstruction.	yes, please provide the names and locations (city an ya federal financial regulatory services agency [i.e. to the Currency (OCC), the Federal Deposit Insurance on (SEC)] and identify the affiliate's primary federal regulatory. 1 Affiliate Name d address of the independent certified public account audit? Matza; 9500 Arboretum Blvd., Suite 120, Austin, TX in granted any exemptions to the prohibited non-audit quirements as allowed in Section 7H of the Annual F	d state of the main office) of any he Federal Reserve Board (FRB), the Offi Corporation (FDIC) and the Securities egulator. 2 Location (City, State) tant or accounting firm retained to 78759	3 FRB	4 OCC	5 FDIC	6 SEC

10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting	
	Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?	Yes [] No [X]
10.4	If response to 10.3 is yes, provide information related to this exemption:	
10.4	in response to 10.3 is yes, provide information related to this exemption.	
10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [X] No [] N/A []
10.6	If the response to 10.5 is no or n/a, please explain.	
11.	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?	
	Xiuyu Li, 5700 S MoPac Expy, Austin, TX 78749, In-house Actuary	
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:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
	risks wherever located?	Yes[]No[X]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes[]No[X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[] N/A [X]
14.1	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?	
	 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.	Yes[X] No[]
1111	If the common to 44.4 is no prince contain.	
14.11	If the response to 14.1 is no, please explain:	

14.2	Has the code of ethics for senior managers be	een amended?		Yes[]No[X]
14.21	If the response to 14.2 is yes, provide information	ation related to amendment(s).	
14.3	Have any provisions of the code of ethics bee	Yes[]No[X]		
14.31	If the response to 14.3 is yes, provide the nat			
15.1	Is the reporting entity the beneficiary of a Lett confirming bank is not on the SVO Bank List?		to reinsurance where the issuing or	Yes[] No[X]
15.2	If the response to 15.1 is yes, indicate the Amissuing or confirming bank of the Letter of Creis triggered.		· / -	
	1	2	3	4
	American Bankers			
	Association	Issuing or Confirming		
	(ABA) Routing Number	Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
	Is the purchase or sale of all investments of the a subordinate committee thereof? Does the reporting entity keep a complete per			Yes[X] No[]
17.	subordinate committees thereof?	imanent record of the procee	rungs of its board of directors and an	Yes[X] No[]
18.	Has the reporting entity an established proced interest or affiliation on the part of any of its o is likely to conflict with the official duties of sur	fficers, directors, trustees or	•	Yes[X] No[]
		F	INANCIAL	
19.	Has this statement been prepared using a ba Generally Accepted Accounting Principles)?	sis of accounting other than s	Statutory Accounting Principles (e.g.,	Yes[] No[X]
20.1	Total amount loaned during the year (inclusive	e of Separate Accounts, excl	usive of policy loans):	
			o directors or other officers o stockholders not officers	\$
			ustees, supreme or grand (Fraternal only)	\$\$
20.2	Total amount of loans outstanding at the end	of year (inclusive of Separate	e Accounts, exclusive of policy loans):	
	·		o directors or other officers	\$
			o stockholders not officers	\$
		20.23 Tr	ustees, supreme or grand (Fraternal only)	\$
21.1	Were any assets reported in this statement so liability for such obligation being reported in the	-	tion to transfer to another party without the	Yes[]No[X]
21.2	If yes, state the amount thereof at December	31 of the current year:		
		21.21 Re	ented from others	\$
			orrowed from others eased from others	\$
		21.23 Le		\$ \$
				·

22.1	Does this statement include payments for assessments as describ	ped in the Annual Statement Instructions other than	
	guaranty fund or guaranty association assessments?		Yes[]No[X]
22.2	If answer is yes:		
	2	22.21 Amount paid as losses or risk adjustment	\$
	2	22.22 Amount paid as expenses	\$
	2	22.23 Other amounts paid	\$
23.1	Does the reporting entity report any amounts due from parent, sub	osidiaries or affiliates on Page 2 of this	
	statement?		Yes[X] No[]
23.2	If yes, indicate any amounts receivable from parent included in the	e Page 2 amount:	\$
		INVESTMENT	
24.01	Were all the stocks, bonds and other securities owned December	31 of current year, over which the reporting entity has	
	exclusive control, in the actual possession of the reporting entity of		
	addressed in 24.03)	,	Yes[]No[X]
24.02	If no, give full and complete information, relating thereto: The Association invests in overnight reverse repurchase agreeme debt service associated with the outstanding 2014 bonds. See not		
24.03	For security lending programs, provide a description of the progra		
	securities, and whether collateral is carried on or off-balance shee information is also provided)	t. (an alternative is to reference Note 17 where this	
	Texas Windstorm Insurance Association does not have a security	lending program.	
24 N4	For the reporting entity's securities lending program, report amour	nt of collateral for conforming programs as outlined	
24.04	in the Risk Based Capital Instructions.	it of contact and contourning programs as cultimed	\$
24.05	For the reporting entity's securities lending program report amoun	t of collateral for other programs.	\$
24.06	Does your securities lending program require 102% (domestic sec	curities) and 105% (foreign securities) from the	
	counterparty at the outset of the contract?		Yes[] No[] N/A [X]
24.07	Does the reporting entity non-admit when the collateral received fi	rom the counterparty falls below 100%?	Yes[] No[] N/A [X]
24.08	Does the reporting entity or the reporting entity's securities lending	g agent utilize the Master Securities Lending	Voc. 1 No. 1 N/A IV1
	Agreement (MSLA) to conduct securities lending?		Yes[] No[] N/A [X]
24.09	For the reporting entity's security lending program, state the amount	int of the following as of December 31 of the current year:	
	24.091 Total fair value of reinvested collateral assets reported	on Schedule DL, Parts 1 and 2	\$
	24.092 Total book adjusted/carrying value of reinvested collate	ral assets reported on Schedule DL, Parts 1 and 2	\$
	24.093 Total payable for securities lending reported on the liabi	lity page	\$
25.1	Were any of the stocks, bonds or other assets of the reporting ent	ity owned at December 31 of the current year not	
	exclusively under the control of the reporting entity or has the reporting		
	a put option contract that is currently in force? (Exclude securities	subject to Interrogatory 21.1 and 24.03).	Yes[X] No[]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$
25.22	Subject to reverse repurchase agreements	\$ 83,405,587
25.23	Subject to dollar repurchase agreements	\$
25.24	Subject to reverse dollar repurchase agreements	\$
25.25	Placed under option agreements	\$
25.26	Letter stock or securities restricted as to sale -	
	excluding FHLB Capital Stock	\$
25.27	FHLB Capital Stock	\$
25.28	On deposit with states	\$
25.29	On deposit with other regulatory bodies	\$
25.30	Pledged as collateral - excluding collateral	
	pledged to an FHLB	\$
25.31	Pledged as collateral to FHLB - including	
	assets backing funding agreements	\$
25.32	Other	\$

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A [X]

LINES 26.3 through 26.5 : FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[]No[X]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes[]No[X]
26.42	Permitted accounting practice	Yes[]No[X]
26.43	Other accounting guidance	Yes[]No[X]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes [] No [X]

- $\bullet\,$ The reporting entity has obtained explicit approval from the domiciliary state.
- $\bullet \ \ \text{Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.}$
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the
 establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline
 Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a
 Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging
 strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[]No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[]No[X]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2	
Name of Custodian(s)	Custodian's Address	

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[]No[X]

28.04 If yes, give full and complete information relating thereto:

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

28.05 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	2	
Name Firm or Individual	Affiliation	
John Polak	I	
Jerome Fadden	I	

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[]No[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below

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

29.1 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]

29.2 If yes, complete the following schedule:

Ī	1	2	3	
	CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value	
Γ				
١				
1				
ı				

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3	For each	mutual t	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	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation

30.	Provide the following information for all short-term and long-term bonds and all preferred stocks.	Do not substitut
	amortized value or statement value for fair value.	

	1	2	3		
			Excess of Statement		
			over Fair Value (-),		
	Statement (Admitted)		or Fair Value over		
	Value	Fair Value	Statement (+)		
30.1 Bonds					
30.2 Preferred stocks					
30.3 Totals					

30.4	Describe the sources or methods utilized in determining the fair values: Texas Windstorm Insurance Association does not have short-term bonds, long-term bonds or preferred stocks.	
31.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes[]No[X]
31.2	If the answer to 31.1 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[X]
31.3	If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:	
32.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been	
	followed?	Yes[X] No[]
32.2	If no, list exceptions:	

- 33 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.
 - o. 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]

- 34 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 regulators.
 - 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?

Yes[]No[X]

- 35. 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.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

- 36. By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part 2 (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 nonaffiliate, 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 36.a 36.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[] N/A [X]

OTHER

37.1	Amount of payments to trade	associations, s	service organizations and	statistical or	Rating Bureaus,	if any
------	-----------------------------	-----------------	---------------------------	----------------	-----------------	--------

\$_____164,923

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1		2
Name		Amount Paid
Insurance Services Checking Office		106,637
•	\$	
	\$	

38.1 Amount of payments for legal expenses, if any?

\$ 568,468

 $38.2\,$ 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 during the period covered by this statement.

1	2
Name	Amount Paid
Perkins Law Group PLLC	\$ 267,544
	\$
	\$

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	\$
	\$
	\$

\$_____

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare	Supp	lement Insurance in force?		Yes[]No[X]
1.2	If yes, indicate premium earned on U.S. business o	\$			
1.3	What portion of Item (1.2) is not reported on the Me 1.31 Reason for excluding	edicar	e Supplement Insurance Experience Ext	hibit?	\$
1.5	Indicate amount of earned premium attributable to 0 Indicate total incurred claims on all Medicare Supple Individual policies:			rem (1.2) above.	\$ \$
	M 1. 1.		urrent three years: Total premium earned Total incurred claims Number of covered lives		\$ \$
	1. 1. 1.	.64 .65	rs prior to most current three years: Total premium earned Total incurred claims Number of covered lives		\$ \$
1.7	1. 1. 1. A	.71 .72 .73 .Il yea	urrent three years: Total premium earned Total incurred claims Number of covered lives rs prior to most current three years:		\$
2.	1. Health Test: 2. 2. 2.	.75 .76 .1 .2 .3 .4	Total premium earned Total incurred claims Number of covered lives Premium Numerator Premium Denominator Premium Ratio (2.1 / 2.2) Reserve Numerator Reserve Denominator Reserve Ratio (2.4 / 2.5)	1 2 Current Year Prior Year \$ 261,573,991 \$ 287,476,738 \$ 350,231,537 \$ 354,625,390	\$
3.1	Did the reporting entity issue participating policies d				Yes[]No[X]
3.2		.21	ating and/or non-participating policies du Participating policies Non-participating policies	uring the calendar year	\$ \$
4.1 4.2 4.3	For Mutual reporting entities and Reciprocal Exchar Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable poli If assessable policies are issued, what is the extent Total amount of assessments paid or ordered to be	? icies? t of the	e contingent liability of the policyholders?		Yes[]No[] Yes[]No[] %
5.1	For Reciprocal Exchanges Only: Does the exchange appoint local agents? If yes, is the commission paid: 5.	.21	Out of Attorney's-in-fact compensation		Yes[]No[] Yes[]No[]N/A[]
	5.		As a direct expense of the exchange		Yes [] No [] N/A []
5.3	What expenses of the Exchange are not paid out of				
5.4	Has any Attorney-in-fact compensation, contingent	on fu	Ifillment of certain conditions, been defer	rred?	Yes[]No[]
5.5	If yes, give full information				
6.1	What provision has this reporting entity made to procompensation contract issued without limit loss: Texas Windstorm Insurance Association does not w				

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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: Texas Windstorm Insurance Association estimates its probable maximum loss using AIR Touchstone and RMS RiskLink software models to model the risk of hurricanes. The PML comprises residential and commercial property exposures which are most concentrated in and around the Galveston and Corpus Christi areas.		
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? Texas Windstorm Insurance Association has reinsured \$2.1 billion in excess of \$2.1 billion under catastrophe reinsurance agreements. Futher, Texas Windstorm Insurance Association has the ability to sell post event bonds, and the use of the Catastophe Reserve Trust Fund.		
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[]N	No [X]
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 Funding for Texas Windstorm Insurance Association is specified by Chapter 2210, Texas Insurance Code.		
	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)?	Yes[]1	No [X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.		
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes[]N	No[]
8.1	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 loss that may occur on this risk, or portion thereof, reinsured?	Yes [] N	No [X]
8.2	If yes, give full information		
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 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; (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 [] N	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 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[]N	√o[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 37 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 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes[]N	No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.		
9.6	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[]N	NO [X]
	supplement; or	Yes [] N	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[]N	No [X]

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

				entity, there should be dired to charge had it reta			erve equal	Yes []No[]N/A[X]
	Has the reportin		ed policies issued by	any other entity and no	w in force:			Yes [] No [X]
		entity recorded acceptation		premiums on insurance of	contracts on Line 15.3 o	f the asset schedule, P	age 2, state the		
	amount or corre	sportaining ilabilities		11 Unpaid losses				\$	
			12.	12 Unpaid underwriting	expenses (including los	s adjustment expenses	5)	\$	
12.2	Of the amount of	on Line 15.3, Page	e 2, state the amoun	t that is secured by letter	rs of credit, collateral an	d other funds?		\$	
				ce risks, such as workers and/or unpaid losses?	s' compensation, are pro	emium notes or promis	sory notes	Yes []No[]N/A[X]
12.4	If yes, provide the	ne range of interes	st rates charged und	er such notes during the	period covered by this	statement:			
				41 From 42 To					% %
	promissory note	s taken by a repo		ved from insureds being ure any of the reporting olicies?				Yes [] No [X]
12.6	If yes, state the	amount thereof at	t December 31 of cu	•					
				61 Letters of Credit 62 Collateral and other	funds			\$ \$	
12 1	Largast not aga	roaata amount inc	oured in any one rick	(excluding workers' con	ananaction):			¢	4,424,000
		-	-					Ψ	4,424,000
	Does any reinsureinstatement p		onsidered in the calc	ulation of this amount ind	clude an aggregate limit	of recovery without als	o including a	Yes [] No [X]
				individual facultative risk in the calculation of the		ng facultative programs	s, automatic		
14.1	Is the company	a cedant in a mul	tiple cedant reinsura	nce contract?				Yes [] No [X]
14.2	If yes, please de	escribe the metho	d of allocating and re	ecording reinsurance am	ong the cedants:				
14.3	If the answer to contracts?	14.1 is yes, are th	ne methods describe	d in item 14.2 entirely co	ontained in the respective	re multiple cedant reins	urance	Yes [] No []
1//	If the answer to	1/1 3 is no are all	the methods descri	ped in 14.2 entirely conta	ained in written agreeme	ante?		-] No []
				Ded in 14.2 entirely conta	amed in written agreem	5111.5 !		165[JNO[]
14.5	If the answer to	14.4 is no, please	e explain:						
15.1	Has the reporting	g entity guarantee	ed any financed prer	nium accounts?				Yes [] No [X]
15.2	If yes, give full in	nformation							
			y warranty business mation for each of th	? e following types of warr	anty coverage:			Yes [] No [X]
		-	1	2	3	4	5		
		[Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned		
	16.11 Home 16.12 Produc	\$		\$s	\$ \$ \$	\$:			
	16.13 Automo			\$	\$,			
	16.14 Other*	\$		\$	\$	\$			
	* Disclose type	of coverage:							

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that is exempt from the statutory provision for unauthorized reinsurance?	Yes [] No [X]
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:	
	 17.11 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 17.16 Unearned premium portion of Interrogatory 17.11 17.17 Contingent commission portion of Interrogatory 17.11 	\$ \$
18.1	Do you act as a custodian for health savings accounts?	Yes[]No[X]
18.2	If yes, please provide the amount of custodial funds held as of the 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 adminstered as of the reporting date.	\$
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[]No[X]
19.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[]No[X]

FIVE - YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

		1	2	3	4	5
		2020	2019	2018	2017	2016
1.	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) 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)					
2.	D	369,600,488	372,016,601	395,551,679	423,074,138	487,353,537
	Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1	372,010,001	390,001,079	423,074,130	401,333,331
4.						
5.	Names and reincure and lines (Lines 24, 22 9, 22)					
	Total (Line 35)	369,600,488	372,016,601	395,551,679	423,074,138	487,353,537
٠.	Net Premiums Written (Page 8, Part 1B, Col. 6)				1	
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)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)	261,995,386	277,922,157	287,112,861	319,081,366	361,300,741
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.						
12.	Total (Line 35)	261,995,386	277,922,157	287,112,861	319,081,366	361,300,741
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	52,509,764	29,023,235	(81,471,557)	(1,225,823,932)	75,008,379
14.		(23,692,958)	(22,117,196)	(27,331,179)	(28,886,165)	(34,620,236
15.		1	90,042,566	281,871,761	743,268,162	66,919
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)					
	Net income (Line 20)	28,816,806	96,948,605	173,069,025	(511,441,935)	40,455,062
	Balance Sheet Lines (Pages 2 and 3)	20,010,000			(5 : 1, 1 : 1, 5 5 5)	
19.		484,193,346	606,116,804	657,838,728	647,953,929	972,707,900
20.		101,100,010		001,000,720	017,000,020	
	00.4 la accesa of adjustica (Line 45.4)	1,281,551	116,418	106,172	90,174	204,394
	000 D.C. 1 1 4 45 00	1,201,001				201,001
	20.2 Deterred and not yet due (Line 15.2) 20.3 Accrued retrospective premiums (Line 15.3)					
21	Total liabilities excluding protected cell business (Page 3, Line 26)	644,644,253	789,908,582	935,702,925	1,109,344,091	972,707,900
22.	1 (D 0 1i 4)	123,287,727	131,861,792	157,182,138	358,214,371	43,248,596
23.	Loss adjustment expenses (Page 3, Line 3)	41,027,046	37,268,229	43,597,505	56,519,895	10,209,966
24.	H(185,916,764	185,495,369	195,049,950	209,452,528	237,725,520
	Conital anid un (Dono 2 Lines 20 9 24)	100,510,704	100,400,000	190,049,900	203,432,320	251,125,520
26.	O	(160,450,907)	(183,791,778)	(277,864,197)	(461,390,162)	
20.	Cash Flow (Page 5)	(100,400,507)	(100,731,770)	[[277,004,197)	(401,030,102)	
27	N. I. S. C. C. (1) 44)	66,152,074	(89,442,142)	55,208,905	(338,643,135)	62,934,874
21.	Risk-Based Capital Analysis	00,132,014	(05,442,142)	33,200,303	(550,045,155)	02,304,074
28.	Total oditional control	(160,450,907)	(183,791,778)	(277,864,197)	(461,390,162)	
29.		27,931,881	26,601,548	27,483,960	226,868,452	38,763,217
20.	Percentage Distribution of Cash, Cash Equivalents and Invested Assets	27,501,001	20,001,040	27,400,300	220,000,402	50,700,217
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					•
30.						
	Bonds (Line 1) Stocks (Lines 2.1 & 2.2)					
37.	Mortrage loans on real setate /Lines 3.1 and 3.2)					
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
34.	Real estate (Lines 4.1, 4.2 & 4.3) Cash, cash equivalents and short-term investments (Line 5)	100.0	100.0	100.0	100.0	100.0
35.				100.0	100.0	
36.						
37.						
38.						
39.						
40.	Aggregate write-ins for invested assets (Line 11)					
41.			100.0	100.0	100.0	100.
71.	Investments in Parent, Subsidiaries and Affiliates	100.0	100.0		100.0	
42	A(C): 1 11 1 (0 1 D 0 1: 40 0 1 4)					
43.						
44.	Affiliated common stocks (Sch. D, Summary, Line 16, Col. 1) Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45.						
٦٥.	0.1.5.1. 40.					
16	*					
46. 47	All all (CC) - 1					
	All other affiliated					
48.	Total investment in parent included in Lines 40 to 47 chave					
49.	Total investment in parent included in Lines 42 to 47 above					
50.						
	regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)				1	

FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2020	2019	2018	2017	2016
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52.	5: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Change in surplus as regards policyholders for the year (Line 38)	23,340,871	94,072,419	183,525,965	(461,390,162)	
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	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)			ļ 		
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	89,639,169	112,071,468	307,370,851	952,193,352	36,786,677
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	Total (Line 35)	89,639,169	112,071,468	307,370,851	952,193,352	36,786,677
	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)					
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	89,485,103	111,975,095	307,294,828	951,275,842	36,786,677
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)	89,485,103	111,975,095	307,294,828	951,275,842	36,786,677
	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
67.	Losses incurred (Line 2)	30.9	30.1	35.2	364.5	5.1
68.	Loss expenses incurred (Line 3)	14.4	9.3	23.1	60.2	5.3
69.	Other underwriting expenses incurred (Line 4)	34.6	32.1	32.0	28.2	29.6
70.	Net underwriting gain (loss) (Line 8)	20.1		(27.0)	(352.9)	20.3
	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	34.6	19.8	(26.1)	(202.3)	71.1
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3					
	divided by Page 4, Line 1 x 100.0)	45.3	39.4	58.4	424.7	10.4
73.	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)	(163.3)	(151.2)	(103.3)	(69.2)	
	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)	(46)	73,735	109,178	(8,374)	(8,900)
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)	0.0	(26.5)	(23.7)		
	Two Year Loss Development (\$000 omitted)					
76	Development in estimated losses and loss expenses incurred 2 years before					
10.	the current year and prior year (Schedule P, Part 2-Summary, Line 12,					
		72 400	183,740	(40, 400)	/45 070\	(44.060)
77	Col. 12) Percent of development of losses and loss expenses incurred to reported	73,496	183,740	(10,499)	(15,876)	(11,266)
11.	·				1	
	policyholders' surplus of second prior year end (Line 76 above divided	(00.5)	(20.0)		1	
	by Page 4, Line 21, Col. 2 x 100.0)	(26.5)	(39.8)		L	

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	Yes[]	No []
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?		
	If no, please explain:		
		•	



NAIC Group Code



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2020

NAIC Company Code

•	Gross Premiums, Including Pol Return Premiums and Prer	icy and Membership Fees, Less niums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines	369,600,488	369,179,093		185,916,764	89,639,169	81,103,186	123,354,385	3,969,356	6,246,881	20,202,457	59,103,153	6,862,95
2.2 Multiple Peril Crop												
2.3 Federal Flood										1		
2.4 Private Crop		l	1	l					l	1		
2.5 Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril		[1							1		
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
o. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability		l								1		
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)		[1			1				1		
15.1 Collectively Renewable A & H (b)												
15.2 Non-Cancelable A & H (b)												
15.3 Guaranteed Renewable A & H (b)												
15.4 Non-Renewable for Stated Reasons Only (b)												
15.5 Other Accident Only												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees												
15.7 All Other A & H (b)										1		
15.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation										1		
17.1 Other Liability - Occurrence		[1							1		
17.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
18. Products Liability												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.1 Private Passenger Auto No-Paul (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		l	1	l		l l		l	l	1	l	
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)										1		
23. Fidelity										1		
24. Surety												
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate Write-Ins for Other Lines of Business				10			100					
35. TOTALS (a)	369,600,488	369,179,093		185,916,764	89,639,169	81,103,186	123,354,385	3,969,356	6,246,881	20,202,457	59,103,153	6,862,9
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.			A									
0400.				NON	<u></u>							
3498. Summary of remaining write-ins for Line 34 from overflow page			•							-		
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			1	I		ı			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

0 and number of persons insured under indemnity only products 0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2020

Personal process Personal pr	C Group Code 4766				THE STATE OF TOTAL						NAIC Company Cod	e 30040	
The first				3	4	5	6	7	8	9	10	11	12
Asid Files \$9,000,000 \$9,000,000 \$9,000,000 \$9,000,000 \$10,0		1 Direct Premiums	2 Direct Premiums	or Credited to Policyholders on	Unearned Premium	Paid (deducting			and Cost Containment	and Cost Containment	and Cost Containment	and Brokerage	Taxes, Licenses and Fees
Federal Private Company Authority Private	1. Fire 2.1 Allied lines	369,600,488	369,179,093		185,916,764	89,639,169	81,103,186	123,354,385	3,969,356	6,246,881	20,202,457	59,103,153	6,862
Private Cop Private PLOX Priva													
Finder Field Famouries Multiple Fell Famouries Multiple Fell Famouries Multiple Fell Commend Multiple Fell Commend Multiple Fell Commend Multiple Fell Accepted County Accepte													
Summers Marigh Part													
Immersent Nutrigie Peris													
Commercial Multiple for (Note-April (Note)) Foreign (Note) Note (N				l	l l				l	l	1		
Commence Multiple Heat (Latistity Portions)	Homeowners Multiple Peril												
Commence Multiple Heat (Latistity Portions)	.1 Commercial Multiple Peril (Non-Liability Portion)										1		
Mortages Caseminy Coase Marins Decreased Caseminy Mortage	i.2 Commercial Multiple Peril (Liability Portion)												
Ocean National Princes (International Library Concepts and February Concepts (International Library Concepts (International Li	6 Mortgage Guaranty										1		
Invariant Maries Princate Concentral Utality Corest As A H (Group and Individual) Collection Maries and Health (b) Corest As A H (Group and Individual) Collection Maries A A H (b) Collection Maries A A H (b) A H (Group and Individual) Collection Maries A A H (b) A Hor-Reversable for Sidnel Recovers Only (b) Collection Maries (Group Maries A A H (b) A Hor-Reversable for Sidnel Recovers Only (b) Collection Maries (Group Maries (Group Maries (Group Maries)) Collection Maries (Group Maries) Collection Maries	8 Ocean Marine												
Financia Clustriany Microsci Proteoscord Liability Earthquard riseth (b) Collectivity Renewable & 8 if (c) Period Control A.S. H (c) Period Control A.S. H (c) Sustainable Renewable & 8 if (c) Sustainable Renewable & 9 if (c) Sustainable Renewable	Q. Inland Marino												
Medical Professional Lizability Entriquine Stoop According and Health (b) Clock A & H (b) Cloc													
Eurhquake Coreal Act Group and Individual) Count A & H (Group and Individual) Count A & H (Group and Individual) Count A & H (Group and Individual) Count A H (Group and Individual) Count Individual) Count Individual Count Indivi													
Circup Accident and Health (b)													
Coret A A H (Cotta and Individuals) Collectively Remote A A H (b) Roc-Caractella R R H (b) R R (b) R R (b) R R (color H) R (co													
Collectively Renewable A & H (b) Concentration A H (c) Concentration A H				l	l l					l	1		
Non-Carcinelide A. H. (b) Souranteed Research Section (Studied Research Soft) (b) Non-Remeable for Studied Research Soft) (c) Non-Remeable for Studied Research Soft) (c) Non-Remeable for Studied Research Soft) (c) Non-Remeable for Studied Remeable for Studied Rem													
Non-Generable A H (b) Coarniede Rememble of Stated Reasons Only (b) Non-Rememble for Stated Reasons Only (b) Non-Rememble for Stated Reasons Only (b) Modiciner Tiles XVIII Exempt from State Taxes or Pees ALC the End Private Health Streetis Pain Premium (b) Workers Compensation Other Lability - Coarmens	Collectively Renewable A & H (b)										1		
Guaranteed Rememble A.S. H. (b) Non-Rememble Cost Stated Reasons Only (b) Other Accident Only Microsofter Covered Stated Reasons Only (b) Other Accident Covered Stated Reasons Only (b) Other Accident Covered Stated Reasons Only (b) Microsofter Covered Stated Reasons Only (b) Wicrosofter Compensation Other Liability Commensation Other Liability Commensation Other Private Reasonger Auto No-Fault (Personal Injury Protection) Other Private Reasonger Auto No-Fault (Personal Injury Protection) Other Private Reasonger Auto No-Fault (Personal Injury Protection) Other Commensation Auto No-Fault (Personal Injury Protection) Other Commensation Auto Liability Private Reasonger Auto Displaya Commensation Other Commensation Private Reasonger Auto Displaya Commensation Reasonger Auto Displaya													
Non-Revealed for Stated Reasons Only (b) Other Acident ONL Medicare Title XVIII Exempt from State Taxes or Fees All Other As At III Other As III Other Assess Workers Compensation Other Libration Other Charles Assess Workers Compensation Other Charles Assess III Other Charles Assess Workers Compensation Other Charles Assess Workers Compensat													
Other Accident Chry Michael Taxes or Fees All Chief AS H (b) Medicare Title XIII Exempt from State Taxes or Fees All Chief AS H (b) Festeral Employees Health Benefits Plan Premium (b) Workers Compensation Other Liability Countered Excess Workers Compensation Products Lability Products Passanger Auto Disability Commercial Auto No-Fault (Personal Injury Protection) Other Private Passanger Auto Disability Commercial Auto No-Fault (Personal Injury Protection) Other Private Passanger Auto Disability Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Lability Private Passanger Auto Disability Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Lability Private Passanger Auto Disability Other Commercial Auto Lability Private Passanger Auto Taxetial Disability Other Commercial Auto Disability Other Commerc	Non Ponowable for Stated Poasons Only (h)												
Modicaer Tile XVIII Exempt from State Taxes or Fees A All Other A & H. (1) How A SH. (1) H. (2) H. (2) H. (3) H. (3) H. (4) H. (- Other Assistant Only												
A Clother A & H. (b) Foderal Employees Health Benefits Plan Premium (b) Workers Compensation Other Lability Couternois Other Products Lability Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Lability Other Private Passenger Auto Lability Other Commercial Auto Lability Private Passenger Auto Physical Damage Accommercial Auto Physical Damage Ocommercial Auto Physical Damage Acrord (all periods) Ficially Surety Burglary and Thert Burglary and Thert Burglary and Thert Burglary and Thert Unternational Warranty Warranty Warranty Warranty Warranty Warranty Surety Surety DETAILS OF WRITE-INS NONE NONE Summary of remaining write-ins for Line 3d from overticwy page	o Other Accident Only												
Federal Employees health Benefits Plan Premium (b) Worker's Compensation Other Liability - Cocurrence Other Liability - Cocurrence Excess Workers' Compensation Products Liability Products Liability Products Liability Other Private Passenger Auto Na-Fault (Personal Injury Protection) Other Private Passenger Auto Liability Other Private Passenger Auto Liability Other Private Passenger Auto Liability Other Commercial Auto Na-Fault (Personal Injury Protection) Other Commercial Auto Liability Other Commercial													
Worker's Compensation Other Liability - Claims Made Stress Worker's Compensation Other Liability - Claims Made Stress Worker's Compensation Products Liability Protection Products Liability Protection Products Liability Other Private Passenger Auto No-Fault (Personal Injury Protection) Products Liability Protection Private Passenger Auto Liability Private Passenger Auto Liability Private Passenger Auto Liability Protection Private Passenger Auto Liability Private Passenger Auto Physical Damage Private Passenger Auto Liability Private Passe	7 All Other A & H (b)												
Other Lability - Occurrence Other Lability - Colaims-Made Scross Workers Compensation Products Lability Private Passenger Auto De-Fault (Personal Injury Protection) Other Private Passenger Auto Ibability Private Passenger Auto Ibability Private Passenger Auto Physical Damage Other Commercial Auto Not-Bault (Personal Injury Protection) Other Commercial Auto Ibability Private Passenger Auto Physical Damage Aircraft (all perits) Fitiality Surety Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETALS OF WRITE-INS NONE NONE Summary of remaining write-ins for Line 34 from overflow page	B Federal Employees Health Benefits Plan Premium (b)												
Other Lability - Claims-Made	. Workers' Compensation												
Other Lability - Claims-Made Excess Workers Compensation Products Lability Product Passenger Auto No-Fault (Personal Injury Protection) Other Phrate Passenger Auto Lability Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Lability Private Passenger Auto Physical Damage Commercial Auto Lability Private Passenger Auto Physical Damage Commercial Auto Desput (Personal Injury Protection) Other Commercial Auto Desput (Personal Injury Protection) Other Commercial Auto Desput (Personal Injury Protection) Other Commercial Auto Lability Private Passenger Auto Physical Damage Aircraft (all perits) Fidelity Surety Surety Surety Surety Holling and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETALS OF WRITE-INS NONE Summary of remaining write-ins for Line 34 from overflow page	Other Liability - Occurrence												
Excess Workers Compensation Products Liability Printed Passenger Auto Indiating Printed Passenger Auto Liability Printed Passenger Auto Liability Printed Passenger Auto Indiating Printed Passenger Auto Physical Damage Commercial Auto Liability Printed Passenger Auto Physical Damage Commercial Auto Datability Printed Passenger Auto Physical Damage Autor Physical													
Products Liability Private Passenger Auto No-Fault (Personal Injury Protection) Other Private Passenger Auto Liability Commercial Auto Liability Other Commercial Auto Liability Private Passenger Auto Physical Damage Commercial Auto Liability Private Passenger Auto Physical Damage Commercial Auto Liability Private Passenger Auto Physical Damage Commercial Auto Liability Commercial Auto Liability Aircraft (all perils) Fidelity Surety Surety Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a)													
Private Passenger Auto No-Fault (Personal Injury Protection) Other Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Physical Damage Commercial Auto Physical Damage Aircraft (all peris) Fidelity Surety Burdary and Theft Boiler and Machinery Credit International Warrant() Warrant() Warrant() Surety Su													
2 Other Private Passenger Auto Liability 3 Commercial Auto No-Faut (Personal Injury Protection) 4 Other Commercial Auto No-Faut (Personal Injury Protection) 5 Other Commercial Auto Physical Damage 6 Commercial Auto Physical Damage 7 Aircraft (all perils) 7 Fidelity 7 Surey 8 Burglary and Theft 8 Boiler and Machinery 9 Credit 1 International 9 Warranty 9 Aggregate Write-ins for Other Lines of Business 1 OTALS (a) 8 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 in DETAILS OF WRITE-INS 1 NONE Summary of remaining write-ins for Line 34 from overflow page	Products Liability												
3 Commercial Auto No-Fault (Personal Injury Protection) 4 Other Commercial Auto Lability 5 Private Passenger Auto Physical Damage Commercial Auto Physical Damage Altrad (tail prilis) Fidelity Surety Burglary and Theft Bolier and Machinery Credit International Warranty Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (9) DETAILS OF WRITE-INS NONE Summary of remaining write-ins for Line 34 from overflow page													
Other Commercial Auto Physical Damage Commercial Auto Physical Damage Aircraft (all perils) Fidelity Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page													
Private Passenger Auto Physical Damage Commercial Auto Physical Damage Aircraft (all perils) Fidelity Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page					l								
Commercial Auto Physical Damage Aircraft (all perils) Fidelity Surety Burglary and Theft Boller and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS NONE Summary of remaining write-ins for Line 34 from overflow page	Other Commercial Auto Liability												
Aircraft (all perils) Fidelity Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page	Private Passenger Auto Physical Damage												
Aircraft (all perils) Fidelity Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page	Commercial Auto Physical Damage												
Fidelity Surety Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page													
Surety Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page	Fidelity												
Burglary and Theft Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) DETAILS OF WRITE-INS Summary of remaining write-ins for Line 34 from overflow page	Surety												
Boiler and Machinery Credit International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 (Common Proceedings of the Common Proceedings of the Common Procedure of	Purglany and Thaft												
Credit													
International Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 0 DETAILS OF WRITE-INS NONE Summary of remaining write-ins for Line 34 from overflow page													
Warranty Aggregate Write-Ins for Other Lines of Business TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 0 DETAILS OF WRITE-INS NONE Summary of remaining write-ins for Line 34 from overflow page											1		
Aggregate Write-Ins for Other Lines of Business TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 (COMPANIELY OF THE PROPRIETY OF THE PRO			[1	l				[l	1		
TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 0	Warranty			l					l	l			
TOTALS (a) 369,600,488 369,179,093 185,916,764 89,639,169 81,103,186 123,354,385 3,969,356 6,246,881 20,202,457 59,103,153 0	. Aggregate Write-Ins for Other Lines of Business			I							1		
Summary of remaining write-ins for Line 34 from overflow page	TOTALS (a)	369,600,488	369,179,093		185,916,764	89,639,169	81,103,186	123,354,385	3,969,356	6,246,881	20,202,457	59,103,153	6,8
Summary of remaining write-ins for Line 34 from overflow page Table 4 inc. 2403 the 2403 plus 2409 vl inc. 24 above.	DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page Table (Line 3403 the 3403 the 3403 the 3405 the				_									
Summary of remaining write-ins for Line 34 from overflow page Totals (I no 3401 brough 3402 big 3409) (I ins 34 shorp)													
Summary of remaining write-ins for Line 34 from overflow page													
Description of the control of the co						<u></u>							
	5. Summary of remaining write-ins for Line 34 from overflow page			_									

(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

0 and number of persons insured under indemnity only products 0 .

NONE Schedule F - Part 1 Assumed Reinsurance

NONE Schedule F - Part 2 Premium Portfolio

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

	T -					_						_	_		T			
1	2	3 4	5	6						Recoverable On		1			+	ce Payable	19	20
					7	8	9	10	11	12	13	14	15	16	17	18		
										-								
										-								
																	Net Amount	Funds Held
																	Recoverable	by
														Amount in		Other	From	Company
	NAIC	Name		Reinsurance			Known	Known	IBNR	IBNR	l		Cols. 7	Dispute	Ceded	Amounts	Reinsurers	Under
ID	Company	of Domicili	, I	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Included in	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer Jurisdict	on Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
		<u></u>																
47-0574325	32603	Berkley Insurance Company DE		216											52		(52)	
22-2005057	26921	Everest Reinsurance Company DE		8,900											2,163		(2,163)	
13-4924125	10227	Munich Re America DE		3,429											833		(833)	
13-3138390	42307	Navigators Insurance Company NY		427											104		(104)	
47-0698507	23680	Odyssey Reinsurance Company CT		2,267													(551)	
23-1641984	10219	QBE Reinsurance Corporation PA		352											86		(86)	
13-1675535	25364	Swiss Reinsurance America Corporation NY		615													(149)	
31-0542366	10677	The Cincinnati Insurance Company OH		1,267				1	<u></u>	1					308		(308)	
90-0797817	14930	Weston Insurance Company FL		505		1	3	13	43	4 4			64				64	
46-3943172	15341	Safepoint Insurance Company FL			65				21	1							88	
0999999	Total Authorize	ed - Other U.S. Unaffiliated Insurers		18,213	65	1	3	13	64	6			152		4,246		(4,094)	
AA-3194168	0	Aspen Bermuda Limited BMU		853											207		(207)	
AA-3194139	0	AXIS Specialty Limited BMU		1,280											311		(311)	
AA-1340125	0	Hannover Re DEU		35,296											9,445		(9,445)	
AA-1126566	0	Lloyd's Underwriter Syndicate No. 0566 STN GBR		427											104		(104)	
AA-1127084	0	Lloyd's Underwriter Syndicate No. 1084 CSL GBR		1,600											389		(389)	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL GBR		792											192		(192)	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL GBR		144			1			1	1				35		(35)	1
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC GBR	[2,667	1	l	1	1			1	1	1	l	648	l	(648)	1
AA-1120102	0	Lloyd's Underwriter Syndicate No. 1458 RNR GBR	[747	1	l	1	1		1	1			l	181	l	(181)	1
AA-1120156	0	Lloyd's Underwriter Syndicate No. 1686 AXS GBR]	747	l		1	ļ		1	1	1		l	181	l	(181)	
AA-1127861	0	Lloyd's Underwriter Syndicate No. 1861 CNP GBR	[248	1	l	1	1			1	1	1	l	60	l	(60)	1
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR GBR	[280	1	l	1	1			1		1	l	68	l	(68)	1
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML GBR	[507	1	l	1	1	l	1	1	1	l	l	123	l	(123)	1
AA-1128003	0	Lloyd's Underwriter Syndicate No. 2003 XLC GBR		233	1	l	1	1	l	1	1	1	1	l	57	l	(57)	1
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP GBR		1,400			1	1							340		(340)	

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

1	2	3 4	5	6				-	Poincuranco E	Recoverable On					Doinguran	ce Payable	19	20
'	2	3	3	0	7	8	9	10	11	12	13	14	15	16	17	18	19	20
					,					·-								
																	Net Amount	Funds Held
								•									Recoverable	by
								•						Amount in		Other	From	Company
	NAIC	Name		Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Dispute	Ceded	Amounts	Reinsurers	Under
ID	Company	of Domiciliary	,	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Included in	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer Jurisdiction	Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Column 15	Payable	Reinsurers	[17 + 18]	Treaties
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK GBR		692											168		(168)	
AA-1126004	0	Lloyd's Underwriter Syndicate No. 4444 CNP GBR		461											112		(112)	
AA-3190829	0	Markel Bermuda Limited BMU		960											233		(233)	
AA-3190870	. 0	Validus Reinsurance, Ltd. BMU		2,133													(518)	
1299999	Total Authorized	d - Other Non-U.S. Insurers#		51,467											13,372		(13,372)	
4.400000	T. I.A. II. :			00.000	0.5	1		40	0.4	6			450		47.040		(47.400)	
1499999	Total Authorized	d - Total Authorized Excluding Protected Cells		69,680	65	I	3	13	64	0			152		17,618		(17,466)	1
39-6040366	19283	American Standard Ins Co of WI WI		747											181		(181)	
2399999	Total Unauthori	ized - Other U.S. Unaffiliated Insurers		747											181		(181)	
AA-1464104	.	Allianz Risk Transfer AG LI													100		(100)	
AA-1464104 AA-3190932	.	· · · · · · · · · · · · · · · · · ·		1,440											108		(108)	
AA-3191352	.	Argo Re Limited BMU Ascot Reinsurance Company Limited BMU		1,429											347		(347)	
AA-9240012	.	China Property & Casualty Reinsurance Compan CHN		320											78		(78)	
AA-3191190	0	Hamilton Re, Ltd. BMU		947							1				229		(229)	
AA-8310008	0	Humboldt Re Limited GGY		305			1								74		(74)	
AA-8310006	0	Kelvin Re Limited GGY		464											113		(113)	
AA-5420050	0	Korean Reinsurance Company KOR		160	l	[[::::::::::::::::::::::::::::::::::::::		I	1		[l	39	l	(39)	1
AA-1240051	0	QBE Europe SA / NV BEL		1,067											259		(259)	
AA-5340660	0	The New India Assurance Company Limited IND		267											65		(65)	
AA-3191295	. 0	Third Point Reinsurance (USA) Ltd. BMU		844											205		(205)	
AA-3191388	0	Vermeer Reinsurance Ltd. BMU		3,600											875		(875)	
2699999	Total Unauthori:	Lized - Other non-U.S. Insurers#		11,287											2,742		(2,742))
2799999	_	ized - Protected Cells		,201											2,7 12		(=,1 12)	
				t		—		+		1	+	+		 		 		1

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

4	1 1	1 2	4		6					Dainauranaa F	Danayarahla On					Deineuran	na Davahla	10	20
1	2	3	4	5	6	7	8	9	10		Recoverable On	13	14	15	16	Reinsurand	ce Payable 18	19	20
						1	8	9	10	11	12	13	14	15	16	17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 – [17 + 18]	Funds Held by Company Under Reinsurance Treaties
0000000	T-4-111	dend Tetal Headhaded Fredrikes F	2-4-4-4-0-11-		40.004											0.000		(0.000)	
2899999	Total Unauthor	rized - Total Unauthorized Excluding F	Protected Cells	1	12,034											2,923		(2,923)	
CR-3194126 CR-3190770 CR-3194122 CR-1340125 CR-1460100 CR-3190339 CR-3191315	0 0 0 0 0 0	Arch Reinsurance Ltd/Arch Re Ltd Chubb Tempest Reinsurance Ltd. DaVinci Reinsurance Limited Hannover Rück SE New Reinsurance Company Ltd. Renaissance Reinsurance Ltd. XL Bermuda Ltd	BMU BMU BMU DEU CHE BMU BMU		3,029 1,130 2,707 15,465 320 2,707 533											736 275 658 2,832 78 658 130		(736) (275) (658) (2,832) (78) (658) (130)	
4099999	Total Certified	- Other Non-U.S. Insurers#	+		25,891											5,367		(5,367)	
4199999	Total Certified	- Protected Cells																	
4299999		- Total Certified Excluding Protected			25,891	0.5	4		40	0.4	6			450		5,367		(5,367)	
5799999	Total Authorize	ed, Unauthorized and Certified Exclud	ling Protected Cells		107,605	65	1	3	13	64	0			152		25,908		(25,756)	
									1			1							
													1						
				L								1							
999999	Totals				107,605	65	1	3	13	64	6	1		152		25,908		(25,756)	1

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

				(out raidity											
		Collateral			25	26	27				Ced	ed Reinsuranc	e Credit Risk			
	21	22	23	24				28	29	30	31	32	33	34	35	36
												4				
l.																
						-									Credit Risk o	
						-									Collateralized	Credit Risk on
										Reinsurance	•				Recoverable	Uncollateralized
						•				Payable&		•	Stressed Net		(Col. 32 *	Recoverables
				Single				Total Amount		Funds Held		Total	Recoverable		Factor	(Col. 33 * Factor
			Issuing or	Beneficiary		Net		Recoverable		(Cols		Collateral	Net of		Applicable to	Applicable to
ID			Confirming	Trusts &	Total Funds	Recoverable	1	From	Stressed	17+18+20;	Stressed Net	(Cols. 21 +	Collateral		Reinsurer	Reinsurer
Number	Name of Multiple		Bank	Other	Held,	Net of Funds	l .	Reinsurers	Recoverable	But not in	Recoverable	22 + 24. not	Offsets	Reinsurer	Designation	Designation
From	Reinsurer Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	Excess of	(Cols. 29 -	in Excess of		Designation	Equivalent in	Equivalent in
Col. 1	From Col. 3 Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	30)	Col. 31)	32)	Equivalent	Col. 34)	Col. 34)
1																
47-0574325			.		.											
22-2005057	Everest Reinsurance Company Munich Re America		.		.											
13-3138390	.		.		· · · · · · <u> </u>									2		
47-0698507	Odyssey Reinsurance Company		.	,)	1									3		
23-1641984			.)	-									3		
13-1675535	.)	-									2		
31-0542366	The Cincinnati Insurance Company)	-		l						1	2		
90-0797817	Weston Insurance Company		()		64		64	77		77		77	3		4
46-3943172	Safepoint Insurance Company		.)	.	88		88	106		106		106	6		15
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX			152		152	183		183		183	XXX		19
A A 2104160	Annan Damuda Limitad		.													
	Aspen Bermuda Limited AXIS Specialty Limited		. ا		1									3		
AA-1340125			.)	1											
AA-1126566	│		.)	-									3		
AA-1127084	⁶		.)	-									2		
AA-1127183)	-									2		
AA-1120085	. 🛉		C)	-	1]		2		
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC)										2		
AA-1120102	.)	.									2		
AA-1120156	.		.)	ļ .		ļ									
AA-1127861	Lloyd's Underwriter Syndicate No. 1861 CNP		.)	ļ .									2		
AA-1120084	.		.]	ļ .											
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML		.													
AA-1128003	Lloyd's Underwriter Syndicate No. 2003 XLC Lloyd's Underwriter Syndicate No. 2791 MAP		.													
AA-1128/91	Liuyu s unuerwiiter synuicate No. 2791 MAP		1	<u>/ </u>	<u> </u>	L	L	1	L	L	<u> </u>	L	1		1	L

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

				(5.	out raidity											
	C	ollateral			25	26	27				Cede	ed Reinsurance	e Credit Risk			
	21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Multiple Reinsurer Beneficiary From Col. 3 Trusts	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	1	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)	Total Collateral (Cols. 21 + 22 + 24. not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Uncollateralized Recoverables (Col. 33 * Factor
	Lloyd's Underwriter Syndicate No. 4020 ARK Lloyd's Underwriter Syndicate No. 4444 CNP Markel Bermuda Limited Validus Reinsurance, Ltd.		0											2 2 3		
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX											XXX		
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX			152		152	183		183		183	XXX		19
39-6040366	American Standard Ins Co of WI		0		.									3		
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers		XXX											XXX		
AA-3190932 AA-3191352 AA-9240012 AA-3191190	Allianz Risk Transfer AG Argo Re Limited Ascot Reinsurance Company Limited China Property & Casualty Reinsurance Company Limited Hamilton Re, Ltd. Humboldt Re Limited Kelvin Re Limited Korean Reinsurance Company QBE Europe SA / NV The New India Assurance Company Limited Third Point Reinsurance (USA) Ltd. Vermeer Reinsurance Ltd.		0 0 0 0 0 0 0 0 0 0											2 4 3 3 4 4 4 3 3 5 4		
2699999	Total Unauthorized - Other non-U.S. Insurers#		XXX											XXX		
2799999	Total Unauthorized - Protected Cells		XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

					`												
			ollateral			25	26	27					ed Reinsuranc				
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From	Name of Reinsurer	Multiple Beneficiary	Letters of	Issuing or Confirming Bank Reference	Single Beneficiary Trusts & Other Allowable	Total Funds Held, Payables &	Net Recoverable Net of Funds Held &	Applicable Sch. F Penalty	Total Amount Recoverable From Reinsurers Less Penalty	Stressed Recoverable (Col. 28 *	Reinsurance Payable& Funds Held (Cols 17+18+20; But not in Excess of	Stressed Net Recoverable (Cols. 29 -	Total Collateral (Cols. 21 + 22 + 24. not in Excess of	Stressed Net Recoverable Net of Collateral Offsets (Col. 31 -	Reinsurer Designation	Credit Risk o Collateralized Recoverable (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in
Col. 1	From Col. 3	Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	30)	Col. 31)	32)	Equivalent	Col. 34)	Col. 34)
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells			XXX											XXX		
CR-3190770	Arch Reinsurance Ltd/Arch Re Ltd Chubb Tempest Reinsurance Ltd.			0											2		
1	DaVinci Reinsurance Limited			0		.									3		
CR-1340125 CR-1460100						· · · · · · · · · · · · · · · · · · ·									2 2		
CR-3190339	. .			0		-									2		
	XL Bermuda Ltd			0		.									2		
4099999	Total Certified - Other Non-U.S. Insurers#			XXX											XXX		
4199999	Total Certified - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4299999	Total Certified - Total Certified Excluding Protected Cells			XXX											XXX		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX			152		152	183		183		183	XXX		19
																	1
																	1
						I	I]				
													1	1			
0000000	Totala			XXX			450		450	183		183	-	100	XXX		19
9999999	Totals						152		152	183		183		183	XXX		, 19

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

		Reinsura 37	38	rable on Paid	Overdue 40	Paid Loss Adj	ustment Expe 42	43	44	45	46	47	48	49	50	51	52	53
		31	38	39		41	42	43										
			30	39	40	41	42				1						l	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prio 90 Days	Percentage Overdue C 42/Col. 43	1	Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50
						İ		·			<u> </u>	<u> </u>						
																		I
	ey Insurance Company																YES	
	est Reinsurance Company																YES	
	ch Re America																YES	
	gators Insurance Company																YES	
	sey Reinsurance Company																YES YES	
	Reinsurance Corporation																YES	
	s Reinsurance America Corporation Cincinnati Insurance Company																YES	
	on Insurance Company	1						1			1						YES	
	point Insurance Company	65									65						YES	
io do lo 172. I dalopo	ovint institution company																	
0999999 Total A	Authorized - Other U.S. Unaffiliated Insurers	66						66			66						XXX	
	- Damada Baitad																	
	n Bermuda Limited																YES YES	
	Specialty Limited lover Re																YES	
<u> </u>	l's Underwriter Syndicate No. 0566 STN																YES	
	's Underwriter Syndicate No. 1084 CSL																YES	
	's Underwriter Syndicate No. 1183 TAL																YES	
	's Underwriter Syndicate No. 1703 TAL																YES	
	's Underwriter Syndicate No. 1414 ASC																YES	
	's Underwriter Syndicate No. 1414 7.00																YES	
	l's Underwriter Syndicate No. 1686 AXS																YES	
	l's Underwriter Syndicate No. 1861 CNP																YES	
	l's Underwriter Syndicate No. 1955 BAR																YES	1
	l's Underwriter Syndicate No. 2001 AML																YES	1
	l's Underwriter Syndicate No. 2003 XLC																YES	
	l's Underwriter Syndicate No. 2791 MAP																YES	

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

	I	T		5				Tromodiano		1	10	47	- 10	1 40				
			rance Recove	erable on Paid		Paid Loss Adj	justment Expe		44	45	46	47	48	49	50	51	52	53
		37		1 00 1	Overdue		- 40	43	-									
			38	39	40	41	42											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	1 -	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prio 90 Days	Percentage Overdue C 42/Col. 43	in Dispute	Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50
	Lloyd's Underwriter Syndicate No. 4020 ARK Lloyd's Underwriter Syndicate No. 4444 CNP Markel Bermuda Limited Validus Reinsurance, Ltd.																YES YES YES YES	
1299999	Total Authorized - Other Non-U.S. Insurers#																XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells	66						66			66						XXX	
39-6040366	American Standard Ins Co of WI																YES	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers																XXX	
AA-3190932	Allianz Risk Transfer AG Argo Re Limited																YES YES YES	
AA-9240012 AA-3191190	Ascot Reinsurance Company Limited China Property & Casualty Reinsurance Company Limited Hamilton Re, Ltd. Humboldt Re Limited																YES YES YES	
AA-8310006 AA-5420050 AA-1240051	Kelvin Re Limited Korean Reinsurance Company OBE Europe SA / NV																YES YES YES	
AA-5340660 AA-3191295 AA-3191388	The New India Assurance Company Limited Third Point Reinsurance (USA) Ltd. Vermeer Reinsurance Ltd.																YES YES YES	
2600000	Total Ungutherized Other pan II C January										-						VVV	
2699999 2799999	Total Unauthorized - Other non-U.S. Insurers# Total Unauthorized - Protected Cells										+						XXX	
2199999	rotal Onauthonzed - Protected Cells			 							+						۸۸۸	+
1		1																

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

									<u>.</u>									
			rance Recove	erable on Paid		Paid Loss Ad	justment Expe		44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										
			38	39	40	41	42											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	1 '	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prio 90 Days	Percentage Overdue C 42/Col. 43	in Dispute	Percentage Mor Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 4 for Reinsurers wit Values Less Tha 20% in Col. 50
			,	,		,		,			, , ,	,	,		,	,		
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells																XXX	
CR-3194126 CR-3190770	Arch Reinsurance Ltd/Arch Re Ltd Chubb Tempest Reinsurance Ltd.																YES YES	
	DaVinci Reinsurance Limited																YES	
CR-1340125	Hannover Rück SE																YES	
	New Reinsurance Company Ltd. Renaissance Reinsurance Ltd.																YES YES	
	XL Bermuda Ltd																YES	
4099999	Total Certified - Other Non-U.S. Insurers#																XXX	
4199999	Total Certified - Protected Cells																XXX	
4299999	Total Certified - Total Certified Excluding Protected Cells																XXX	
4233333	Total Certified - Total Certified Excluding 1 Totected Cells																AAA	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C	66						66			66						XXX	
1									1									
						1												
																		1::::::::::::::::::::::::::::::::::::::
9999999	Totals	66						66			66						XXX	

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Provision for Reinsurance for Certified Reinsurers)

		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	therwise Enter 0	69
				-		Net		Percent of Collateral Provided for Net Recoverables	Percent Credit	20% of		Provision for	20% of	66	67	68	Provision for
						Recoverable		Subject to	Allowed on Net	Recoverable	A	Reinsurance	Recoverable	Takal Callakaa			Overdue
				Percent	Catatrophic	Subject to Collatereal		Collateral Requirements	Recoverables Subject to Collate	on Paid Losses & LAE Over	Amounts of Credit Allowed	with Certified Reinsurers Du	on Paid Losse % LAE Over	Total Collater Provided	Net Unsecured		Reinsurance Ced to Certified
ID		Certified	Effective D	Collateral	Recoverables	Requirement	Dollar Amount	([Col. 20 + Col.	Requirements	90 Days Past	for Net	to Collateral	90 Days Past		Recoverable fo		Reinsurers (Grea
Number	Name of	Reinsurer	of Certififed	Required for	Qualifying for	for Full Credi	of Collateral	21 + Col.22 +	(Col. 60 / Col.	Due Amounts	Recoverables	Defciency	Due Amounts	21 + Col. 22	Which Credit		of [Col. 62 + Col.
From	Reinsurer	Rating	Reinsurer	Full Credit (0%	Collateral	(Col. 19 -	Required (Col	Col. 24]/	56, not to	in Dispute	(Col. 57 +[Col.	(Col. 19 -	Not in Dispute	Col.24; not to	1	20% of Amount	65] or Col.68; not
Col. 1	From Col. 3	(1 through 6)	Rating	through 100%)	Deferral	Col. 57)	56 * Col. 58)	Col. 58)	exceed 100%)	(Col. 45 * 20%)	58 * Col. 61])	Col. 63)	(Col. 47 * 20	Exceed Col 6	(Col. 63 -Col. 6	in Col. 67	to Exceed Col. 63
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	Everest Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Re America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3138390	Navigators Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507	Odyssey Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-1641984	QBE Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
90-0797817	Weston Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46-3943172	Safepoint Insurance Company		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		1		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194168	Aspen Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194139	AXIS Specialty Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127861	Lloyd's Underwriter Syndicate No. 1861 CNP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001 AA-1128003	Lloyd's Underwriter Syndicate No. 2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Lloyd's Underwriter Syndicate No. 2003 XLC Lloyd's Underwriter Syndicate No. 2791 MAP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	therwise Enter 0	69
								Percent of Collateral Provided for Net						66	67	68	
				Percent	Catatrophic	Net Recoverable Subject to Collatereal		Recoverables Subject to Collateral Requirements	Percent Credit Allowed on Net Recoverables Subject to Collate	20% of Recoverable on Paid Losses & LAE Over	Amounts of Credit Allowed	Provision for Reinsurance with Certified Reinsurers Du	% LAE Over	Total Collater Provided	Net Unsecured		Provision for Overdue Reinsurance Ced to Certified
ID .		Certified	Effective D	Collateral	Recoverables	Requirement	Dollar Amount	([Col. 20 + Col.	Requirements	90 Days Past	for Net	to Collateral	90 Days Past	`	Recoverable fo		Reinsurers (Grea
Number	Name of	Reinsurer	of Certififed	Required for	Qualifying for	for Full Credi	of Collateral	21 + Col.22 +	(Col. 60 / Col.	Due Amounts	Recoverables	Defciency (Cal. 10	Due Amounts	21 + Col. 22	Which Credit	200/ of Amount	of [Col. 62 + Col.
From Col. 1	Reinsurer From Col. 3	Rating (1 through 6)	Reinsurer Rating	Full Credit (0% through 100%)	Collateral Deferral	(Col. 19 - Col. 57)	Required (Col 56 * Col. 58)	Col. 24]/ Col. 58)	56, not to exceed 100%)	in Dispute (Col. 45 * 20%)	(Col. 57 +[Col. 58 * Col. 61])	(Col. 19 - Col. 63)	Not in Dispute (Col. 47 * 20	Col.24; not to	is Allowed (Col. 63 -Col. 6	20% of Amount in Col. 67	65] or Col.68; not to Exceed Col. 63
OUI. I	i ioiii ou. 3	(1 tillough o)	raung	anough 100 /6)	Delettal	OOI. 31)	00 001.00)	001. 30)	6x0660 100 /0)	(001. 70 20%)	30 GOI. 0 1])	001. 00)	(001.41 20	LVOCER COLO	(501. 03 -001. 0	III OUI. U <i>I</i>	to Exceed Col. 03
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's Underwriter Syndicate No. 4444 CNP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39-6040366	American Standard Ins Co of WI	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1464104	Allianz Risk Transfer AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190932	Argo Re Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191352	Ascot Reinsurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9240012	China Property & Casualty Reinsurance Company Limited	XXX	XXX	XXX	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-8310008	Humboldt Re Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-8310006	Kelvin Re Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5420050	Korean Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1240051	QBE Europe SA / NV	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5340660	The New India Assurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191295 AA-3191388	Third Point Reinsurance (USA) Ltd. Vermeer Reinsurance Ltd.	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Unauthorized - Protected Cells				XXX	XXX		XXX									XXX

25.1

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted) (Provision for Reinsurance for Certified Reinsurers)

	1				(Certilled Nei									
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	therwise Enter 0	69
						Net		Percent of Collateral Provided for Net Recoverables	Percent Credit	20% of		Provision for	20% of	66	67	68	Provision for
						Recoverable Subject to		Subject to Collateral	Allowed on Net Recoverables	Recoverable on Paid Losses	Amounts of	Reinsurance with Certified	Recoverable on Paid Losse	Total Collater			Overdue Reinsurance Ced
l ID		Certified	Effective D	Percent Collateral	Catatrophic Recoverables	Collatereal Requirement	Dollar Amount	Requirements ([Col. 20 + Col.	Subject to Collate Requirements	& LAE Over 90 Days Past	Credit Allowed for Net	Reinsurers Du to Collateral	% LAE Over 90 Days Past	Provided (Col. 20 + Col	Net Unsecured Recoverable fo		to Certified Reinsurers (Grea
Number	Name of	Reinsurer	of Certififed	Required for	Qualifying for	for Full Credi	of Collateral	21 + Col.22 +	(Col. 60 / Col.	Due Amounts	Recoverables	Defciency	Due Amounts	21 + Col. 22	Which Credit		of [Col. 62 + Col.
From Col. 1	Reinsurer From Col. 3	Rating (1 through 6)	Reinsurer Rating	Full Credit (0% through 100%)	Collateral Deferral	(Col. 19 - Col. 57)	Required (Col 56 * Col. 58)	Col. 24]/ Col. 58)	56, not to exceed 100%)	in Dispute (Col. 45 * 20%)	(Col. 57 +[Col. 58 * Col. 61])	(Col. 19 - Col. 63)	Not in Dispute (Col. 47 * 20		is Allowed (Col. 63 -Col. 6	20% of Amount in Col. 67	65] or Col.68; not to Exceed Col. 63
				,			,	,	,	,		,	,				
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-3194126		2	1/1/2019	10.000		(736)	(74)										
CR-3190770 CR-3194122	 	1	8/6/2019 10/15/2019	20.000		(275) (658)	(132)										
CR-1340125	Hannover Rück SE	2	11/20/2018	10.000		(2,832)	(283)										
CR-1460100 CR-3190339	New Reinsurance Company Ltd. Renaissance Reinsurance Ltd.	2	4/4/2019	10.000		(78) (658)	(8)										
	XL Bermuda Ltd	2	1/1/2019	10.000		(130)	(13)										
4000000	THOUSE LOW NAME OF THE PROPERTY OF THE PROPERT					(5.007)	(575)	V////	VAVV								
4099999 4199999	Total Certified - Other Non-U.S. Insurers# Total Certified - Protected Cells					(5,367)	(575)	XXX	XXX								
						(5.007)	(575)										
4299999	Total Certified - Total Certified Excluding Protected Cells					(5,367)	(575)	XXX	XXX								
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cel	lls	<u>'</u>			(5,367)	(575)	XXX	XXX								
			1														
9999999	Totals	•	•	•		(5,367)	(575)	XXX	XXX								

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

		70			Provision for Over	due Authorized and				
			Provision for Unau	thorized Reinsurance	1	liction Reinsurance		Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
			, ,	1-	Complete if	Complete if	10		1	10
					Col. 52 = "Yes":	Col. 52 = "No";				
		+			Otherwise Enter 0	Otherwise Enter 0				
					Otherwise Enter 0	Otherwise Enter 0				
						0 1 1000/ 111				
					000/ 15	Greater of 20% of Net				
					20% of Recoverable	Recoverable Net of				
					on Paid Losses &	Funds Held &				
					LAE Over 90 Days	Collateral, or 20% of				
			Provision for	Provision for Overdue	Past Due Amounts	Recoverable on Paid				
		20% of Recoverable on	Reinsurance with	Reinsurance from	Not in Dispute + 20%	Losses & LAE Over 90	Provision for Amounts	Provision for Amounts		
ID		Paid Losses & LAE Over	Unauthorized	Unauthorized Reinsurers	of Amounts in	Days Past Due	Ceded to Authorized and	Ceded to Unauthorized	Provision for Amounts	
Number	Name of	90 Days Past Due Amounts	Reinsurers Due to	and Amounts in Dispute	Dispute	(Greater of Col 26 *	Reciprocal Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in Excess	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	[Cols. 40 + 41] * 20%)	(Cols. 73 + 74)	of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 +77)
47-0574325	Berkley Insurance Company		XXX	XXX				XXX	XXX	
22-2005057	Everest Reinsurance Company		XXX	XXX				XXX	XXX	
13-4924125	Munich Re America		XXX	XXX				XXX	XXX	
13-3138390	Navigators Insurance Company		XXX	XXX				XXX	XXX	
47-0698507	Odyssey Reinsurance Company		XXX	XXX				XXX	XXX	
23-1641984	QBE Reinsurance Corporation		XXX	XXX				XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation		XXX	XXX				XXX		
31-0542366	The Cincinnati Insurance Company		XXX	XXX				1	XXX	
90-0797817	Weston Insurance Company		XXX	XXX				XXX	XXX	
46-3943172	Safepoint Insurance Company		XXX					XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-3194168	Aspen Bermuda Limited		XXX	XXX				XXX	XXX	
AA-3194139	AXIS Specialty Limited	.	XXX	XXX				XXX	XXX	
AA-1340125	Hannover Re		XXX	XXX				XXX	XXX	
AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN		XXX	XXX				XXX	XXX	
AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX			1	XXX	XXX	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL		XXX	XXX				XXX	XXX	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL		XXX	XXX				XXX	XXX	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC	.	XXX	XXX				XXX	XXX	
AA-1120102	Lloyd's Underwriter Syndicate No. 1458 RNR	.	XXX	XXX				XXX	XXX	
AA-1120156	Lloyd's Underwriter Syndicate No. 1686 AXS	.	XXX	XXX				XXX	XXX	
AA-1127861	Lloyd's Underwriter Syndicate No. 1861 CNP	.	XXX	XXX				XXX	XXX	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	.	XXX	XXX				XXX	XXX	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	.	XXX	XXX				XXX	XXX	
AA-1128003	Lloyd's Underwriter Syndicate No. 2003 XLC		XXX	XXX				XXX	XXX	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		XXX	XXX				XXX	XXX	
/// 1120/31	LISTUS STINGSWITTED STINGSON TO. 2731 WAI				L	L	1		1	1

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

		70			Provision for Overo	due Authorized and				
			Provision for Unau	thorized Reinsurance	Reciprocal Jurisdi			Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
			'''	1	Complete if	Complete if	10	10	1	
					Col. 52 = "Yes":	Col. 52 = "No";				
				+		· · · · · · · · · · · · · · · · · · ·				
					Otherwise Enter 0	Otherwise Enter 0				
				-		0 1 (000/ (1) 1				
				+	000/ 15	Greater of 20% of Net				
				-	20% of Recoverable	Recoverable Net of				
					on Paid Losses &	Funds Held &				
					LAE Over 90 Days	Collateral, or 20% of				
			Provision for	Provision for Overdue	Past Due Amounts	Recoverable on Paid				
		20% of Recoverable on	Reinsurance with	Reinsurance from	Not in Dispute + 20%	Losses & LAE Over 90	Provision for Amounts	Provision for Amounts		
ID		Paid Losses & LAE Over	Unauthorized	Unauthorized Reinsurers	of Amounts in	Days Past Due	Ceded to Authorized and	Ceded to Unauthorized	Provision for Amounts	
Number	Name of	90 Days Past Due Amounts	Reinsurers Due to	and Amounts in Dispute	Dispute	(Greater of Col 26 *	Reciprocal Jurisdiction	Reinsurers	Ceded to Certified	Total Provision for
From	Reinsurer	Not in Dispute	Collateral Deficiency	(Col. 70 + 20% of the	([Col. 47 * 20%] +	20% or	Reinsurers	(Cols. 71 + 72 Not in Excess	Reinsurers	Reinsurance
Col. 1	From Col. 3	(Col. 47 * 20%)	(Col. 26)	Amount in Col. 16)	[Col. 45 * 20%])	[Cols. 40 + 41] * 20%)	(Cols. 73 + 74)	of Col. 15)	(Cols. 64 + 69)	(Cols. 75 + 76 +77)
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK		XXX	XXX				XXX	XXX	
AA-1126004	Lloyd's Underwriter Syndicate No. 4444 CNP		XXX	XXX				XXX	XXX	
AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
AA-3190870	Validus Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells		XXX	XXX				XXX	XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells							^^^		
39-6040366	American Standard Ins Co of WI				XXX	XXX	XXX		XXX	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX		XXX	
AA-1464104	Allianz Risk Transfer AG				XXX	XXX	XXX		XXX	
AA-3190932	Argo Re Limited				XXX	XXX	XXX		XXX	
AA-3191352	Ascot Reinsurance Company Limited				XXX	XXX	XXX		XXX	
AA-9240012	China Property & Casualty Reinsurance Company Limited				XXX	XXX	XXX		XXX	
AA-3191190	Hamilton Re, Ltd.				XXX	XXX	XXX		XXX	
AA-8310008	Humboldt Re Limited				XXX	XXX	XXX		XXX	
AA-8310006	Kelvin Re Limited				XXX	XXX	XXX		XXX	
AA-5420050	Korean Reinsurance Company				XXX	XXX	XXX		XXX	
AA-1240051	QBE Europe SA / NV				XXX	XXX	XXX		XXX	
AA-5340660	The New India Assurance Company Limited				XXX	XXX	XXX		XXX	
AA-3191295	Third Point Reinsurance (USA) Ltd.				XXX	XXX	XXX		XXX	
AA-3191388	Vermeer Reinsurance Ltd.				XXX	XXX	XXX		XXX	
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX		XXX	
2799999	Total Unauthorized - Other Hon-O.S. Insurers#				XXX	XXX	XXX		XXX	
2733333	Total Griddinonized Frototed Gold				AAA	70//	7000		70//	

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

	T				Г					
		70			l	due Authorized and				
				horized Reinsurance		iction Reinsurance			for Reinsurance	
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 +77)
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		***	
CR-3194126 CR-3190770	Arch Reinsurance Ltd/Arch Re Ltd Chubb Tempest Reinsurance Ltd.	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX		
CR-3194122	DaVinci Reinsurance Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125	Hannover Rück SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1460100	New Reinsurance Company Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-3190339	Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-3191315	XL Bermuda Ltd	XXX	XXX	XXX	xxx	XXX	XXX	XXX		
4099999	Total Certified - Other Non-U.S. Insurers#	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4199999	Total Certified - Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999	Total Certified - Total Certified Excluding Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells									
3799999	Total Authorized, Orlauthorized and Certified Excluding Protected Cells									
		1								
		1								
		1								
[I			
[I			
[[I			
							I			
[1		[[[I	[[
L		1		1	[l	I	1	l	[
						[I			
9999999	Totals									

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

			nks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)	
1	2	3	4	5
Issuing or Confirming Bank				
Reference Number Used in Col. 23 of Sch F Part 3	Letters of	American Bankers Association (ABA) Routing Number		
Sch F Part 3	Credit Code	Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	
	[]			
999999 Total				

Interrogatories for Schedule F, Part 3 (000 Omitted)

	1	2	3	
	Name of Reinsurer	Commission Rate	Ceded Premium	
1.	*			
2.	·			
3.	·			
4.	·			
5.	•			
В.	Report the five largest reinsurance recoverables reported i F, Part 3, Line 9999999, Column 15, the amount of ceded			, Schedule
В.		premium, and indicate whether the recoverable	s are due from an affiliated insurer.	, Schedule
B.				s, Schedule 4 Affiliated
B. 6.	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4
	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer	premium, and indicate whether the recoverable 2 Total Recoverables	s are due from an affiliated insurer. 3 Ceded Premium	4 Affiliated
6.	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer Weston Insurance Company	premium, and indicate whether the recoverable 2 Total Recoverables 64	s are due from an affiliated insurer. 3 Ceded Premium 505	4 Affiliated Yes[] No[X]
6. 7.	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer Weston Insurance Company	premium, and indicate whether the recoverable 2 Total Recoverables 64	s are due from an affiliated insurer. 3 Ceded Premium 505	4 Affiliated Yes[] No[X] Yes[] No[X]

NOT Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	481,675,842		481,675,842
2.	Premiums and considerations (Line 15)	1,281,551		1,281,551
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	65,526	(65,526)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	1,170,427		1,170,427
6.	Material of the control of the contr		(25,756,937)	(25,756,937)
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	484,193,346	(25,822,463)	458,370,883
LIABIL	ITIES (Page 3)			
1	Losses and loss adjustment expenses (Lines 1 through 3)	164,314,773	86,013	164,400,786
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	247,610,295		247,610,295
11.		185,916,764		185,916,764
12.	Advance premiums (Line 10)	7,544,511		7,544,511
13.	Dividends declared and unraid (time 44.4 and 44.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	25,908,476	(25,908,476)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	13,349,434		13,349,434
19.	Total liabilities excluding protected cell business (Line 26)	644,644,253	(25,822,463)	618,821,790
20.	Dratastad cell lickilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	(160,450,907)	XXX	(160,450,907)
22.		484,193,346	(25,822,463)	458,370,883

If yes, give full explanation:

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance

or pooling arrangements? Yes [] No [X]

NONE Schedule H - Part 1

NONE Schedule H - Part 2, 3 and 4

NONE Schedule H - Part 5

SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P – PART 1 – SUMMARY

(\$000 omitted)

	Pr	emiums Earne	d			Lo	ss and Loss E	xpense Payme	nts			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	(8)		430		178			600	xxx
2. 2011	385,000	63,219	321,781	96,073		725		14,383		48	111,181	XXX
3. 2012	429,594	108,472	321,122	66,741		842		14,963		69	82,546	XXX
4. 2013	456,630	161,499	295,131	70,810		901		12,922		72	84,633	XXX
5. 2014	484,049	116,493	367,556	7,002		1,017		5,796		126	13,815	XXX
6. 2015	501,722	124,128	377,594	138,675		2,743		37,129		3	178,547	XXX
7. 2016	496,457	126,053	370,404	28,417	18	499		14,882	12	65	43,768	XXX
8. 2017	451,347	103,993	347,354	1,377,918	966	10,037	20	256,408	206	523	1,643,171	XXX
9. 2018	409,954	108,439	301,515	11,996	50	198		6,347	20	20	18,471	XXX
10. 2019	381,571	94,094	287,477	16,845	101	196		8,567	30	6	25,470	XXX
11. 2020	369,179	107,605	261,574	45,888	109	46		20,972	13	16	66,784	XXX
12. Totals	XXX	XXX	XXX	1,860,357	1,244	17,634	27	392,547	281	948	2,268,986	XXX

		Losses	Unpaid		Defen	se and Cost (Containment L	Jnpaid	Adjusti	ng and	23	24	25
	Case I	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	1,531		9,230		478		7,211		1,764			20,214	XXX
2. 2011													XXX
3. 2012	747				26							773	XXX
4. 2013			3						1			4	XXX
5. 2014	3		2		9							14	XXX
6. 2015	6		52		82		13		9			162	XXX
7. 2016	2		38		31		12					83	XXX
8. 2017	28,515		40,717		5,256		6,407		8,808			89,703	XXX
9. 2018	174	l	23		149		5	l	20	l	[371	XXX
10. 2019	947	3	157	1	266	13	9		50			1,412	XXX
11. 2020	9,338		31,869	62	155		94		10,191	6		51,579	XXX
12. Totals	41,263	3	82,091	63	6,452	13	13,751		20,843	6		164,315	XXX

			otal Losses and			oss Expense Pe	·			34	Net Balance Sheet	
		Loss	Expenses Incui	rred	(Incurre	ed/Premiums Ea	arned)	Nontabula	ar Discount	Inter-	Reserves After Discount	
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10,761	9,453
2.	2011	111,181		111,181	28.878		34.552					
3.	2012	83,319		83,319	19.395		25.946				747	26
4.	2013	84,637		84,637	18.535		28.678				3	1
5.	2014	13,829		13,829	2.857		3.762				5	9
6.	2015	178,709		178,709	35.619		47.328				58	104
7.	2016	43,881	30	43,851	8.839	0.024	11.839				40	43
8.	2017	1,734,066	1,192	1,732,874	384.198	1.146	498.878				69,232	20,471
9.	2018	18,912	70	18,842	4.613	0.065	6.249				197	174
10.	2019	27,037	155	26,882	7.086	0.165	9.351				1,100	312
11.	2020	118,553	190	118,363	32.113	0.177	45.250				41,145	10,434
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	123,288	41,027

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

	INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	MENT EXPEN	SES REPORT	ED AT YEAR E	END (\$000 OM	ITTED)	DEVEL	OPMENT
Years in	1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	223,165	528,364	427,986	402,479	395,596	394,745	385,528	385,094	384,620	383,423	(1,197)	(1,671)
2. 2011	95,386	97,559	98,106	97,510	96,893	96,709	97,107	97,015	96,814	96,798	(16)	(217)
3. 2012	XXX	63,238	70,390	68,006	67,357	67,245	68,538	68,482	68,368	68,356	(12)	(126)
4. 2013	XXX	XXX	77,923	76,010	73,574	72,912	72,277	72,039	71,726	71,714	(12)	(325)
5. 2014	XXX	XXX	XXX	7,255	8,346	8,383	8,527	8,145	8,040	8,033	(7)	(112)
6. 2015	XXX	XXX	XXX	XXX	148,901	141,773	142,814	142,526	141,745	141,571	(174)	(955)
7. 2016	XXX	XXX	XXX	XXX	XXX	31,669	30,271	29,636	29,076	28,981	(95)	(655)
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1,278,036	1,389,339	1,466,449	1,467,864	1,415	78,525
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,463	12,636	12,495	(141)	(968)
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,102	18,295	193	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87,219	XXX	XXX
	12. Totals											73,496

SCHEDULE P - PART 3 - SUMMARY

	CUMULAT	VE PAID NET	LOSSES AND	DEFENSE AN	D COST CON	TAINMENT EX	PENSES REP	ORTED AT YE	AR END (\$000	OMITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	000	189,941	327,426	349,642	355,789	359,749	361,784	364,330	364,551	364,973	XXX	XXX
2. 2011	77,392	88,433	95,197	95,726	96,316	96,493	96,814	96,814	96,814	96,798	XXX	XXX
3. 2012	XXX	47,906	63,347	65,653	66,047	66,299	67,561	67,570	67,570	67,583	XXX	XXX
4. 2013	XXX	XXX	67,645	71,138	71,467	71,583	71,676	71,712	71,712	71,711	XXX	XXX
5. 2014	XXX	XXX	XXX	4,880	7,312	7,706	8,043	8,019	8,019	8,019	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	127,928	138,288	139,087	140,663	141,262	141,418	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	24,665	28,353	28,821	28,875	28,898	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	945,431	1,243,600	1,344,403	1,386,969	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,076	11,730	12,144	XXX	XXX
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,885	16,933	XXX	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,825	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

	BULK A	AND IBNR RESER	RVES ON NET LO	SSES AND DEF	ENSE AND COST	CONTAINMENT	EXPENSES REF	PORTED AT YEA	R END (\$000 OM	ITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	107,653	220,391	89,640	46,270	35,172	31,549	20,234	18,462	17,817	16,44
2. 2011	4,424	2,912	1,826	917	483		259	201		
3. 2012	XXX	7,378	4,349	1,467	622	52	190	126	12	
4. 2013	XXX	XXX	8,794	4,270	1,875	1,205	580	322	14	
5. 2014	xxx	XXX	XXX	1,536	232	85	99	65	9	
6. 2015	XXX	XXX	XXX	XXX	15,183	1,081	1,589	1,333	167	6
7. 2016	XXX	XXX	XXX	XXX	XXX	5,435	1,344	589	134	5
8. 2017	xxx	XXX	XXX	XXX	XXX	XXX	267,831	78,255	63,927	47,12
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,175	282	2
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,896	16
11. 2020	xxx	XXX	XXX	XXX	XXX	XXX	xxx	xxx	xxx	31,90°

NONE Schedule P - Part 1A Homeowners/Farmowners

NONE Schedule P - Part 1B Private Passenger

NONE Schedule P - Part 1C Commercial Auto

NONE Schedule P - Part 1D Workers Compensation

NONE Schedule P - Part 1E Commercial Multiple Peril

NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurence

NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made

NONE Schedule P - Part 1G Special Liability

NONE Schedule P - Part 1H - Section 1 Other Liab. Occurence

NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made

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

(\$000 omitted)

	Pr	emiums Earn	ed			Lo	ss and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	Defense and Cost		Adjusting		11	
Which				Loss Pa	Loss Payments		Containment Payments		and Other Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	39,842		3,735		7,372		24	50,949	XXX
2. 2019	381,571	94,094	287,477	16,845	101	196	7	8,567	30	6	25,470	XXX
3. 2020	369,179	107,605	261,574	45,888	109	46		20,972	13	16	66,784	XXX
4. Totals	XXX	XXX	XXX	102,575	210	3,977	7	36,911	43	46	143,203	XXX

			Losses	Unpaid		Defens	se and Cost (Containment l	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case Basis		Bulk + IBNR		Other Unpaid				Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	30,978		50,065		6,031		13,648		10,602			111,324	635
2.	2019	947	3	157	1	266	13	9		50			1,412	278
3.	2020	9,338		31,869	62	155		94		10,191	6		51,579	7,625
4.	Totals	41,263	3	82,091	63	6,452	13	13,751		20,843	6		164,315	8,538

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Balance Sheet	
		Loss	Expenses Incu	ırred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves After Discount	
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	81,043	30,281
2.	2019	27,037	155	26,882	7.086	0.165	9.351			l	1,100	312
3.	2020	118,553	190	118,363	32.113	0.177	45.250				41,145	10,434
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	123,288	41,027

NONE Schedule P - Part 1J Auto Physical Damage

NONE Schedule P - Part 1K Fidelity/Surety

NONE Schedule P - Part 1L Other

NONE Schedule P - Part 1M International

NONE Schedule P - Part 1N Nonproportional Assumed Prop.

NONE Schedule P - Part 10 Nonproportional Assumed Liab.

NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines

NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurence

NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made

NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty

NONE Schedule P - Part 1T - Warranty

NONE Schedule P - Part 2A, 2B, 2C, 2D, 2E

NONE Schedule P - Part 2F - Sec. 1 and 2, 2G, 2H Sec. 1 and 2

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175,134	248,869	248,630	(239)	73,496
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,102	18,295	193	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87,219	XXX	XXX
								4. Totals			(46)	73.496

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAF	R END (\$000 (OMITTED)	DEVELC	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2019	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								4 Totals				

SCHEDULE P - PART 2K - FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2019	XXX	XXX	XXX	XXX	XXX) Nk F	XXX				XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2019	XXX	XXX	XXX	XXX	XXX) Nk F	XXX				XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
				· · · · · ·	•			4. Totals		•		

SCHEDULE P - PART 2M - INTERNATIONAL

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Year	Year
1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX					_				
6. 2015	XXX	XXX	XXX	XXX		N() N F					
7. 2016	XXX	XXX	XXX	XXX	XXX	146						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE Schedule P - Part 2N, 2O, 2P

NONE Schedule P - Part 2R Sec. 1 and 2, 2S, 2T

NONE Schedule P - Part 3A, 3B, 3C, 3D, 3E

NONE Schedule P - Part 3F Sec. 1 and 2, 3G, 3H Sec. 1 and 2

SCHEDULE P – PART 3I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	CUMUI	_ATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	104,331	147,908	XXX	XXX
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,885	16,933	XXX	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,825	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. X:	000				
2. 2019	XXX	XXX	XXX	XXX	XXX	. X ×	JNE	XXX				
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. XXX	. 000			XXX	XXX
2. 2019	XXX	XXX	XXX	XXX	XXX	. Avx) N :	XXX			XXX	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX L	XXX	XXX		XXX	XXX

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X. I.	000			XXX	XXX
2. 2019	XXX	XXX	XXX	XXX	XXX	. X ×) N F	XXX			XXX	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		xxx	xxx

SCHEDULE P - PART 3M - INTERNATIONAL

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Payment	Payment
1. Prior	000										XXX	XXX
2. 2011											XXX	XXX
3. 2012	XXX										XXX	XXX
4. 2013	XXX	XXX									XXX	XXX
5. 2014	XXX	XXX	XXX			. N.I.	N. N. I. F				XXX	XXX
6. 2015	XXX	XXX	XXX	XXX		. N.()N				XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	116					XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE Schedule P - Part 3N, 3O, 3P

NONE Schedule P - Part 3R Sec. 1 and 2, 3S, 3T

NONE Schedule P - Part 4A, 4B, 4C, 4D, 4E

NONE Schedule P - Part 4F Sec. 1 and 2, 4G, 4H Sec. 1 and 2

SCHEDULE P – PART 4I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,066	64,545	63,713
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,896	165
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,901

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XIX	- XXK	XXX			
2. 2019	XXX	XXX	XXX	XXX)	XXX	XXX		
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

	BULK AN	D IBNR RESER\	/ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2019	XXX	XXX	XXX	XXX) X X .	XXX	XXX		
3. 2020	xxx	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	CONTAINMEN	T EXPENSES RE	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XIX	XXX	XXX			
2. 2019	XXX	XXX	XXX	XXX		N X T	XXX	XXX		
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	D IBNR RESER\	/ES ON NET LO	SSES AND DEF	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX		NIA					
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE Schedule P - Part 4N, 4O, 4P

NONE Schedule P - Part 4R Sec. 1 and 2, 4S, 4T

NONE Schedule P - Part 5A - Section 1-3

NONE Schedule P - Part 5B - Section 1-3

NONE Schedule P - Part 5C - Section 1-3

NONE Schedule P - Part 5D - Section 1-3

NONE Schedule P - Part 5E - Section 1-3

NONE Schedule P - Part 5F - Section 1A-3A

NONE Schedule P - Part 5F - Section 1B-3B

NONE Schedule P - Part 5H - Section 1A-3A

NONE Schedule P - Part 5H - Section 1B-3B

NONE Schedule P - Part 5R - Section 1A-3A

NONE Schedule P - Part 5R - Section 1B-3B

NONE Schedule P - Part 5T - Warranty

NONE Schedule P - Part 6C Sec. 1 and 2, 6D Sec. 1 and 2

NONE Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A

NONE Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B

NONE Schedule P - Part 6N Sec. 1 and 2, 60 Sec. 1 and 2

NONE Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B

NONE Schedule P - Part 7A

NONE Schedule P - Part 7A (Continued)

NONE Schedule P - Part 7B

NONE Schedule P - Part 7B (Continued)

SCHEDULE P INTERROGATORIES

	ЗСПЕРО	LE P INTERROGATI	UKIES	
1.	The following questions relate to yet-to-be-issued Extended Reporti provisions in Medical Professional Liability Claims Made insurance			
1.1	Does the company issue Medical Professional Liability Claims Madendorsement, or "ERE") benefits in the event of Death, Disability, or	' '	, ,	Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions b	plank. If the answer to question 1.1 is "yo	es", please answer the following questions	:
1.2	What is the total amount of the reserve for that provision (DDR Res	serve), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
1.3	Does the company report any DDR reserve as Unearned Premium	Reserve per SSAP #65?		Yes[] No[]
1.4	Does the company report any DDR reserve as loss or loss adjustment	ent expense reserve?		Yes[] No[]
1.5	If the company reports DDR reserve as Unearned Premium Reserve Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines	•	the Underwriting and Investment Exhibit,	Yes[]No[]N/A[X
1.6	If the company reports DDR reserve as loss or loss adjustment expreserves are reported in Schedule P:	ense reserve, please complete the follow	wing table corresponding to where these	
		000 0	. 1 1 1	
		DDR Reserve Schedule P, Part 1F, Med		
		Column 24: Total Net Loss	· · · · · · · · · · · · · · · · · · ·	
	Years in Which Premiums Were Earned and	1	2	
	Losses Were Incurred	Section 1: Occurrence	Section 2: Claims-Made	
	1.601 Prior 1.602 2011			
	1.603 2012			
	1.604 2013			
	1.605 2014			
	1.606 2015			
	1.607 2016			
	1.608 2017			
	1.609 2018			
	1.610 2019			
	1.611 2020 1.612 Totals			
	1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, the	•	. , ,	
	January 1, 1998. This change in definition applies to both paid and		(now reported as "Defense and Cost	V
	Containment" and "Adjusting and Other") reported in compliance wi	ith these definitions in this statement?		Yes [X] No []
3	The Adjusting and Other expense payments and reserves should be	e allocated to the years in which the loss	ses were incurred based on the number	
٠.	of claims reported, closed and outstanding in those years. When all			
	the Adjusting and Other expense should be allocated in the same p			
	Adjusting and Other expense assumed should be reported according	-		
	reinsurers, or in those situations where suitable claim count informa	ation is not available, Adjusting and Othe	er expense should be allocated by a	
	reasonable method determined by the company and described in Ir	nterrogatory 7, below. Are they so repor	ted in this Statement?	Yes[X] No[]
4.	Do any lines in Schedule P include reserves that are reported gross net of such discounts on Page 10?	s of any discount to present value of futu	ire payments, and that are reported	Yes[]No[X]
	-			-
	If yes, proper disclosure must be made in the Notes to Financial Statin Schedule P - Part 1, Columns 32 and 33.	atements, as specified in the Instructions	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. W upon request.	ork papers relating to discount calculation	ons must be available for examination	
	Discounting is allowed only if expressly permitted by the state insur-	rance department to which this Annual S	tatement is being filed.	
5	What were the net premiums in force at the end of the year for:	5.1	Fidelity	¢
٥.	(in thousands of dollars)		Surety	\$
	(,	·
6.	Claim count information is reported per claim or per claimant. (indic	ate which).		Per Claim
	If not the same in all years, explain in Interrogatory 7.			
7.1	The information provided in Schedule P will be used by many personant things. Are there any especially significant events, coverage, when making such analyses?		-	Yes[X] No[]
7.2	An extended statement may be attached			

Claims reopened in 2020 are included in the 2020 reported claim counts

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		Active	Return Premium on Policies 2	hip Fees Less ns and Premiums Not Taken	Dividends Paid or Credited to Policyholders	Direct Losses Paid	Direct	Direct	Finance and Service Charges Not	9 Direct Premium Written for Federal Purchasing
	States, Etc.	Status (a)	Direct Premiums Written	Direct Premiums Earned	on Direct Business	(Deducting Salvage)	Losses Incurred	Losses Unpaid	Included in Premiums	Groups (Included in Col. 2)
	Alabama AL	N								
2. 3.	Alaska AK Arizona AZ	N								
4.	Arkansas AR	!N								
5.	California CA	N N								
6.	Colorado CO	N								
7.	Connecticut CT	N								
8. 9.	Delaware DE District of Columbia DC	N N								
10.	Florida FL	N N								
11.	Georgia GA	N								
12.	Hawaii HI	N								
13. 14.	Idaho ID Illinois IL	N N								
15.	Indiana IN	! <u>N</u>								
16.	Iowa IA	N								
17.	Kansas KS	N								[
	Kentucky KY	N.								
19. 20.	Louisiana LA Maine ME	N N								
	Maryland MD	! <u>N</u>								
22.	Massachusetts MA	N								1:::::
	Michigan MI	N								
24.	Minnesota MN Mississippi MS	N								
25. 26.	Mississippi MS Missouri MO	! <u>N</u>								
27.	Montana MT	N								
28.	Nebraska NE	N						l : : : : : : : : : : : : : : : : : : :	l : : : : : : : : : : : : : : : : : : :	1
29.	Nevada NV	N								
30. 31.	New Hampshire NH New Jersey NJ	N N								
32.	New Mexico NM	!N								
	New York NY	N								
34.	North Carolina NC	N								
35. 36.	North Dakota ND Ohio OH	N N								
37.	Ohio OH Oklahoma OK	! <u>N</u>								
38.	Oregon ÖR	N N								
	Pennsylvania PA	N								1
40.	Rhode Island RI	N								
41. 42.	South Carolina SC South Dakota SD	N N								
43.	Tennessee TN	N N								
44.	Texas TX	L	369,600,488	369,179,093		89,639,169	81,103,186	123,354,385		
	Utah UT	N								
46. 47.	Vermont VT Virginia VA	N N								
	Washington WA	!N								
49.	West Virginia WV	N N								1::::::
50.	Wisconsin WI	N.								
51. 52.	Wyoming WY American Samoa AS	N N								
53.	Guam GU	!N								
54.	Puerto Rico PR	N								[
	U.S. Virgin Islands VI	N								
56.	Northern Mariana Islands MP	N N								ļ !
57. 58.	Canada CAN Aggregate Other Alien OT	XXX								· · · · · · · · · · · · · · · · · · ·
59.	Totals	(a) 1	369,600,488	369,179,093		89,639,169	81,103,186	123,354,385		
	DETAILS OF WRITE-INS									
58001.	DETAILS OF WRITE-INS	XXX								
58002.		XXX								1
58003.		XXX								1
58998.	Summary of remaining write-ins				NO					
	for Line 58 from overflow page Totals (Lines 58001 through	XXX								
	58003 plus 58998) (Line 58 above)	xxx								

Explanation of basis of allocation of premiums by states, et	tc.

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	<u>1</u>
 E – Eligible - Reporting entities eligible or approved to write surplus lines in the state D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile 	
	—
R - Registered - Non-domiciled RRGs	<u> </u>
Q - Qualified - Qualified or accredited reinsurer	
N – None of the above - Not allowed to write business in the state (other than their state of domicile - See DSLI)	56

Explanation of basis of allocation of premiums by states, etc.										
The Texas Windstorm Insurance Association only writes premium in Texas.										

NONE Schedule T - Part 2

Texas Windstorm Insurance Association Fed ID 74-6189303 NAIC 30040

Texas FAIR Plan Association Fed ID 43-1982873 NAIC 11543

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

4		_		_	1 0	7	PART IA - DETAIL OF INSURANCE		10		40	1 40	44	45	40
1	2	3	4	5	6	/	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
				İ		Securities					(Ownership.	If Control			
		NAIC			1	Exchange if					Board.	ie		Is an SCA	
				-	ł		N. C	ŀ	5		/	13		1	1
		Com-			1	Publicly	Names of		Relationship to		Management,	Ownership		Filing	
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	Directly Controlled by (Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
				1										1	
4766		30040	74-6189303				Texas Windstorm Insurance Association	TX	OTH	Unaffiliated	Service Contract			Ň	0
4766		11543	43-1982873		1		Texas FAIR Plan Association	TX	OTH	Unaffiliated	Service Contract			Ň	0
					1										1
			l : : : : : : : :	1:::::::				1							1
				1	1					l					
				1	1										
					1										
				1	1										
				1	1										
.															

1 Contract between Associations 2 Contract between Associations	Asterik	Explanation
2 Contract between Associations		<u></u>
		Contract between Associations
		Contract between Associations

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10 11	12	13
NAIC	2	Names of Insurers and Parent,	4	3	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for	Management Agreements and	Income/ (Disbursements) Incurred Under	Any Other Material Activity Not in the Ordinary Course of the	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Company Code	ID Number	Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	or Other Investments	the Benefit of any Affiliate(s)	Service Contracts	Reinsurance Agreements	Insurer's * Business	Totals	Taken/ (Liability)
30040 11543	74-6189303 43-1982873	Texas Windstorm Insurance Association Texas FAIR Plan Association					14,314,490 (14,314,490)			14,314,490 (14,314,490)	
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
											······································
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
9999999	Control Totals								XXX		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1	Will an actuarial opinion be filed by March 1?	YES
2.		YES
3.		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	See Explanation
٦.	APRIL FILING	OCC Explanation
5	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.		YES
7.		YES
• •	MAY FILING	: . Y
8.		See Explanation
0.	JUNE FILING	
9.		See Explanation
	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	See Explanation
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
supp inte	following supplemental reports are required to be filed as part of your annual statement filing if your company is enganged in the type of busines lement. However, in the event that your company does not transact the type of business for which the special report must be filed, your respon trogatory 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 landever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	se of NO to the specific
	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	See Explanation
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April?	NO
36	Will the Adjustments to the Life Health & Annuity Guaranty Association Model Act Assessment Rase Reconciliation Exhibit (if require	NO

be filed with the state of domicile and the NAIC by April 1?

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37.	Will the F	Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
		AUGUST FILING	
38.	Will Man	agement's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO NO
Explanatio	on 4:	Not applicable.	
Explanatio	on 8:	Not applicable.	
Explanatio	on 9:	The Association is required to file by June 30th.	
	40		
Explanatio	on 10:	The Association is required to file by June 30th.	
Explanatio	on 13:	Not applicable.	
Explanatio	on 14:	Not applicable.	
Explanatio	on 15:	Not applicable.	
Explanatio	on 16 [.]	Not applicable.	
Explanatio	on 17:	Not applicable.	
Explanatio	on 18:	Not applicable.	
Explanatio	on 19:	Not applicable.	
Explanatio	on 22:	There were no exceptions to the Reinsurance Supplement.	
Explanatio	on 23:	Not applicable.	
Explanatio	on 24:	Not applicable.	
Explanatio	on 25:	Not applicable.	
Explanatio	on 26:	Not applicable.	
Explanatio	on 27:	Not applicable.	
Explanatio	on 28:	Not applicable.	
Explanatio	on 29:	Not applicable.	
Explanatio	on 30:	Not applicable.	
Explanatio	on 31:	Not applicable.	
Explanatio	on 32:	Not applicable.	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 33:	Not applicable.	
Explanation 34:	Not applicable.	
Explanation 35:	Not applicable.	
Explanation 36:	Not applicable.	
Explanation 37:	Not applicable.	
Explanation 38:	Not applicable.	
	3004020203900000 30040202022000000 30040202042000000 30040202049000000 30040202049000000 30040202040000000 30040202040000000 30040202050500000 30040202055000000 30040202025000000 30040202036000000	3004020222400000 3004020202400000 30040202024000000 30040202038500000 30040202036500000 30040202050000000 30040202024000000 30040202024000000 300402020224000000

Page 2 - Continuation

ASSETS

		Current Year			
	1	2	3	4	
			Net Admitted		
REMAINING WRITE-INS AGGREGATED AT LINE 25		Nonadmitted	Assets	Net Admitted	
FOR OTHER THAN INVESTED ASSETS	Assets	Assets	(Cols. 1 - 2)	Assets	
2504. Accounts Receivable - Premium Finance / others	27,486		27,486	67,900	
2505. Due from Depop Carriers - Assumption	6,630		6,630	23,133	
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)	34,116		34,116	91,033	

Page 3 - Continuation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Current Year	Prior Year
2504. Lease incentive obligation	251,691	377,536
2505. Surcharge payable	209,234	227,134
2506. Statutory fund payable		52,641,201
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	460,925	53,245,871

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

REMAINING WRITE-INS AGGREGATED AT LINE 24 FOR OTHER LINES OF BUSINESS	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Investment Expenses			301,264	301,264
2405. Claim Storm Reports and Assignments	176,650			176,650
2406. HB3 Ombudsman Program		126,899		126,899
2407. Bond Issuance Expense			94,355	94,355
2408. Miscellaneous Expense		(52,489)		(52,489)
2409. Depopulation Service Fees		(76,065)		(76,065)
2497. Totals (Lines 2404 through 2496)				
(Page 11, Line 24)	176,650	(1,655)	395,619	570,614

Page 13 - Continuation

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year		
	Total	Prior Year	Change in Total
DETAILS OF WRITE-IN LINES FOR	Nonadmitted	Total	Nonadmitted Assets
OTHER THAN INVESTED ASSETS AT LINE 25	Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
2504. Accounts Receivable - Premium Finance / others			
2505. Due from Depop Carriers - Assumption			
2597. Totals (Lines 2504 through 2596) (Page 13, Line 2598)			

SUMMARY INVESTMENT SCHEDULE

		Gross Inve	estment		Admitted Assets a	as Reported in		
		Holdin	ıas		the Annual S	the Annual Statement		
		1	2	3	4 Securities Lending	5	6	
			Percentage		Reinvested	Total	Percentage	
			of Column 1		Collateral	(Col. 3 + 4)	of Column 5	
	Investment Categories	Amount	Line 13	Amount	Amount	Amount	Line 13	
1 Lone	g-Term Bonds (Schedule D, Part 1):							
	1 U.S. Governments							
	2 All other governments							
	U.S. states, territories and possessions, etc. guaranteed							
	U.S. political subdivisions of states, territories, and possessions, guaranteed							
	5 U.S. special revenue and special assessment obligations, etc. non-guaranteed							
	6 Industrial and miscellaneous							
	7 Hybrid securities							
	B Parent, subsidiaries and affiliates							
1.09	9 SVO identified funds							
1.10	Unaffiliated bank loans							
1.11	1 Total long-term bonds							
2. Pref	ferred stocks (Schedule D, Part 2, Section 1):							
2.01	1 Industrial and miscellaneous (Unaffiliated)							
2.02	2 Parent, subsidiaries and affiliates							
2.03	3 Total preferred stocks							
3 Com	nmon stocks (Schedule D, Part 2, Section 2):							
	Industrial and miscellaneous Publicly traded (Unaffiliated)							
	2 Industrial and miscellaneous Other (Unaffiliated)							
	Parent, subsidiaries and affiliates Publicly traded							
3.04								
	5 Mutual funds							
	5 Unit investment trusts							
	7 Closed-end funds							
3.08	3 Total common stocks							
4. Mor	tgage loans (Schedule B):							
4.01	1 Farm mortgages							
4.02	2 Residential mortgages							
4.03	3 Commercial mortgages							
4.04	Mezzanine real estate loans				l			
4.05								
4.06	Total mortgage loans							
	al estate (Schedule A):							
	1. Dranatica accuried by company					-		
	Deposition hold for weathering of income							
	D							
	4 Total real estate							
	h, cash equivalents and short-term investments:							
	1 Cash (Schedule E, Part 1)	196,418,871	40.78	196,418,871		196,418,871	40.78	
	2 Cash equivalents (Schedule E, Part 2)	285,256,971	59.22	285,256,971		285,256,971	59.22	
6.03	3 Short-term investments (Schedule DA)							
6.04	Total cash, cash equivalents and short-term investments	481,675,842	100.00	481,675,842		481,675,842	100.00	
7. Con	ntract loans							
8. Deri	ivatives (Schedule DB)							
	er invested assets (Schedule BA)							
	reivables for securities				l	l	l	
	urities Lending (Schedule DL, Part 1)				XXX	XXX	XXX	
	er invested assets (Page 2, Line 11)							
	al invested assets	481,675,842	100.00	481,675,842		481,675,842	100.00	

NONE Schedule A and B Verification

NONE Schedule BA and D Verification

NONE Schedule D - Summary

NONE Schedule D - Part 1A - Sect 1 (3 pgs)

NONE Schedule D - Part 1A - Sect 2 (2 pgs)

NONE Schedule DA Verification

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C - Section 1

NONE Schedule DB - Part C - Section 2

NONE Schedule DB - Verification

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

		1	2	3	4
		Total	Bonds	Money Market Mutual Funds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year	304,771,310		222,755,260	82,016,050
2.	Cost of cash equivalents acquired				1,389,537
3.	Accrual of discount				
4.	Unrealized valuation increase (decrease)				
5.	Total gain (loss) on disposals				
6.	Deduct consideration received on disposals	20,903,877		20,903,877	
7.	Deduct amortization of premium				
8.	Total foreign exchange change in book/adjusted carrying value				
9.	Deduct current year's other-than-temporary impairment recognized				
10.	Book/adjusted carrying value at end of current period (Lines				
	1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	285,256,970		201,851,383	83,405,587
11.	Deduct total nonadmitted amounts				
12.		285,256,970		201,851,383	83,405,587

⁽a) Indicate the category of such investments, for example, joint ventures, transportation equipment: Reverse Repurchase Agreements .

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

NONE Schedule D - Part 2 - Section 1

NONE Schedule D - Part 2 - Section 2

NONE Schedule D - Part 3

NONE Schedule D - Part 4

NONE Schedule D - Part 5

NONE Schedule D - Part 6 - Section 1 and 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

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
OPEN DEPOSITORIES Bank of America N.A. Austin, TX Citibank, N.A. Dallas, TX Citibank, N.A MMDA Dallas, TX JP Morgan Chase Bank, N.A. San Antonio, TX JP Morgan Chase Bank, N.A. San Antonio, TX	0	0.180 0.010	526,707 184,059		150,436,163 202,251 16,985,578 50,000 28,744,879	
0199998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories	XXX	XXX				XXX
0199999 Totals - Open Depositories	XXX	XXX	710,766		196,418,871	XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	XXX	XXX				XXX
0299999 Totals - Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX	710,766		196,418,871	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX	710,766		196,418,871	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	204,918,486	4. April	243,417,280	7. July	205,932,390	10. October	210,712,622
2. February	213,613,480	5. May	237,949,981	8. August	193,983,831	11. November	193,244,761
3. March	233.242.325	6. June	334.417.068	9. September	194.868.555	12. December	196.418.871

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1D\$ 1E\$ 1F\$ 1G\$

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
09248U-71-8	BlackRock Money Market Fund		12/31/2020	0.012	XXX	51,628,282	415	275,697
4812C2-23-9	BlackRock Money Market Fund JP Morgan US Treasury Plus Money Market Fund - Capital Shares Fund 4110		12/31/2020	0.030	XXX	150,223,101	3,420	
8599999 Exempt Money	Market Mutual Funds – as Identified by SVO					201,851,383	3,835	275,697
	Assets Subject to Reverse Repurchase Agreement at Tx Treasury Safekeeping		12/31/2020	0.030	01/01/2021	83,405,587	70	251,122
8799999 Other Cash Equivalents							70	251,122
8899999 Total Cash Equivalents						83,405,587 285,256,970	3,905	526,819
8899999 Total Cash Equi	ivalents					285,256,970	3,905	526,819

Book/Adjusted Carrying Value by NAIC Designation Category Footnote:

1A \$	1B \$	1C \$
2A \$	2B \$	2C \$
3A \$	3B \$	3C \$
4A \$	4B \$	4C \$
5A \$	5B \$	5C \$
6\$		

NONE Schedule E - Part 3