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, 2022

ANNUAL STATEMENT

For the Year Ended December 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

30040202220100100

	i exas vvindstorm	insurance Association	
NAIC Group Code 4766	4766 NAIC Company	Code 30040 Employe	er's ID Number 74-6189303
(Current Period	,	State of Dominile or Dort of Entry	TV
Organized under the Laws ofTex Country of Domicile USA	as	_ , State of Domicile or Port of Entry	TX
Incorporated/Organized	June 1, 1971	Commenced Business	June 1, 1971
· · · · · · · · · · · · · · · · · · ·	west Parkway Building 1, Suite 200	, Austin, TX, US	
M : A ! : : (// Off	(Street and Number)	(Ci	ity or Town, State, Country and Zip Code)
Main Administrative Office 480	1 Southwest Parkway Building 1, Suite 200	(Street and Number)	
Aus	tin, TX, US 78735	512-899-49	
M ' A	(City or Town, State, Country and Zip Coo	, , , ,	elephone Number)
Mail Address P.O. Box 99090	(Street and Number or P.O. Box)	, Austin, TX, US (Ci	78709 ity or Town, State, Country and Zip Code)
Primary Location of Books and Records			
	(Street and Number)	(City or Town, State, Country	and Zip Code) (Area Code) (Telephone Number)
	www.twia.org/ n David Fulkerson	512-899-4988	
Statutory Statement ContactAne	(Name)		elephone Number) (Extension)
aful	kerson@twia.org		512-899-4952
	(E-Mail Address)		(Fax Number)
	OF	FICERS	
	Chandra F	Franklin Womack	
4	Name	0 14	Title
David Patrick Durden # Georgia Rutherford Neblett		General Manager Vice Chairman	
3. Karen Guard #		Secretary-Treasurer	
4. Stuart Keith Harbour		Chief Financial Officer	
	VICE-F	PRESIDENTS	
Name	Title	Name	Title
Jessica Crass #	VP Underwriting	David Scott Williams	VP Claims
Camron Malik	VP IT	Juanita Deloris Lester	VP HR and Administration
Cynthia Watkins #	Acting VP Legal & Compliance	James Murphy	Chief Actuary and VP Enterprise Analytics
	_	_	
	-	-	
	DIRECTOR	S OD TRUSTEES	
Karen Guard	Ron Walenta	S OR TRUSTEES Tony Schrader	Michael Frank Gerik
Georgia Rutherford Neblett	Chandra Franklin Womack	Peggy Gonzalez	Tim Garrett
		_	
	_	_	
	_	_	
	-	-	
	<u> </u>	<u> </u>	<u> </u>
Nissaala			
State of Nevada			
County of Clark	ss		
		hed officers of said reporting entity, and that on th	e reporting period stated above, all of the herein described
			is statement, together with related exhibits, schedules and
	· · · · · · · · · · · · · · · · · · ·	•	said reporting entity as of the reporting period stated above,
	-		s and Accounting Practices and Procedures manual except
• • • • • • • • • • • • • • • • • • • •			and procedures, according to the best of their information,
	ore, the scope of this attestation by the described office fronic filing) of the enclosed statement. The electronic fil		nic filing with the NAIC, when required, that is an exact copy
Davia	Durden	Stuar	rt Keith Harbour
3)	Signature)		(Signature)
	Patrick Durden		Stuart Keith Harbour
(Pri	nted Name) 1.		(Printed Name) 2.
Gene	eral Manager		Chief Financial Officer
	(Title)		(Title)
Subscribed and sworn to (or affirmed) before	me this on this	and Chront Hankarin	
10thday of February	, 2023, by David Durden a		on original filing?
Otherine Benz	~	a. Is this a b. If no:	an original filing? [X] Yes [] No 1. State the amendment number
		b. ii 110.	State the amendment number Date filed
TAL OF	UNE L CORTEZ		Number of pages attached
100	RY PUBLIC		
19/0	OF NEVADA		
Con an asset	. 21-3048-01		
Online Notary Center Expires	August 7, 2025	1	

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 \$0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$ 222,015,854, Schedule E - Part 1), cash equivalents (\$ 261,853,803,				
	Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	483,869,657		483,869,657	493,826,887
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)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	483,869,657		483,869,657	493,826,887
13.	Title plants less \$ 0 charged off (for Title insurers only)				
14.	Investment income due and accrued	797,441		797,441	1,195
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	3,369,217	489,310	2,879,907	80,819
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$0 earned but unbilled premiums)	22,089,801		22,089,801	1,832,245
	15.3 Accrued retrospective premiums (\$ 0) and contracts subject to				
	redetermination (\$ 0)				
16.	Reinsurance:				
ı	16.1 Amounts recoverable from reinsurers				
	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				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	13,050,382	13,050,382		
21.	Furniture and equipment, including health care delivery assets (\$ 0)	2,258,791	2,258,791		
22.	Net adjustment in assets and liabilities due to foreign exchange rates	,			
23.	Receivables from parent, subsidiaries and affiliates	1,215,014		1,215,014	1,158,937
24.	Health care (\$ 0) and other amounts receivable			<u></u> .	
25.	Aggregate write-ins for other-than-invested assets	3,344,861	3,344,474	387	34,957
26.	Total assets excluding Separate Accounts, Segregated Accounts and	=00	46	=10	400
	Protected Cell Accounts (Lines 12 to 25)	529,995,164	19,142,957	510,852,207	496,935,040
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	500 005 45 1	40.440.0==	F40.050.05=	100 007 0 17
28.	Total (Lines 26 and 27)	529,995,164	19,142,957	510,852,207	496,935,040

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	926,701	926,701		
2503. Security deposit - lease	218,405	218,405		
2598. Summary of remaining write-ins for Line 25 from overflow page	514	127	387	34,957
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3 344 861	3 344 474	387	34 957

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	39,511,834	57,664,806
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	18,663,506	19,920,288
4.	Commissions payable, contingent commissions and other similar charges	5,678,649	4,547,255
5.	Other expenses (excluding taxes, licenses and fees)	5,890,292	6,573,337
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	3,131,787	1,419,15
7.1	Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$ 0 and interest thereon \$ 0		184,301,250
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded		
	reinsurance of \$ 0 and including warranty reserves of \$ 0		
	and accrued accident and health experience rating refunds including \$ 0		
	for medical loss ratio rebate per the Public Health Service Act)	277,334,168	202,525,33
10.	Advance premium	6,731,801	10,649,31
	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	00 000 =0=	25,951,01
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.	Describeration and Managed Allered and	750.040	534,16
16.	Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)		1
17.	Note that the second of the se		
18.	Dodlers Island's		
	*		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives Description of the second of th		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ 0 and interest thereon \$ 0		
25.	Aggregate write-ins for liabilities		7,433,50
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	472,209,348	521,519,43
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	472,209,348	521,519,432
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other-than-special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	38,642,859	(24,584,39)
36.	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)		
37.		38,642,859	(24,584,392
38.	Totals (Page 2, Line 28, Col. 3)	510,852,207	496,935,040
	- John (1. 450-1) 2.110-126 John 0)		
-	DETAILS OF WRITE-IN LINES		
2501.	Statutory fund payable	74,961,815	
2502.	Pension benefits liability	2,821,434	5,896,13
2503.	Lease incentive obligation	2,272,838	125,84
2598.	Summary of remaining write-ins for Line 25 from overflow page	1,122,479	1,411,52
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	81,178,566	7,433,50
2901.			
2902.		1	
2903.	KI A KI E		
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
<u> </u>	τοιαίο (Επιού 200 ππουθεί 2000 μπο 2000) (Επιο 20 αυύνο)		
2004			
3201.		I.	1
3202.			
3202. 3203.	NONE		
3202.	Summary of remaining write-ins for Line 32 from overflow page Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
	HADEDWOTING INCOME	Current real	Thorroa
1.	UNDERWRITING INCOME Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	311,395,030	276,372,334
2.	Losses incurred (Part 2, Line 35, Column 7)	28,894,251	9,578,155
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	22,353,663	9,470,170
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	120,049,584	95,933,045
5.	Aggregate write-ins for underwriting deductions	74,961,815	
6.	Total underwriting deductions (Lines 2 through 5)	246,259,313	114,981,370
7.	Net income of protected cells		404 000 004
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	65,135,717	161,390,964
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(3,385,898)	(18,578,434)
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)	(3,385,898)	(18,578,434)
	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		
15.	Total other income (Lines 12 through 14)	25 200	
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	61,785,119	142,812,530
	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before		
	all other federal and foreign income taxes (Line 16 minus Line 17)	61,785,119	142,812,530
	Federal and foreign income taxes incurred	04 705 440	440.040.500
20.	Net income (Line 18 minus Line 19) (to Line 22)	61,785,119	142,812,530
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	(24,584,392)	(160,450,907)
22.	Net income (from Line 20)	61,785,119	142,812,530
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25. 26.	Change in net unrealized foreign exchange capital gain (loss) Change in net deferred income tax		
	Change in net deferred income tax Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(1 632 566)	(8,983,735)
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	(1,032,300)	(0,903,733)
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		
	 33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital 		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus	3,074,698	2,037,720
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	63,227,251	135,866,515
39.	Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	38,642,859	(24,584,392)

	DETAILS OF WRITE-IN LINES		
0501.	Statutory Fund Expense	74,961,815	
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)	74,961,815	
1401.	Other Income (loss)	35,300	
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	35,300	
3701.	Pension unassigned funds - unrecognized liability	3,074,698	2,037,720
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)	3,074,698	2,037,720

CASH FLOW

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	366,302,134	295,475,932
2.	Net investment income	(5,067,315)	(19,288,809
3.		203,348	
4.	Total (Lines 1 through 3)		276,187,123
5.	Benefit and loss related payments	47,047,223	75,140,05
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	140,781,923	124,290,93
8.	Dividends paid to policyholders		
	, , , , , , , , , , , , , , , , , , , ,		
10.		187,829,146	199,430,98
11.	Net cash from operations (Line 4 minus Line 10)	173,609,021	76,756,13
	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.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
	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	(184,301,250)	(52,270,750
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	734,999	(12,334,339
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5		
	plus Line 16.6)	(183,566,251)	(64,605,089
	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)	(9,957,230)	12,151,045
19.	Cash, cash equivalents and short-term investments:	· · · · · · · · · · · · · · · · · · ·	
	19.1 Beginning of year	493,826,887	481,675,842
	19.2 End of year (Line 18 plus Line 19.1)	483,869,657	493,826,887

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

	Line of Business	Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year- per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
2.1	Fire Allied lines	386,203,859	202,525,339	277,334,168	311,395,03
	Multiple peril crop Federal Flood				
	Private Crop				
	Private flood				
	Farmowners multiple peril				
5.1	Homeowners multiple peril Commercial multiple peril (non-liability portion)				
	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty				
8.	Ocean marine				
	Inland marine				
	Financial guaranty Medical professional liability—occurrence				
	Medical professional liability—claims-made				
	Earthquake				
	Comprehensive (hospital and medical)				
	individual				
	Comprehensive (hospital and medical)group				
	Credit accident and health				
	(group and individual)				
15.T	Vision Only Dental Only				
	Disability Income				
	Medical supplement				
	Medicaid Title XIX				
	Medicaid Title XVIII				
	Long-Term Care				
	Federal employees health benefits plan				
	Other health				
	Workers compensation				
	Other liability—occurrence Other liability—claims-made				
	Excess workers' compensation				
	Products liability—occurrence				
19.1	Products liability—claims-made Private passenger auto no-fault (personal				
	injury protection) Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)				
	Other commercial auto liability				
21.1	Private passenger auto physical damage				
21.2	Commercial auto physical damage Aircraft (all perils)				
23.	Fidelity				
	Surety				
26.	Burglary and theft				
27.	Boiler and machinery				
	Credit				
	International				
31.	Warranty Reinsurance-nonproportional assumed property				
32.	Reinsurance-nonproportional assumed liability				
	Reinsurance-nonproportional assumed financial lines				
	Aggregate write-ins for other lines of business				
35.	TOTALS	386,203,859	202,525,339	277,334,168	311,395,0
2404	DETAILS OF WRITE-IN LINES				
3401. 3402.					
3402. 3403.			NONE		
	Sum of remaining write-ins for				
J 4 30.	-	1	1	İ	1
	Line 34 from overflow page				

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

		1	2	3	4	5
	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)	Earned but Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire					
	Allied lines	277,334,168				277,334,168
	Multiple peril crop					
	Federal Flood					
	Private crop					
	Private flood Farmowners multiple peril					
	Homeowners multiple peril					
	Commercial multiple peril (non-liability portion)					
5.2	Commercial multiple peril (liability portion)					
6.	Mortgage Guarantee					
8.	Ocean marine					
9.	Inland marine					
	Financial guaranty					
	Medical professional liability—occurrence					
	Medical professional liablity—claims-made					
	Earthquake					
13.1	Comprehensive (hospital and medical) individual					
13.2	Comprehensive (hospital and medical) group					
	Credit accident and health					
• •	(group and individual)			1		
	Vision only					
15.2	Dental only					
15.3	Disability income					
	Medicare Supplement					
	Medicaid title XIX					
	Medicaid title XVIII					
	Long Term Care					
	Federal Employees health benefits plans Other health					
	Workers' compensation					
17.1	Other liability—occurrence					
	Other liability—claims-made					
	Excess workers' compensation					
	Products liability—occurrence					
18.2	Products liability—claims-made					
	Private passenger auto no-fault (peronal injury protection)					
19.2	Other private passenger auto liability					
	Commercial auto no-fault (personal injury					
40.4	protection) Other commercial auto liability					
19.4	Private passenger auto physical damage					
21.1	Commercial auto physical damage					
21.2	Aircraft (all perils)					
23	Fidelity					
24.	Surety					
26.	Burglary and theft					
27.	Boiler and machinery					
28.	Credit					
	International					
	Warranty					
	Reinsurance-nonproportional assumed property					
	Reinsurance-nonproportional assumed liability					
	Reinsurance-nonproportional assumed financial lines					
34.	Aggregate write-ins for other lines of business					
	TOTALS	277,334,168				277,334,168
	Accrued retrospective premiums based on experien	ice				
	Earned but unbilled premiums Balance (Sum of Lines 35 through 37)					277,334,168
-	DETAILS OF WRITE-IN LINES					
3401.	SERVICE OF FRANCE IN LINE					
3402.						
3403.			NON			
3498.	Sum of remaining write-ins for					
3499.	Line 19.3 from overflow page Totals (Lines 3401 through 3403					
	plus 3498) (Line 34 above)		I	1		

plus 3498) (Line 34 above)

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

	1	Reinsuran	ce Assumed	Reinsura	nce Ceded	6
	Direct Business	2 From	3 From Non-	4 To	5 To Non-	Net Premiums Written Cols. 1 + 2 + 3 -
Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1. Fire 2.1 Allied lines	518,299,032				132,095,173	386,203,859
2.2 Multiple peril crop						
2.3 Federal Flood						
2.4 Private Crop 2.5 Private flood						
Farmowners multiple peril						
Homeowners multiple peril Commercial multiple peril (non-liability						
portion)						
5.2 Commercial multiple peril (liability portion)6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability—occurrence11.2 Medical professional liability—claims-made						
12. Earthquake13.1 Comprehensive (hospital and medical)						
individual	<u>.</u>					
13.2 Comprehensive (hospital and medical)grou14. Credit accident and health	Р					
(group and individual) 15.1 Vision Only						
15.2 Dental Only						
15.3 Disability Income						
15.4 Medical supplement						
15.5 Medicaid Title XIX 15.6 Medicaid Title XVIII						
15.7 Long-Term Care						
15.8 Federal employees health benefits plan						
15.9 Other health						
16. Workers compensation						
17.1 Other liability—occurrence						
17.2 Other liability—claims-made17.3 Excess workers' compensation						
18.1 Products liability—occurrence						
18.2 Products liability—claims-made						
19.1 Private passenger auto no-fault (personal injury protection)						
19.2 Other private passenger auto liability19.3 Commercial auto no-fault (personal injury)						
protection)						
19.4 Other commercial auto liability						
21.1 Private passenger auto physical damage21.2 Commercial auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety 26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance-nonproportional assumed property	XXX					
32. Reinsurance-nonproportional						
assumed liability 33. Reinsurance-nonproportional	X . X . X					
assumed financial lines 34. Aggregate write-ins for other lines	XXX					
of business 35. TOTALS	518,299,032				122 005 172	206 202 05
JU. IUIMLU	310,299,032				132,095,173	386,203,85
DETAILS OF WRITE-IN LINES						
3401.						
3402. 3403.		· · · · N · (·)NE			
J4UJ.			7 . 			

DETAILS OF WRITE-IN LINES				
3401.				
3402.				
3403.	117			
3498. Sum of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403				
plus 3498 (Line 34 above)				

(a)	Does the	e company's di	irect premiums	written include	premiums record	led on an installment basis?	Ye

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
	1 Direct	2 Reinsurance	3 Reinsurance	4 Net Payments	Net Losses Unpaid Current Year	Net Losses Unpaid	Losses Incurred Current Year	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums
Line of Business	Business	Assumed	Recovered	(Cols. 1 + 2 - 3)	(Part 2A, Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	Earned (Col. 4, Part 1)
1. Fire								
2.1 Allied lines	47,047,223			47,047,223	39,511,834	57,664,806	28,894,251	9.279
2.2 Multiple peril crop				1				
2.3 Federal flood								
2.4 Private crop								
2.5 Private flood								
Farmowners multiple peril								
Homeowners multiple peril Homeowners multiple peril								
5.1 Commercial multiple peril (non-liability portion)								
5.2 Commercial multiple peril (liability portion)								
6. Mortgage guaranty								
8. Ocean marine								
9. Inland marine								
10. Financial guaranty	1	1	l					
11.1 Medical professional liability—occurrence								
11.2 Medical professional liability—claims-made								
12. Earthquake								
13.1 Comprehensive (hospital and medical)individual	1							
13.2 Comprehensive (hospital and medical)group				1				
14. Credit accident and health (group and individual)								
15.1 Vision only								
15.2 Dental only								
15.3 Disability income								
15.4 Medicare supplement								
15.5 Medicaid Title XIX								
15.6 Medicaid Title XIVIII								
15.7 Long Term care	1	1	1		.			
15.8 Federal Employees health benefits plan	1	1	1	[l
15.9 Other health	1		I					
16. Workers' compensation			[

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

1	Losses Paid Less Salvage						/	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)
17.1 Other liability—occurrence	Dusiness	Assumed	recovered	(0013. 1 + 2 - 3)	(1 dit 2A, 001. 0)	THOI TCAI	(0013. 4 + 0 - 0)	Lamed (Ooi. 4, 1 ait 1)
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
19.1 Private passenger auto no-fault(personal injury protection)								
19.2 Other private passenger liability								
19.3 Commercial auto no-fault (personal injury protection)								
19.4 Other commercial auto liability								
21.1 Private passenger auto physical damage								
21.2 Commercial auto physical damage								
22. Aircraft (all perils)								
23. Fidelity				[
24 Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
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								
35. TOTALS	47,047,223			47,047,223	39,511,834	57,664,806	28,894,251	9.279
DETAILS OF WRITE-IN LINES								
3401. 3402.								
3403.			· · · · · K I (· ·) K I ·					
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	ed Losses	,		Incurred But Not Reported		8	9
Live of Decision	1 Divid	2 Reinsurance	3 Deduct Reinsurance	Net Losses Excl. Incurred But Not Reported	5	6 Reinsurance	7 Reinsurance	Net Losses Unpaid	Net Unpaid Loss Adjustment
Line of Business	Direct	Assumed	Recoverable	(Cols. 1 + 2 - 3)	Direct	Assumed	Ceded	(Cols. 4 + 5 + 6 - 7)	Expenses
1. Fire									
2.1 Allied lines	15,733,978			15,733,978	23,782,806		4.950	39,511,834	18,663,506
2.2 Multiple peril crop	1			1					
2.3 Federal flood								1	
2.4 Private crop									
2.5 Private flood									
Farmowners multiple peril									
Homeowners multiple peril									
5.1 Commercial multiple peril (non-liability portion)									
5.2 Commercial multiple peril (liability portion)									
6. Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability—occurrence			1						
11.2 Medical professional liability—claims-made									
12. Earthquake			1						
13.1 Comprehensive (hospital and medical)individual	l l		1	1			1	(a)	
13.2 Comprehensive (hospital and medical)group	l			1	l		1	(a)	
14. Credit accident and health (group and individual)	l				l				
15.1 Vision only								(a)	
15.2 Dental only	1			1			1	(a)	
15.3 Disability income				1			1	(a)	
15.4 Medicare supplement								(a)	
15.5 Medicaid Title XIX								(a)	
15.6 Medicaid Title XIVIII								(a)	
15.7 Long Term care								(a)	
15.8 Federal Employees health benefits plan								(a)	
15.9 Other health								(a)	
								(a)	
16. Workers' compensation			1	L	L		1		

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

		Reporte	d Losses	1		Incurred But Not Reported		8	9
	1	2	3	4	5	6	7		
			Deduct	Net Losses Excl. Incurred				Net Losses	Net Unpaid Loss
		Reinsurance	Reinsurance	But Not Reported		Reinsurance	Reinsurance	Unpaid	Adjustment
Line of Business	Direct	Assumed	Recoverable	(Cols. 1 + 2 - 3)	Direct	Assumed	Ceded	(Cols. 4 + 5 + 6 - 7)	Expenses
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 Private passenger auto no-fault(personal injury protection)			1	1			1		
19.2 Other private passenger liability									
19.3 Commercial auto no-fault (personal injury protection)									
19.4 Other commercial auto liability									
21.1 Private passenger auto physical damage									
21.2 Commercial auto physical damage									
22. Aircraft (all perils)									
23. Fidelity	.								
24. Surety									
24. Surety 26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
29. International									
30. Warranty	.								
31. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX				
33. Reinsurance-nonproportional assumed financial lines	XXX				XXX				
34. Aggregate write-ins for other lines of business								,	
35. TOTALS	15,733,978			15,733,978	23,782,806		4,950	39,511,834	18,663,506
				1					
DETAILS OF WRITE-IN LINES									
3401.	[<u></u> . <u></u> .	<u> </u>					
3402.	l								
3403.									
3498. Sum of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									

⁽a) Including \$ 0 for present value of life indemnity claims reported in Lines 13 and 15.

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	10,239,234			10,239,234
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	(13,515)			(13,515)
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	10,252,749			10,252,749
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		82,854,389		82,854,389
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent		5,612,251		5,612,251
	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)		77,242,138		77,242,138
	Allowances to manager and agents				
	Advertising		52,039		52,039
	Boards, bureaus and associations		181,137		181,137
	Surveys and underwriting reports		1,331,990		1,331,990
	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries	8,168,418	13,547,080		21,715,498
•	8.2 Payroll taxes	214,966	766,675		981,641
	Employee relations and welfare	1,122,299	3,971,214		5,093,513
	Insurance	61,546	215,689		277,235
	Directors' fees	40.047	400.770		404.005
	Travel and travel items	18,917	102,778		121,695
	Rent and rent items	223,059	1,074,404		1,297,463
	Equipment Cost or depreciation of EDD agricument and officers	29,640 553,564	394,465 1.628.473		424,105
	Cost or depreciation of EDP equipment and software				2,182,037
	Printing and stationery	57,307	99,614		156,921
	Postage, telephone and telegraph, exchange and express	243,552 80,401	1,981,313 598,852		2,224,865
	Legal and auditing Totals (Lines 3 to 18)	10,773,669	25,945,723		679,253 36,719,392
	Taxes, licenses and fees:	10,773,009	25,345,725		30,7 19,392
20.	20.1 State and local insurance taxes deducting guaranty				
	inting and the of the O		9,456,110		9,456,110
	20.2 Insurance department licenses and fees				9,430,110
	20.4 All other (excluding federal and foreign income and real estate)		43,073		43,073
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		9,499,183		9,499,183
21	Deal cololes and a second		3,703,100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Deal estate terre				
	Reimbursements by uninsured plans				
	Aggregate write-ins for miscellaneous expenses	1,327,245	7,362,540	2,270,317	10,960,102
25.	Total expenses incurred	22,353,663	120,049,584	2,270,317	
	Less unpaid expenses—current year	18,663,506	14,700,728		33,364,234
	Add unpaid expenses—prior year	19,920,288	12,539,747		32,460,035
	Amounts receivable relating to uninsured plans, prior year		: -,999,! 11.		32,100,000
	Amounts receivable relating to uninsured plans, current year				
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	23,610,445	117,888,603	2,270,317	143,769,365
			,555,555		

DETAILS OF WRITE-IN LINES				
2401. IT systems Support ∏ development	693,813	3,863,091		4,556,904
2402. Expert Panel		2,287,831		2,287,831
2403. Other Outside Services	454,060	1,253,909		1,707,969
2498. Sum of remaining write-ins for Line 24 from overflow page	179,372	(42,291)	2,270,317	2,407,398
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	1.327.245	7.362.540	2,270,317	10,960,102

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned 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) 3,575,970	4,372,216
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	3,575,970	4,372,216
11.	Investment expenses		(g) 2,270,317
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h) 5,487,797
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)		7,758,114
17.	Net investment income (Line 10 minus Line 16)		(3,385,898)

	DETAILS OF WRITE-IN LINES	
0901.	NAME	
0902.	NIC) NI E	
0903.	INOINL	
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.	NIONE	
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	et 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, exc	luding 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	ets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated) Common stocks of affiliates					
2.21	Common stocks of affiliates		N L			
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					

	DETAILS OF WRITE-IN LINES			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 09 from overflow page			
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)			

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year		
		Total	Prior Year	Change in Total
		Nonadmitted	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 liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
_	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term			
^	investments (Schedule DA)			
	Contract loans			
_	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9. 10	Receivables for securities Securities lending reinvested colleteral assets (Cabadula DL)			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11. 12.	Aggregate write-ins for invested assets Subtatals, each and invested assets (Lines 1 to 11)			
	Subtotals, cash and invested assets (Lines 1 to 11)			
	Title plants (for Title insurers only) Investment income due and accrued			
	Investment income due and accrued Premiums and considerations:			
13.	15.1 Uncollected premiums and agents' balances in the course of collection	489,310	182,413	(306,897)
	15.2 Deferred premiums, agents' balances and installments booked but deferred	409,510	102,413	(500,097)
	and making disa			
	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				
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software	13,050,382	13,504,957	454,575
21.	Furniture and equipment, including health care delivery assets	2,258,791	242,494	(2,016,297)
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	3,344,474	3,580,527	236,053
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	19,142,957	17,510,391	(1,632,566)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (Lines 26 and 27)	19,142,957	17,510,391	(1,632,566)

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. N()NH			
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	926,701	1,269,405	342,704
2503. Security deposit - lease	218,405	111,881	(106,524)
2598. Summary of remaining write-ins for Line 25 from overflow page	127		(127)
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3 344 474	3 580 527	236 053

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.

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

		F/S	F/S		
Net Income	SSAP#	Page	Line #	2022	2021
1. Company state basis (P 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$61,785,119	\$142,812,530
2. State Prescribed Practices that is an increase / (decrease)					
from NAIC SAP				-	-
3. State Permitted Practices that is an increase / (decrease)					
from NAIC SAP				-	-
4. NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$61,785,119	\$142,812,530

Surplus	SSAP#	F/S Page	F/S Line #	December 31, 2022	December 31, 2021
 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) from NAIC SAP - Admission of restricted debt service 	XXX	XXX	XXX	\$38,642,859	(\$24,584,392)
funds	20	2	5	-	\$69,001,644
8. NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	\$38,642,859	(\$93,586,036)

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 \$0 and \$69,001,644 at December 31, 2022 and December 31, 2021, 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	N/A	N/A
b.	Tri-Party (YES/NO)	YES	YES	N/A	N/A

3. Original (Flow) & Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	
a. Maximum Amount					
1. Open No Maturity	\$ -	\$ -	\$ -	\$ -	
2. Overnight	78,960,700	-	-	-	
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 Q	uarter	Third Qua	arter	Fourth Q	uarter
b. Ending Balance							
1. Open No Maturity	\$ -	\$	-	\$	-	\$	-
2. Overnight	78,960,700		-		-		-
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	XXX	XXX	XXX
1. BAC V	AAA	ΛΛΛ	ΑΛΛ	ΑΛΛ
2. Nonadmitted Subset of BACV	XXX	XXX	XXX	XXX
3. Fair value	\$78,960,700	-	-	-

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
b. Ending Balance				
1. BACV	XXX	XXX	X X X	XXX
2. Nonadmitted Subset of BACV	XXX	XXX	XXX	XXX
3. Fair value	\$78,960,700	_		_
J. Pali value	\$70,500,700	<u> </u>		-

6. Securities Acquired Under Repo – Sale by NAIC Designation

1	2	3	4
None	NAIC 1	NAIC 2	NAIC 3
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
	1 None		

	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	\$78,960,700	-	-	-
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	\$78,960,700	-	-	-
2. Securities (FV)	XXX	X X X	X X X	X X X
3. Securities (BACV)	XXX	XXX	X X X	X X X
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	\$78,960,700	-	-	-
b. Ending Balance	\$78,960,700	-	-	-

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						Curren	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$69,001,644	(\$69,001,644)	s -	\$ -	\$ -	\$ -
e. to n. None											
o. Total restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$69,001,644	(\$69,001,644)	s -	\$ -	\$ -	\$ -

- (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

R. Share of Cash Pool by Asset Type

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 2022 and 2021 the Association made expenditures on behalf of the Texas FAIR Plan Association under its management contract and was reimbursed \$13,202,081 and \$13,185,807, respectively. As of December 31, 2022, and December 31, 2021, the Association held an intercompany admitted receivable of \$1,215,014 and \$1,158,937, 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 \$0 and \$227,200,000 was outstanding as of December 31, 2022 and December 31, 2021, respectively. On December 7, 2021, the Association Board of Directors approved an early redemption of the remaining \$177,000,000 of the Taxable Series 2014 Bonds and directed the staff to request approval from the Commissioner of Insurance to redeem the outstanding Bonds prior to their scheduled maturity dates. The redemption was completed on May 9, 2022. In conjunction with the redemption, the Association obtained a short term loan totaling \$29,118,454. The Association repaid the short term loan amount and interest in its entirety on July 21, 2022. The original Bonds bear interest from 5.25% to 8.25% with an effective interest rate of 8.03%. The Bonds were 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.

At December 31, 2021, the notes had no unamortized premium or discount. Bond issuance costs are expensed as incurred.

Interest expense incurred on the bonds is recorded as an investment expense and totaled \$5,192,000 and \$16,673,250 for the years ended December 31, 2022 and 2021 respectively. Interest of \$12,493,250 and \$18,744,000 was paid to bondholders for the years ended December 31, 2022 and 2021 respectively. Interest expense on the short term loan totaled \$295,797 for the year ended December 31, 2022.

Changes in bonds payable for the year ending December 31, 2022:

Description	Bonds Outstanding December 31, 2021	Issued	Bonds Matured/Redeemed	Bonds Outsta December 31	0
Taxable	* 1 000 000		4.77		
Series 2014	\$ 177,000,000	\$ -	\$177,000,000	\$	-

The Association obtained a \$500,000,000 committed line of credit with two of its primary financial institutions during 2022. The line of credit agreement was entered into June 1, 2022 subsequent to the Association's board of directors approval on May 17, 2022. 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 0.475% commitment fee against the unused portion of the line of credit. The commitment originally matured on May 31, 2023, however the line of credit was terminated by the Association as of December 27, 2022 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

A. Defined Benefit Plan

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, 2022, 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, 2022 and 2021:

1. Change in benefit obligation:

	<u>Under</u>	<u>funded</u>
	<u>2022</u>	2021
Benefit obligation at beginning of year	\$ 38,948,786	\$ 36,590,616
Service cost	2,754,539	2,794,629
Interest cost	1,255,648	1,114,515
Contribution by plan participants	=	=
Actuarial loss/(gain)	(14,352,804)	(925,340)
Foreign currency exchange rate changes	=	=
Benefits paid	(670,269)	(625,634)
Plan Amendments	-	=
Business combinations, divestitures,		
curtailments, settlements and special		
termination benefits	-	-
Benefit obligation at end of year	\$ 27,935,900	\$ 38,948,786
2. Change in plan assets:		
	<u>2022</u>	<u>2021</u>
Fair value of plan assets at beginning of year	\$ 30,126,911	\$ 25,955,555
Actual return/(loss) on plan assets	(10,083,043)	1,836,050
Foreign currency exchange rate changes	-	-
Employer contributions	3,516,240	2,960,940
Plan participants' contributions	=	-
Benefits paid	(670,269)	(625,634)
Business combinations, divestitures and settlements	-	
Fair value of plan assets at end of year	\$ 22,889,839	\$ 30,126,911

3.	Funded status:	<u>2022</u>	<u>2021</u>
	Components:		
	Prepaid benefit costs	\$ -	\$ -
	Overfunded plan assets	-	-
	Accrued benefit costs	2,224,627	
	Liability for pension benefits	2,821,434	5,896,132
	Assets and liabilities recognized		
	Assets (nonadmitted)	-	-
	Liability recognized	5,046,061	8,821,875
	Unrecognized liabilities	\$ -	\$ -
4.	Components of net periodic benefit costs:		
		2022	2021
	Service cost	\$ 2,754,539	
	Interest cost	1,255,648	
	Expected return on plan assets	(1,415,164)	(1,211,704)
	Transition asset or obligation	-	-
	(Gains) and losses amortization	175,742	
	Prior service cost or (credit)	44,359	44,359
	(Gain) or loss recognized due to settlement or curtailment	Ф 2017 124	- A 105 475
	Total net periodic benefit cost	\$ 2,815,124	\$ 3,185,475
5.	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost		
		<u>2022</u>	<u>2021</u>
	Items not yet recognized as a component of net periodic cost – prior year	\$ 5,896,132	\$ 7,933,853
	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	(2,854,597)	, , ,
	Net loss/(gain) recognized	(175,742)	(443,676)
•	Items not yet recognized as a component of net periodic cost – current year	\$ 2,821,434	
6.	Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost:		
	recognized as components of net periodic contin cost.	2022	2021
	Net transition asset or obligation	\$	\$ <u>2021</u>
	Net prior service cost or (credit)	178,229	222,588
	Net recognized (gains) and losses	2,643,205	5,673,544
		,	- , - , - ,

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

Weighted-average discount rate Expected long-term rate of return on plan assets Rate of compensation increase Interest crediting rates	2022 3.25% 4.50% 2.50% n/a	2021 3.00% 4.50% 2.50% n/a
Weighted-average assumptions used to determine projected benefit obligations as of December 31:		
Weighted-average discount rate	5.75%	3.25%
Rate of compensation increase	"see below"	2.50%
Interest crediting rates	n/a	n/a

Weighted-average rate of compensation increase used to determine projected benefit obligations as of December 31, 2022 uses: 4.00% for 2023, 3.00% for 2024 and 2.50% thereafter.

- 8. The amount of accumulated benefit obligation for the defined benefit pension plan was \$24,655,438 for the current year and \$34,153,100 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:

Years	<u>Amount</u>
2023	\$ 868,043
2024	981,216
2025	1,113,570
2026	1,276,089
2027	1,422,595
2028 through 2032	9,167,859

11. The Company expects to contribute \$3,669,461 during 2023.

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	(Level 1)	(Level 2)	(Level 3)		Total
Cash	\$ -	\$ 184,887	\$	-	\$ 184,887
Small Cap Equity	710,809	-		-	810,809
Large Cap Equity	4,665,680	-		-	4,665,680
Mid Cap Equity	1,594,881	-		-	1,594,881
International Equity	-	2,119,137		-	2,119,137
Realty Funds		1,117,157			1,117,157
Fixed Income	-	12,497,288		-	12,497,288
Limited Partnerships	=	=		-	-
Total Plan Assets	\$ 6,971,370	\$ 15,918,469	\$	_	\$ 22,889,839

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 \$1,003,000 and \$999,000 (before allocation to FAIR Plan) were made for fiscal years ending December 31, 2022 and 2021, respectively. The Association's portion was approximately \$695,000 and \$693,000 for 2022 and 2021, respectively.

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, 2022 and 2021, statutory fund costs were \$74,961,815 and \$0, 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 2021 as net gain from operations were used to redeem the 2014 Bonds in its entirety in 2022 (see Note 11 - Debt).

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 \$1,660,000,000. 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, 2022. 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, 2022, the Association had a surplus of \$38,642,859.

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.

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
Y				

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 entered into a new 10-year lease in March 2022 in which the Association relocated to the new facility at the end of December 2022.
 - 2. At December 31, 2022, the future minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
2023	\$357,043
2024	\$880,488
2025	\$904,701
2026	\$929,544
Thereafter	\$6,795,428
Total	\$ 9,867,204

- 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	<u>Level</u>	2	Leve	13	Net A		Practica (Carry Value	able ing
Cash, cash equivalents and											
short-term investments	\$ 222,015,854	\$ 222,015,854	\$ 222,015,854	\$	-	\$	-	\$	-	\$	-
Exempt Money Market Mutual											
Funds – as Identified by SVO	261,853,803	261,853,803	-		-		-	261,8	53,803		-
Total Cash, cash equivalents and											
short-term investments	\$ 483,869,657	\$ 483,869,657	\$ 222,015,854	\$	-	\$	-	\$ 261,8	53,803	\$	-

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 2022 and 2021 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.

Management of Risk Related To:	Number of Outstanding Contracts	Aggregate Maximum Proceeds
(1) Directly Written Insurance Risks		
a. ILS Contracts as Issuer	-	-
b. ILS Contracts as Ceding Insurer	3	\$1,100,000,000
c. ILS Contracts as Counterparty	-	-

(2) Assumed Insurance Risks

a. ILS Contracts as Issuer

b. ILS Contracts as Ceding Insurer -

c. ILS Contracts as Counterparty -

H. The Amount That Could be Realized on Life Insurance Where Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy

Not applicable

Note 22 – Events Subsequent

The Association has evaluated subsequent events through February 25, 2023, 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	None	\$39,511

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 and Protected Cells

1. The following table summarizes the assumed and ceded unearned premiums and related commissions equity as of December 31, 2022.

	Assu	med	Ce	ded	Assumed Lo	ess Ceded
	Unearned	Commission	Unearned	Commission	Unearned	Commission
	Premiums	Equity	Premiums	Equity	Premiums	Equity
a. Affiliates						
b. All other						
c. Totals						
d. Direct Unea	arned Premium Re	eserve \$2	77,334,168			

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, 2022.

- 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

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. 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 \$51,247,914 had unfavorable prior year development due to prior year large storm activity development offset by Hurricane Harvey development. Ultimate loss and loss adjustment expenses from Hurricane Harvey are estimated to be approximately \$1,660,000,000 as of December 31, 2022, down \$10 million from 2021 due to favorable development. During 2021, the estimated reserves related to those storms were revised and contributed to favorable development in 2021 in excess of \$15 million. The coverage area insured by the Association was previously impacted by Hurricane Harvey in 2017. 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, 2022 make a reasonable provision for the Association's claims liabilities.

Rollforward of unpaid losses and LAE	December 31, 2022	December 31, 2021
Balance as of January 1,	77,625,971	\$ 164,400,786
Less: Reinsurance Recoverable	40,877	86,013
Net Balance at January 1,	77,585,094	164,314,773
Incurred, net of reinsurance, related to:		
Current year	40,637,331	83,526,372
Prior years	10,610,583	(64,478,047)
Net Incurred	51,247,914	19,048,325
Paid, net of reinsurance, related to:		
Current year	(28,938,058)	(61,727,428)
Prior years	(41,719,610)	(44,050,576)
Net Paid Losses	(70,657,668)	(105,778,004)
Net Balance at end of period,	58,175,340	77,585,094
Plus: Reinsurance Recoverable	5,967	40,877
Balance at end of period,	\$ 58,181,307	\$ 77,625,971

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

<u>Note 30 – Premium Deficiency Reserves</u>

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, 2022. 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 December 31, 2022

(3) Was anticipated investment income utilized in calculation? Yes () 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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

	persons, one or more of which is an insurer?	Yes[] No[X]
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3	
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 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.	12/31/2022
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?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	
	n voa. complete and life the theret history data life Will the IVAIC	

GENERAL INTERROGATORIES

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.

Company Code	State of Domicile
	porate registration.

6.1			entity had any Certificates of Authority, licenses or reg ended or revoked by any governmental entity during th	, , , , , , , , , , , , , , , , , , , ,		Yes[]	No [X]		
6.2	If yes,	, give full info	rmation:						
7.1	Does	es any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?				Yes[] No[X]			
7.2	If yes, 7.21 State the percentage of foreign control. 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).							%	
			1	2					
			Nationality	Type of Entity					
8.1	Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by Yes [] No [X] the Federal Reserve Board?								
	Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.					Yes[]	Yes[]No[X]		
			1 Affiliate	2 Location	3	4	5	6	
			Name	(City, State)	FRB	occ	FDIC	SEC	
	Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been						Yes[] No[X] Yes[] No[X] N/A[]		
	made What condu	subject to th	e Federal Reserve Board's capital rule? and address of the independent certified public accou	intant or accounting firm retained to			"		

GENERAL INTERROGATORIES

10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model	
	Audit Rule), or substantially similar state law or regulation?	Yes[]No[X]
10.2	If response to 10.1 is yes, provide information related to this exemption:	
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting	
10.5	Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?	Yes[] No[X]
	Thouse regulation as allowed for the coston for or the model regulation, or substantially similar state fair or regulation:	100[] 110[X]
10.4	If 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?	
	James Colin Murphy, FCAS, MAA,4801 Southwest Parkway Building 1, Suite 200 Austin, TX 78735, 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?
 - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules, and regulations;

(ABA) Routing Number

Generally Accepted Accounting Principles)?

	Accountability for adherence to the code		persons identified in the code, and	Yes[X] No[]
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	ition related to amendment(s)		
14.3	Have any provisions of the code of ethics bee	n waived for any of the specif	ied officers?	Yes[]No[X]
14.31	If the response to 14.3 is yes, provide the natu	ure of any waiver(s).		
	Is the reporting entity the beneficiary of a Lette confirming bank is not on the SVO Bank List?		o reinsurance where the issuing or	Yes[] No[X]
15.2	If the response to 15.1 is yes, indicate the Am issuing or confirming bank of the Letter of Cre is triggered.	erican Bankers Association (A	· · · · · · · · · · · · · · · · · · ·	
	1	2	3	4
	American			
	Bankers			
	Association	Issuing or Confirming		

BOARD OF DIRECTORS

Circumstances That Can Trigger the Letter of Credit

Yes[]No[X]

19	. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	
	FINANCIAL	
18	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?	Yes [X] No []
17	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?	Yes[X] No[]
16	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?	Yes [X] No []

Bank Name

	Total amo	ount loaned during the year (inclusive of Separate A	Accounts, exclusiv	re of policy loans):	
				ors or other officers	\$
			20.12 To stockh	nolders not officers	\$
			20.13 Trustees	supreme or grand (Fraternal only)	\$
20.2	Total amo	ount of loans outstanding at the end of year (inclusiv			•
				ors or other officers	\$
				nolders not officers	\$
			20.23 Trustees,	supreme or grand (Fraternal only)	\$
21.1	Were any	assets reported in this statement subject to a contr	ractual obligation	to transfer to another party without the	
	liability fo	r such obligation being reported in the statement?			Yes[] No[X]
21.2	If yes, sta	te the amount thereof at December 31 of the currer			
			21.21 Rented fr		\$
			21.22 Borrowed		\$
			21.23 Leased fr	rom others	\$
			21.24 Other		\$
22.1		statement include payments for assessments as defund or guaranty association assessments?	escribed in the Ar	nnual Statement Instructions other than	Yes[]No[X]
22.2	If answer	is yes:			
				paid as losses or risk adjustment	\$
				paid as expenses	\$
			22.23 Other am	ounts paid	\$
23.1	Does the statemen	reporting entity report any amounts due from paren	nt, subsidiaries or	affiliates on Page 2 of this	Yes[X] No[]
23.2	If was inc	icate any amounts receivable from parent included	in the Page 2 am	ount.	\$
23.2	ii yes, iiic	icate any amounts receivable from parent included	iii liie Faye Z ali	ount.	Ψ
	are not se	insurer utilize third parties to pay agent commission ettled in full within 90 days? nonse to 24.1 is yes, identify the third-party that pay			Yes[]No[X]
			is the agents and	whether they are a related party.	
		1	rs the agents and		
		1 Name of Third Party	s the agents and	2	d Party (Yes/No)
		1 Name of Third Party	is the agents and		d Party (Yes/No)
		·	is the agents and	2	d Party (Yes/No)
		·	is the agents and	2	d Party (Yes/No)
		·		2	d Party (Yes/No)
25.01	exclusive	Name of Third Party he stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er	INVI	2 Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has	
25.01	exclusive	Name of Third Party he stocks, bonds and other securities owned Decer	INVI	2 Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has	d Party (Yes/No) Yes [X] No []
	exclusive addresse	Name of Third Party he stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er	INVI	2 Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has	
	exclusive addresse	Name of Third Party he stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03)	INVI	2 Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has	
	exclusive addresse	Name of Third Party he stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03)	INVI	2 Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has	
25.02	exclusive addresse If no, give	Name of Third Party he stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03)	INVI mber 31 of currer ntity on said date?	Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has P (other than securities lending programs) It year than securities lending programs It year than securities lending programs	
25.02	exclusive addresse If no, give	Name of Third Party the stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03) full and complete information, relating thereto: tity lending programs, provide a description of the pr , and whether collateral is carried on or off-balance on is also provided)	INVI mber 31 of currer ntity on said date?	Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has P (other than securities lending programs) It year than securities lending programs It year than securities lending programs	
25.02	exclusive addresse If no, give	Name of Third Party the stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03) full and complete information, relating thereto: tity lending programs, provide a description of the pr , and whether collateral is carried on or off-balance on is also provided)	INVI mber 31 of currer ntity on said date?	Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has P (other than securities lending programs) It year than securities lending programs It year than securities lending programs	
25.02	exclusive addresse If no, give	Name of Third Party the stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03) full and complete information, relating thereto: tity lending programs, provide a description of the pr , and whether collateral is carried on or off-balance on is also provided)	INVI mber 31 of currer ntity on said date?	Is the Third-Party Agent a Related STMENT It year, over which the reporting entity has P (other than securities lending programs) It year than securities lending programs It year than securities lending programs	
25.02 25.03	exclusive addresse If no, give For securities informatic Texas Wi	Name of Third Party the stocks, bonds and other securities owned Decer control, in the actual possession of the reporting er d in 25.03) full and complete information, relating thereto: tity lending programs, provide a description of the pr , and whether collateral is carried on or off-balance on is also provided)	INVI mber 31 of currer ntity on said date? rogram including sheet. (an altern-	Is the Third-Party Agent a Related STMENT If year, over which the reporting entity has Protected than securities lending programs If year than securities	

	oes your securities lending program require 102% (domest ounterparty at the outset of the contract?	stic secu	urities) and 105% (foreign securities) from the	Yes[] No[] N/A [X]
25.07 D	oes the reporting entity non-admit when the collateral rece	eived fro	om the counterparty falls below 100%?	Yes[] No[] N/A [X]
	oes the reporting entity or the reporting entity's securities greement (MSLA) to conduct securities lending?	lending	agent utilize the Master Securities Lending	Yes[] No[] N/A [X]
25.09 Fo	or the reporting entity's security lending program, state the	e amoun	at of the following as of December 31 of the current year:	
25	5.091 Total fair value of reinvested collateral assets rep	orted on	Schedule DL, Parts 1 and 2	\$
25	5.092 Total book adjusted/carrying value of reinvested of	collatera	l assets reported on Schedule DL, Parts 1 and 2	\$
25	5.093 Total payable for securities lending reported on the	ne liabilit	y page	\$
e) a	fere any of the stocks, bonds or other assets of the reporticularity under the control of the reporting entity or has the put option contract that is currently in force? (Exclude serves, state the amount thereof at December 31 of the currently)	ne repor	ting entity sold or transferred any assets subject to subject to Interrogatory 21.1 and 25.03).	Yes[] No[X]
	2	6.21	Subject to repurchase agreements	\$
		6.22	Subject to reverse repurchase agreements	\$\$
		6.23	Subject to dollar repurchase agreements	\$
		6.24	Subject to reverse dollar repurchase agreements	\$
	2	6.25	Placed under option agreements	\$
	2	6.26	Letter stock or securities restricted as to sale -	
			excluding FHLB Capital Stock	\$
	2	6.27	FHLB Capital Stock	\$
	2	6.28	On deposit with states	\$
	2	6.29	On deposit with other regulatory bodies	\$
	2	6.30	Pledged as collateral - excluding collateral	
			pledged to an FHLB	\$
	2	6.31	Pledged as collateral to FHLB - including	
			assets backing funding agreements	\$
	2	6.32	Other	\$
26.3 Fo	or category (26.26) provide the following:			
	1		2	3
	Nature of Restriction		Description	Amount

NES 27.3 through 27.5 : FOR LIFESPATERNAL REPORTING ENTITIES ONLY: 27.3 Does the reporting entity utilize derivatives to hedge vertable annually guarantees subject to fluctuations as a result of interest rate sensitivity? 27.4 If the response to 27.3 is YES, does the reporting entity utilize. 27.4 Special accounting provision of SSAP No. 109 27.4 Permised accounting provision of SSAP No. 109 27.5 Permised accounting provision of SSAP No. 109 27.6 Permised accounting provision of SSAP No. 109 27.6 Permised accounting provision of SSAP No. 109, the reporting entity visit to the following: 27.6 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity visit to the following: 1 The reporting entity has collising developed accounting provisions is consistent with the explainments of WA21. 27.5 By a separation of the state of the following: 1 The reporting entity has collising developed with the device of the hedging states of the separation of the Accounting the special accounting provisions is consistent with the explainments of WA21. 28.6 Exclusive of the state of the separation of the hedging states of the Accounting states and the explainments of WA21. 28.7 Exclusive of the state of the separation of the hedging states of the he		If yes, has a comprehensive description with this s		en made availab	le to the domiciliary state?	Yes[] No[] N/A [X]
27.4 if the response to 27.3 is YES, does the reporting entity stilize: 27.4 Special accounting practice 27.4 Special accounting practice Yes [] No [X] 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity has obtained explicit approval from the domiciliary state. **The reporting entity has obtained explicit approval from the domiciliary state. **Hedging statety subject to the special accounting provisions is consistent with the requirements of VM-21. **Actuated collision has been collision within indicates the the design statety is incorporated within the establishment of VM-21 and the state of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline **Conditional Teleporation Nature** **Financial Officer Centrication has been obtained which indicates that the hedging strategy within the Actuarial Guideline **Clearly Defined Hedging Strategy with VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy or growing used by the company in its school allow day risk mitigation efforts. **Enancial Officer Centrication has been obtained which indicates that the hedging strategy writin the Actuarial Guideline **Enancial Officer Centrication has been obtained which indicates that the hedging strategy writin the Actuarial Guideline **Enancial Officer Centrication has been obtained which indicates that the hedging strategy writin the Actuarial Guideline **Enancial Officer Centrication has been obtained which indicates that the beging strategy writin the Actuarial Guideline **Enancial Officer Centrication has been obtained with Actuarial that the Clearly Defined Hedging Strategy writin the Actuarial Guideline into accurate to the hedging strategy writin the scalar and the hedging strategy writin the Actuarial Guideline into equity or accurate that equity or accurate that the cincinned into equity or accurate t	27.3	Does the reporting entity utilize deriv			oject to fluctuations as a result	
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29.04 If yes, give full and complete information relating thereto: 1 2 3 4						
				todian(s) identifie	d in 29.01 during the current year?	Yes[]No[X]
		1	2	3	4	
		· ·		1	•	on

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

1	2
Name Firm or Individual	Affiliation
David Durden	[I
Stuart Harbour	[I

29.0597 For those firms/individuals listed in the table for Question 29.05, 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]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[]No[X]

29.06 For those firms or individuals listed in the table 29.05 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

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

Yes[]No[X]

30.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
			Excess of Statement
			over Fair Value (-),
	Statement (Admitted)		or Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds			
31.2 Preferred stocks			
31.3 Totals			

31.4	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.	
32.1	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]
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes[] No[X]
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:	
33.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes[X] No[]
33.2	If no, list exceptions:	
34	By self-designating 5Gl securities, the reporting entity is certifying the following elements of each self-designated 5Gl security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for a b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.	n FE or PL security is not availabl
	Has the reporting entity self-designated 5GI securities?	Yes[] No[X]
35	 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 we 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? 	which is Yes[] No[X]
36.	By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-	-designated FE fund:
	 a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an N to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. 	IRSRO prior
	 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. 	an NAIC CRP
	Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Yes[] No[X]
37.	By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part (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 complet 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 to 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 critical structure.	eted at the ransaction
	Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	Yes[] No[] N/A[X]
	Does the reporting entity directly hold cryptocurrencies? If the response to 38.1 is yes, on what schedule are they reported?	Yes[] No[X]

9.1 DC	pes the reporting entity directly or indirectly accept cryptocurrent	cies as paym	ents for premiums on policies?	Yes [] No	[X]
92 lft	the response to 39.1 is yes, are the cryptocurrencies held direct	lv or are thev	immediately converted to U.S. of	lollars?	
,	39.21	Held direc	· · · · · · · · · · · · · · · · · · ·	Yes [] No	[X]
	39.22				
3 lt t	39.22 the response to 38.1 or 39.1 is yes, list all cryptocurrencies acce		ely converted to U.S. dollars	Yes [] No	[^]
.5 11 (pied for payi			
	I I		2	3	
			iately Converted to USD,		
	Name of Cryptocurrency	D	irectly Held, or Both	Accepted for Payment of Payment o	remiums
.2 Lis	mount of payments to trade associations, service organizations as the name of the organization and the amount paid if any such tal payments to trade associations, service organizations and st	payment rep	resented 25% or more of the	\$	155,80
СО	vered by this statement.				
	1		2		
	Name		Amount I		
	Insurance Services Office, Inc.		\$	109,882	
	Texas Insurance Checking Office		\$ \$	39,499	
.2 Lis	mount of payments for legal expenses, if any? st the name of the firm and the amount paid if any such paymen		25% or more of the total	\$	424,79
pa	syments for legal expenses during the period covered by this sta	itement.			
	1				
	1		2		
	Name		2 Amount I	Paid	
	Name Perkins Law Group PLLC			Paid 250,036	
	Perkins Law Group PLLC		Amount I	250,036	
			Amount I	250,036	
of .2 Lis	Perkins Law Group PLLC	t represented	Amount I \$ \$ tive bodies, officers or department 25% or more of the total	250,036 	
of .2 Lis pa	Perkins Law Group PLLC mount of payments for expenditures in connection with matters to government, if any? st the name of the firm and the amount paid if any such payment expenditures in connection with matters before legislative.	t represented	Amount I \$ \$ tive bodies, officers or department 25% or more of the total	250,036 	
of .2 Lis pa	Perkins Law Group PLLC mount of payments for expenditures in connection with matters to government, if any? st the name of the firm and the amount paid if any such payment.	t represented	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250,036 	
of .2 Lis pa	Perkins Law Group PLLC mount of payments for expenditures in connection with matters to government, if any? st the name of the firm and the amount paid if any such payment expenditures in connection with matters before legislative uring the period covered by this statement.	t represented	\$ stive bodies, officers or department 25% or more of the total cers or departments of government 2	250,036	
of 2.2 List	Perkins Law Group PLLC mount of payments for expenditures in connection with matters to government, if any? st the name of the firm and the amount paid if any such payment expenditures in connection with matters before legislative.	t represented	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250,036	

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Sup	plement Insurance in force?	Yes [] No [X]								
1.2	If yes, indicate premium earned on U.S. business only.		\$									
1.3	1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?1.31 Reason for excluding											
1.5	Indicate amount of earned premium attributable to Can Indicate total incurred claims on all Medicare Suppleme Individual policies:	adian and/or Other Alien not included in Item (1.2) above. ent insurance.	\$ \$									
1.7	Most 1.61 1.62 1.63 All ye 1.64 1.65 1.66 Group policies: Most 1.71 1.72 1.73	current three years: Total premium earned Total incurred claims Number of covered lives ars prior to most current three years: Total premium earned Total incurred claims Number of covered lives current three years: Total premium earned Total incurred claims Number of covered lives ars prior to most current three years: Total premium earned Total incurred claims Number of covered lives ars prior to most current three years: Total premium earned Total incurred claims Number of covered lives 1 2 Current Year Prior Year Premium Numerator Premium Denominator Premium Ratio (2.1 / 2.2) Reserve Numerator Reserve Denominator \$ 335,509,508 \$ 280,110,433	\$									
	2.6	Reserve Ratio (2.4 / 2.5)										
	Did the reporting entity issue participating policies durin		Yes [] No [X]								
3.2	ir yes, provide the amount of premium written for partic 3.21	ipating and/or non-participating policies during the calendar year Participating policies	¢									
	3.22	Non-participating policies	\$									
4.	For Mutual reporting entities and Reciprocal Exchange		'									
4.1	Does the reporting entity issue assessable policies?		Yes [] No []								
4.2	Does the reporting entity issue non-assessable policies	?	Yes [] No []								
4.3	If assessable policies are issued, what is the extent of \boldsymbol{t}	he contingent liability of the policyholders?										
4.4	Total amount of assessments paid or ordered to be pai	d during the year on deposit notes or contingent premiums.	\$									
5.	For Reciprocal Exchanges Only:											
5.1	Does the exchange appoint local agents?		Yes [] No []								
5.2	If yes, is the commission paid:											
	5.21 5.22	Out of Attorney's-in-fact compensation As a direct expense of the exchange] No [] N/A [] No [] N/A [
E 2	What expenses of the Exchange are not paid out of the	compagnation of the Atternau in fact?										
5.5												
5.4	Has any Attorney-in-fact compensation, contingent on t	fulfillment of certain conditions, been deferred?	Yes [] No []								
5.5	If yes, give full information											
	What provision has this reporting entity made to protect compensation contract issued without limit loss: Texas Windstorm Insurance Association does not write	t itself from an excessive loss in the event of a catastrophe under a workers' workers compensation insurance policies.										

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 \$2.036 billion in excess of \$2.2 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[]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	
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes[]No[X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	[][]
	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [] No []
	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[]No[X]
8.2	If yes, give full information	res[]NO[X]
	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[]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[]No[X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 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[]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[]No[X]
	supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an	Yes[]No[X]
	attestation supplement.	Yes[]No[X]

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	to that which the	ne original e	ntity would have been requ	lired to charge had it reta	ned the risks. Has this	been done?		Yes [] No [] N/A [X
	Has the report		aranteed policies issued b	y any other entity and no	v in force:			Yes [] No [X]
			ded accrued retrospective abilities recorded for:	premiums on insurance of	ontracts on Line 15.3 o	of the asset schedule, F	Page 2, state the		
		3	12	.11 Unpaid losses				\$	
			12	.12 Unpaid underwriting	expenses (including los	s adjustment expense	s)	\$	
2.2	Of the amount	on Line 15.	3, Page 2, state the amour	nt that is secured by letter	s of credit, collateral an	d other funds?		\$	
		•	rwrites commercial insurar covering unpaid premium		compensation, are pro	emium notes or promis	ssory notes	Yes []No[]N/A[X
2.4	If yes, provide	the range o	f interest rates charged un	der such notes during the	period covered by this	statement:			
				.41 From .42 To					
	promissory no	tes taken by	ateral and other funds rece a reporting entity or to sec le features of commercial	cure any of the reporting				Yes [] No [X]
2.6	If yes, state th	e amount th	ereof at December 31 of co	urrent year:					
				.61 Letters of Credit.62 Collateral and other	iunds			\$ \$	
12.1	Largost not as	aroasto sm	ount insured in any one ris					¢	4,424,000
			-					Ψ	4,424,000
	Does any reins reinstatement		tract considered in the cald	culation of this amount inc	lude an aggregate limit	of recovery without al	so including a	Yes [] No [X]
			rance contracts (excluding patory contracts) considered			ng facultative program	s, automatic		
4.1	Is the compan	y a cedant i	n a multiple cedant reinsur	ance contract?				Yes [] No [X]
4.2	If yes, please	describe the	method of allocating and	ecording reinsurance am	ong the cedants:				
	If the answer t contracts?	o 14.1 is yes	s, are the methods describ	ed in item 14.2 entirely co	ntained in the respective	re multiple cedant reins	surance	Yes [] No []
4.4	If the answer t	o 14.3 is no	are all the methods descr	ibed in 14.2 entirely conta	ined in written agreeme	ents?		Yes [] No []
4.5	If the answer t	o 14.4 is no	please explain:						
5.1	Has the report	ing entity gu	aranteed any financed pre	mium accounts?				Yes [] No [X]
5.2	If yes, give full	information							
			rite any warranty business ng information for each of t		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		
			[[ICUITEG						
	16.11 Home		\$	\$	\$				
	16.12 Produ	cts	\$	\$	\$		5		
		cts nobile	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$	\$ \$ \$ \$		5 5 5		

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] N/A []

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
		2022	2021	2020	2019	2018
1	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
2.	Liability lines (Lines 11, 16, 17, 18, & 19) Property lines (Lines 1, 2, 9, 12, 21 & 26)	518,299,032	395,112,773	369,600,488	372,016,601	395,551,679
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)		030,112,770	000,000,400	072,010,001	
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.						
6.	Total (Line 35)	518,299,032	395,112,773	369,600,488	372,016,601	395,551,679
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11, 16, 17, 18, & 19)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26)	386,203,859	292,980,909	261,995,386	277,922,157	287,112,861
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.						
11.	* * * * * * * * * * * * * * * * * * * *					
12.	Total (Line 35)	386,203,859	292,980,909	261,995,386	277,922,157	287,112,861
40	Statement of Income (Page 4)	05.405.747	404 000 004	50 500 504		(04.474.557
	Net underwriting gain (loss) (Line 8)	65,135,717	161,390,964	52,509,764	29,023,235	(81,471,557
14.	T-t-1-th///////	(3,385,898)	(18,578,434)	(23,692,958)	(22,117,196)	(27,331,179
15. 16.	5 /	35,300			90,042,566	281,871,761
	Federal and foreign income taxes incurred (Line 19)					
	Net income (Line 20)	61,785,119	142,812,530	28,816,806	96,948,605	173,069,025
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	510,852,207	496,935,040	484,193,346	606,116,804	657,838,728
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	2,879,907	80,819	1,281,551	116,418	106,172
	20.2 Deferred and not yet due (Line 15.2)	22,089,801	1,832,245			
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	472,209,348	521,519,432	644,644,253	789,908,582	935,702,925
22.		39,511,834	57,664,806	123,287,727	131,861,792	157,182,138
	Loss adjustment expenses (Page 3, Line 3)	18,663,506	19,920,288	41,027,046	37,268,229	43,597,505
	Unearned premiums (Page 3, Line 9)	277,334,168	202,525,339	185,916,764	185,495,369	195,049,950
	Capital paid up (Page 3, Lines 30 & 31)	00.040.050	(0.4.50.4.000)	(400,450,007)	(400 704 770)	(077.004.407
26.	Surplus as regards policyholders (Page 3, Line 37)	38,642,859	(24,584,392)	(160,450,907)	(183,791,778)	(277,864,197
27	Cash Flow (Page 5) Net cash from operations (Line 11)	173,609,021	76,756,134	66,152,074	(89,442,142)	55,208,905
21.	Net cash from operations (Line 11) Risk-Based Capital Analysis	170,003,021	70,700,104	00,102,014	(00,442,142)	00,200,300
28.		38,642,859	(24,584,392)	(160,450,907)	(183,791,778)	(277,864,197
29.		20,584,185	18,271,880	27,931,881	26,601,548	27,483,960
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets	[
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)					
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
	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
35.						
36.						
37. 38.	Other invested assets (Line 8) Receivables for securities (Line 9)					
39.	× /					
40.						
	Cash, cash equivalents and invested assets (Line 12)	400.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44.						
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification,					
	Col. 5, Line 10)					
46.						
	All other affiliated					
48.	Total investment in parent included in Linea 40 to 47 above					
49. 50						
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					
	Togalias policytrolacio (Elito 40 abore divided by 1 age 0, Ool. 1, Elite 01 x 100.0)	1	I	1	<u> </u>	<u> </u>

FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2022	2021	2020	2019	2018
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52.	Dividends to stockholders (Line 35)					
	Change in surplus as regards policyholders for the year (Line 38)	63,227,251	135,866,515	23,340,871	94,072,419	183,525,965
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11, 16, 17, 18, & 19)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	47.047.000		89,639,169	112,071,468	307,370,851
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)	47,047,223	75,211,076	89,639,169	112,071,468	307,370,851
	Net Losses Paid (Page 9, Part 2, Col. 4)					
	ייטני בטטטטט ז עונע נו עקט ט, ז עוני ב, טטוי דן					
60.	Liability lines (Lines 11, 16, 17, 18, & 19)					
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)		75,201,076	89,485,103	111,975,095	307,294,828
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)	47,047,223	75,201,076	89,485,103	111,975,095	307,294,828
	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)	9.3	3.5	30.9	30.1	35.2
1	Loss expenses incurred (Line 3)	7.2	3.4	14.4	9.3	23.1
69.	Other underwriting expenses incurred (Line 4)	38.6	34.7	34.6	32.1	32.0
70.	Net underwriting gain (loss) (Line 8)	20.9	58.4	20.1	10.1	(27.0)
	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	50.5	32.7	34.6	19.8	(26.1)
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3					
	divided by Page 4, Line 1 x 100.0)	16.5	6.9	45.3	39.4	58.4
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)	999.4	(1191.7)	(163.3)	(151.2)	(103.3)
	One Year Loss Development (\$000 omitted)					
74	Development in actimated losses and loss expenses insured prior to surrect					
/4.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	4.020	(50 540)	(46)	72 725	100 170
75		4,039	(58,549)	(46)	73,735	109,178
/5.	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)	(16.4)	36.5	0.0	(26.5)	(23.7)
	COL. 1 x 100.0)					
	Two Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred 2 years before					
	the current year and prior year (Schedule P, Part 2-Summary, Line 12,					
	Cal 12)	(64,969)	(37,742)	73,496	183,740	(10,499)
77	Percent of development of losses and loss expenses incurred to reported	(01,505)	(9:,;; 72)	70,100	130,7 40	(, , , , , , ,)
	policyholders' surplus of second prior year end (Line 76 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)	40.5	20.5	(26.5)	(39.8)	
		70.0	20.5	(20.3)	(00.0)	

	1 ago 1, Ellio 21, Col. 2 x 100.0/	10.0	20.0	(20.0)	(00.0)
NOTE	: If a party to a merger, have the two most recent years of this exhibit been restated due to a m	erger in compliance v	vith the disclosure		Yes [] No [
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?				
	If no, please explain:				

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022 **NAIC Group Code** 4766 **NAIC Company Code** 30040 Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense Direct Direct Losses Direct Defense Direct Direct or Credited to Unearned and Cost and Cost and Cost Paid Commissions Taxes, Premiums Premiums Policyholders on Direct Losses Containment Containment and Brokerage Premium (deducting Direct Losses Containment Licenses Written Earned Direct Business Reserves salvage) Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses and Fees 1. Fire 277.334.168 2.1 Allied Lines 9.456.110 2.2 Multiple Peril Crop 2.3 Federal Flood 2.4 Private Crop 2.5 Private Flood Farmowners Multiple Peril 4. Homeowners Multiple Peril 5.1 Commercial Multiple Peril (Non-Liability Portion) 5.2 Commercial Multiple Peril (Liability Portion) 6. Mortgage Guaranty 8. Ocean Marine 9. Inland Marine 10. Financial Guaranty 11.1 Medical Professional Liability - Occurrence 11.2 Medical Professional Liability - Claims-Made 12. Earthquake Comprehensive (hospital and medical) ind (b) 13.2 Comprehensive (hospital and medical) group (b) 14. Credit A & H (Group and Individual) 15.1 Vision Only (b) 15.3 Disability Income (b) 15.4 Medicare Supplement (b) 15.5 Medicaid Title XIX (b) 15.6 Medicare Title XVIII (b) 15.7 Long-Term Care (b) 15.8 Federal Employees Health Benefits Plan Premium (b) 15.9 Other Health (b)



NAIC Group Code

4766

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2022

NAIC Company Code

											"" TTT::".	
		icy and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
	Return Premiums and Prem	niums on Policies not Taken										
	1	2	Dividends Paid	Direct	Direct Losses			Direct Defense	Direct Defense	Direct Defense		
	Direct	Direct	or Credited to	Unearned	Paid			and Cost	and Cost	and Cost	Commissions	Taxes,
	Premiums	Premiums	Policyholders on	Premium	(deducting	Direct Losses	Direct Losses	Containment	Containment	Containment	and Brokerage	Licenses
	Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fee
9.1 Private Passenger Auto No-Fault (Personal Injury Protection)					,		'	'	· ·		i i	
Other Private December Auto Lighility												
9.3 Commercial Auto No-Fault (Personal Injury Protection)												
1 A Other Commercial Auto Linkility												
1.1 Private Passenger Auto Physical Damage												
1.2 Commercial Auto Physical Damage												
22 Aircraft (all porile)												
23. Fidelity												
24. Surety 26. Burglary and Theft												
20. Bulgiary and Theil												
27. Boiler and Machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX		X X X	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX
	XXX	xxx	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX
33. Reins nonproportional assumed financial lines	xxx	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	518,299,032	443,490,204		277,334,168	47,047,223	28,872,966	39,516,783	3,827,199	4,482,334	12,346,887	82,854,389	9,45
DETAILS OF WRITE-INS												
01.												
02.					<u> </u>							
lo3.												
98. Summary of remaining write-ins for Line 34 from overflow page												
499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												
33. TOTALS (LITTES 370 FILITOUGH 3703 PIUS 3430) (LITTE 34 ADDVC)	1	l .	1	1	1	I	1			I	1	

(a)	Finance and	service	charges	not include	d 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

Footnotes	Amounts
(a) Finance and service charges not included in Lines 1 to 35 \$	
(b) For health business on indicated lines report: Number of persons insured under PPO managed care	
products and number of persons insured under indemnity only products	

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 4766 BUSINESS IN TH

NAIC GI	oup Code 4766			BUSINESS IN	THE STATE OF TOT	AL DURING THE YE	AR 2022				NAIC Company Cod	le 30040	
		Gross Premiums, Including Poli Return Premiums and Prem		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.	Allied lines	518,299,032	443,490,204		277,334,168	47,047,223	28,872,966	39,516,783	3,827,199	4,482,334	12,346,887	82,854,389	9,456,11
	Multiple Peril Crop	510,299,032	443,430,204		211,334,100	41,041,223	20,072,300	33,310,703		4,402,334	12,040,007	02,004,009	3,430,11
	Federal Flood												
	Private Crop												
	Private Flood												
	Farmowners Multiple Peril												
	Homeowners Multiple Peril												
	Commercial Multiple Peril (Non-Liability Portion)												
	Commercial Multiple Peril (Liability Portion)												
	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												
13.1	Comprehensive (hospital and medical) ind (b)												
	Comprehensive (hospital and medical) group (b)												
	Credit A & H (Group and Individual)												
	Vision Only (b)												
	Dental Only (b)												
	Disability Income (b)												
	Medicare Supplement (b)												
	Medicaid Title XIX (b)												
	Medicare Title XVIII (b)												
	Long-Term Care (b)												
	Federal Employees Health Benefits Plan Premium (b)												
	Other Health (b)												
	Workers' Compensation												
	Other Liability - Occurrence												
	Other Liability - Claims-Made												
	Excess Workers' Compensation												
	Products Liability - Occurrence												
	Products Liability - Claims-Made												



NAIC Group Code

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2022

NAIC Company Code

		Gross Premiums, Including Poli Return Premiums and Prem		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	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
19.1 Private	e Passenger Auto No-Fault (Personal Injury Protection)		2404						27,001.001 0.10	Expense incarred	Exponed onpaid	2,401.000	u 1 000
1 40 0 011	D: 1 D A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1						
19.3 Comm	Private Passenger Auto Liability ercial Auto No-Fault (Personal Injury Protection)					I	1						
19.4 Other	Commercial Auto Liability						1						
21.1 Private	Passenger Auto Physical Damage					1	1	1	l				
	ercial Auto Physical Damage											I I	
22. Aircraf	t (all perils)											I	
23. Fidelity	<i>y</i>						1						
24. Surety													
26. Burgla	ry and Theft						1						
	and Machinery						1						
28. Credit							1	l		l		l	
29. Interna	ational				l		1	l	l	l		l	
30. Warrai	nty				l	1	1	l	l	l		l l	
31. Reins	nonproportional assumed property	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
		X X X	XXX	XXX	XXX	XXX	XXX	XXX	x x x	xxx	x x x	XXX	XXX
	nonproportional assumed financial lines	XXX	XXX	XXX	N XXX	XXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	gate Write-Ins for Other Lines of Business			_	1011								
35. TOTAL	- 7	518,299,032	443,490,204		277,334,168	47,047,223	28,872,966	39,516,783	3,827,199	4,482,334	12,346,887	82,854,389	9,456,110
	DETAILS OF WRITE-INS												
3401.													
3402. 3403.													
3403.													
3498. Summ	ary of remaining write-ins for Line 34 from overflow page												
3499. Totals	(Lines 3401 through 3403 plus 3498) (Line 34 above)												

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

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

NONE Schedule F - Part 1 Assumed Reinsurance

NONE Schedule F - Part 2 Premium Portfolio

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

		_		_															
1	2	3	4	5	6	7	•		10		Recoverable On			1.5	10	Reinsuran		19	20
						/	8	9	10	11	12	13	14	15	16	17	18		-
													-						
													1						
																		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
																1::::::::::::::::::::::::::::::::::::::		l	
39-1173498	19283	American Family Connect Property & Casualty In	WI		789			1	1		1	1	1		l	206	l	(206)	1
47-0698507	23680	Odyssey Reinsurance Company	CT		2,366							1				617		(617)	
23-1641984	10219	QBE Reinsurance Corporation	PA		520				I			1				136		(136)	
47-0574325	32603	Berkley Insurance Company	DE		213			1	I			1	1			56		(56)	
22-2005057	26921	Everest Reinsurance Company	DE		10,252				I			1				2,673		(2,673)	[
13-4924125	10227	Munich Re America, Inc.	DE		4,492				I			1	I			1,123		(1,123)	[
13-3138390	42307	Navigators Insurance Company	NY		946				1			1				247		(247)	1
13-1675535	25364	Swiss Reinsurance America Corporation	NY		457				1			1				119		(119)	1
46-3943172	15341	Safepoint Insurance Company	FL						1	5	1	1	1	6				6	1
31-0542366	10677	The Cincinnati Insurance Company	OH		1,577			1	1		1	1	1			411		(411)	1
									1			1	1					,	
0999999	Total Authorize	d - Other U.S. Unaffiliated Insurers			21,612					5	1			6		5,588		(5,582)	
AA-1340125	0	Hannover Re Old CAT Bond	DEU		60,066											14,600		(14,600)	
AA-1120171	0	Lloyd's Underwriter Syndicate 1856 ACS	GBR													154		(154)	
AA-1126566	0	Lloyd's Underwriter Syndicate No. 0566 STN	GBR		631											164		(164)	
AA-1127084	0	Lloyd's Underwriter Syndicate No. 1084 CSL	GBR		1,577											411		(411)	
AA-1127183	0	Lloyd's Underwriter Syndicate No. 1183 TAL	GBR		1,104											288		(288)	
AA-1120085	0	Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		237											62		(62)	
AA-1127414	0	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		580							1				151		(151)	
AA-1120084	0	Lloyd's Underwriter Syndicate No. 1955 BAR	GBR		552			1	1			1	1			144		(144)	
AA-1128001	0	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		158			1	1			1	1			41		(41)	
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		1,577			1	1				1			411		(411)	
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		907			1	1			1	1			236		(236)	
AA-1126004	0	Lloyd's Underwriter Syndicate No. 4444 CNP	GBR		946			1	1			1				247		(247)	
AA-1120157	0	Lloyd's Underwriter Syndicate 1729 Dale	GBR		237							1				62		(62)	
AA-3194126	0	Arch Reinsurance Ltd/Arch Re Ltd	BMU	1	3,154	l		1	1			1	1	l		822		(822)	
AA-1120152	0	(Nephila) Nautical Management Ltd. on behalf of	GBR		3,486			1			1	1	1			909		(909)	1

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

1	2	3	4	5	6					Reinsurance F	Recoverable On					Reinsuran	ce Payable	19	20
			·		, and the second	7	8	9	10	11	12	13	14	15	16	17	18		20
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
AA-1120083 AA-3194168 AA-3194139 AA-3190870 AA-1340125 AA-1340125 AA-1340125 AA-1340125 AA-1340125 AA-1120171	0 0 0 0 0 0 0	Ariel Re obo Syndicate 1910 ARW Aspen Bermuda Limited AXIS Specialty Limited Validus Reinsurance, Ltd. Chard Re via Hannover Eskatos via Hannover Elementum BDA via Hannover Pillar BDA via Hannover Securis BDA via Hannover IQUW Agency Bermuda on behalf of IQUW Syndia	GBR BMU BMU BMU DEU DEU DEU BMU DEU BMU DEU GBR		2,366 789 1,577 2,997 237 237 394 775 237 197											617 206 411 781 62 62 103 202 62 51		(617) (206) (411) (781) (62) (62) (103) (202) (62) (51)	
1299999	Total Authorize	ed - Other Non-U.S. Insurers#			85,609											21,259		(21,259)	
1499999	Total Authorize	ed - Total Authorized Excluding Protected Cells			107,221					5	1			6		26,847		(26,841)	
AA-1464104 AA-3191352 AA-9240012 AA-5420050 AA-1240051 AA-3191388 AA-3191298 AA-3191321 AA-3191321 AA-3194126 AA3191333	0 0 0 0 0 0 0	Allianz Risk Transfer AG (Elementum) Ascot Reinsurance Company Limited (Bermuda) China Property & Casualty Reinsurance Compan Korean Reinsurance Company QBE Europe SA / NV Vermeer Reinsurance Ltd. Qatar Reinsurance Company Limited (QIC Globo (Nephila) Nautical Management Ltd. on behalf of SiriusPoint Bermuda Ins Co Ltd Conduit Reinsurance Limited Securis via Arch Re Eclipse Re (via Artex SPC Bermuda o/b/o Ferma	n China KOR BEL BMU BMU BMU BMU BMU BMU BMU BMU		394 580 394 237 1,577 3,943 315 2,324 1,183 158 394 775											103 151 103 62 411 1,026 82 606 308 41 103 202		(103) (151) (103) (62) (411) (1,026) (82) (606) (308) (41) (103) (202)	
2699999	Total Unauthor	ized - Other non-U.S. Insurers#			12,274											3,198		(3,198)	

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

									-	<u> </u>							- · · ·		T
1	2	3	4	5	6	_		1	1		Recoverable On				1	Reinsurano		19	20
						7	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
	+						1												
2799999	Total Unauthoriz	zed - Protected Cells	1																
2899999	Total Unauthoriz	zed - Total Unauthorized Excluding Protected Cells			12,274											3,198		(3,198)	
,																			
CR-3190770		Chubb Tempest Reinsurance Ltd.	BMU		1,167											304		(304)	
CR-3191289		Fidelis Insurance Bermuda Ltd	BMU		1,577											411		(411)	1
CR-1120175	0	Fidelis Underwriting Ltd	GBR		789											206		(206)	
CR-3194122	0	DaVinci Reinsurance Limited	BMU		2,364											617		(617)	
CR-3191190	0	Hamilton Re, Ltd.	BMU		1,183											308		(308)	
CR3190875	0	Hiscox Insurance Co (Bermuda) Limited MS Amlin AG	BMU CHE		1,971											514		(514)	}
CR-1460019 CR3191315	. 0	XL Bermuda Ltd	BMU		789 789											206		(206)	}
CR3191313 CR1460100	.	New Reins Co Ltd	CHE		394											103		(206)	}
CR1460100 CR3190339	.	RENAISSANCE REINS LTD	BMU		1,577											411		(411)	}
CK9190999	.	RENAISSAINCE REINS LTD	DIVIO.		1,5//													4.11)	'
4099999	Total Certified -	Other Non-U.S. Insurers#			12,600											3,286		(3,286)	1
4199999	Total Certified -				12,000											0,200		(0,200)	
4299999	Total Certified -	Total Certified Excluding Protected Cells	•	•	12,600											3,286		(3,286)	
5799999	Total Authorized	, Unauthorized and Certified Excluding Protected C	Cells		132,095					5	1			6		33,331		(33,325)	
,																			
	.		1	1	l l		l	1	1										1
	1											1			1	1		1	

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

Collateral	25 2	07		-						
Collateral	20 4	26 27			Ced	ded Reinsurand	ce Credit Risk			
21 22 23 24			28 29	30	31	32	33	34	35	36
							+			
							+			
							†		Credit Risk o	
							†		Collateralized	Credit Risk on
		•		Reinsurance	9		†		Recoverable	Uncollateralized
				Payable&			Stressed Net		(Col. 32 *	Recoverables
Single			Total Amount	Funds Held		Total	Recoverable		Factor	(Col. 33 * Factor
Issuing or Beneficiary		let	Recoverable	(Cols		Collateral	Net of		Applicable to	Applicable to
		verable Applicable	1		1	t (Cols. 21 +	1 1		Reinsurer	Reinsurer
Number Name of Multiple Bank Other		f Funds Sch. F	Reinsurers Recover		Recoverable	1		Reinsurer	Designation	Designation
	,	eld & Penalty	Less Penalty (Col. 2		(Cols. 29 -	in Excess of		Designation	Equivalent in	Equivalent in
Col. 1 From Col. 3 Trusts Credit Number Collateral	Collateral Coll	ateral (Col. 78)	(Cols. 15-27) 120%	o) Col. 29)	30)	Col. 31)	32)	Equivalent	Col. 34)	Col. 34)
							.			
00.4472400 Anni					.		.			
39-1173498 American Family Connect Property & Casualty Ins Co 0 47-0698507 Odyssey Reinsurance Company 0	.						.	3		
23-1641984 QBE Reinsurance Corporation					.		.			
47-0574325 Berkley Insurance Company	· · · · · · ·						.	2		
22-2005057 Everest Reinsurance Company							.	2		
13-4924125 Munich Re America, Inc. 0							.	2		
13-3138390 Navinators Insurance Company	.						.	2		
13-1675535 Swiss Reinsurance America Corporation 0	.						.	2		
46-3943172 Safepoint Insurance Company 0	.	6	6	7	7		.	3		
31-0542366 The Cincinnati Insurance Company 0	.						.			
0999999 Total Authorized - Other U.S. Unaffiliated Insurers XXX		6	6	7	7		7	XXX		
0999999 Total AdditionZed - Other C.S. Orialiniated insulers		0	0	1	1		1	^^^		<u> </u>
AA-1340125 Hannover Re Old CAT Bond							.	3		
AA-1120171 Lloyd's Underwriter Syndicate 1856 ACS							.	3		
AA-1126566 Lloyd's Underwriter Syndicate No. 0566 STN 0								3		
AA-1127084 Lloyd's Underwriter Syndicate No. 1084 CSL 0	-]					. [3		
AA-1127183 Lloyd's Underwriter Syndicate No. 1183 TAL 0	.						.	3		
AA-1120085 Lloyd's Underwriter Syndicate No. 1274 AUL 0	.				.		.	3		
AA-1127414 Lloyd's Underwriter Syndicate No. 1414 ASC 0	.						.	3		
AA-1120084 Lloyd's Underwriter Syndicate No. 1955 BAR 0	.				.		.	3		
AA-1128001 Lloyd's Underwriter Syndicate No. 2001 AML	.				.		.	3		
AA-1128791 Lloyd's Underwriter Syndicate No. 2791 MAP 0	.				.		.			
AA-1120075 Lloyd's Underwriter Syndicate No. 4020 ARK 0	.				.		.	3		
AA-1126004 Lloyd's Underwriter Syndicate No. 4444 CNP 0 AA-1120157 Lloyd's Underwriter Syndicate 1729 Dale 0					.		.	3		
AA-1120137 Libyus o'rtuerwinter syrindicate 1729 bare	<u>.</u>				.		.	2		
AA-1120152 (Nephila) Nautical Management Ltd. on behalf of Syndicate 2357 at Lloyd's					.		.	3		

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

					(- 1	cuit i (isk)											
			Collateral			25	26	27		_	_	Ced	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 Reinsurer From Col. 3	Multiple Beneficiary 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		Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable	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)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
	Ariel Re obo Syndicate 1910 ARW			0		· .									3		
AA-3194168	Aspen Bermuda Limited														1 1		
	AXIS Specialty Limited Validus Reinsurance, Ltd.																
	Chard Re via Hannover					1									2		
	Eskatos via Hannover			0		-									2		
	Elementum BDA via Hannover			0		-									2		
AA-1340125	Pillar BDA via Hannover			0			1						1		2		
	Securis BDA via Hannover			0		ļ .									2		
AA-1120171	IQUW Agency Bermuda on behalf of IQUW Syndicate 1856			0		.									3		
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX											XXX		
4400000	Total Authorized Total Authorized Cooksiling Destroyed Colle			XXX			6		6	7		7		7	XXX		
1499999	Total Authorized - Total Authorized Excluding Protected Cells						0					<i>'</i>		1			U
AA-1464104	Allianz Risk Transfer AG (Elementum)			0		-	1						1		2		
AA-3191352	Ascot Reinsurance Company Limited (Bermuda)			0		l .		I			[3	[::::]	
AA-9240012	China Property & Casualty Reinsurance Company Limited			0		ļ .									3		
	Korean Reinsurance Company			0		ļ .									3		
	QBE Europe SA / NV														3		
	Vermeer Reinsurance Ltd. Qatar Reinsurance Company Limited (QIC Global)			· · · · · · · · · · · · · · · · · · ·											3		
AA-3190829	(Nephila) Nautical Management Ltd. on behalf of Markel Bermuda Limited			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·									3		
AA-3191321	SiriusPoint Bermuda Ins Co Ltd			0		-									4		
	Conduit Reinsurance Limited			0		-							1	1	4		
AA-3194126	Securis via Arch Re			0		-	I	l							2		
AA3191333	Eclipse Re (via Artex SPC Bermuda o/b/o Fermat Capital)*			0		.									3		
2699999	Total Unauthorized - Other non-U.S. Insurers#			XXX				-			-				XXX	+ +	
2000000	Total Chadalonzou Othor non C.C. mouleton	I	1	1 ////	1	1	1	1	1	1	1	1	I .	1	////	1 1	

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

			Collateral			25	26	27				Ced	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 Reinsurer From Col. 3	Multiple Beneficiary 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	Applicable Sch. F Penalty (Col. 78)	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)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
								, ,	1	<u> </u>	,	,	,	, , , , , , , , , , , , , , , , , , ,	'	, , , , , , , , , , , , , , , , , , ,	
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells			XXX											XXX		
2099999	Total Orlauthorized - Total Orlauthorized Excluding Protected Cells														***		
CR-3190770	Chubb Tempest Reinsurance Ltd.			0		-									1		
	Fidelis Insurance Bermuda Ltd	1		0		-									3	1	
CR-1120175	Fidelis Underwriting Ltd	1		0		-									3		
CR-3194122	DaVinci Reinsurance Limited	1		0		.									3		
CR-3191190	Hamilton Re, Ltd.	1		0		-									4		
CR3190875	Hiscox Insurance Co (Bermuda) Limited	1		0		-									3		
	MS Amlin AG	1		0		-									3		
CR3191315	XL Bermuda Ltd			0											2		
CR1460100	New Reins Co Ltd			0		-						1			2		
CR3190339	RENAISSANCE REINS LTD			0		-						1			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					1						XXX		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX			6		6	7		7		7	XXX		0
9999999	Totals			XXX			6		6	7		7		7	XXX		0

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

	T	I Deinson	D	and an Daid		Daid Lass Ad	Section and France		44	45	10	47	40	40		F4		T 52
		37	Tance Recove	erable on Paid	Overdue	Paid Loss Ad	justment Expe	43	- 44	45	46	47	48	49	50	51	52	53
			38	39	40	41	42	1						•				'
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		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
39-1173498	American Family Connect Property & Casualty Ins Co																YES	
47-0698507	Odyssey Reinsurance Company																YES	
23-1641984	QBE Reinsurance Corporation																YES	
47-0574325	Berkley Insurance Company																YES	
22-2005057	Everest Reinsurance Company																YES	
13-4924125 13-3138390	Munich Re America, Inc.																YES YES	
13-1675535	Navigators Insurance Company Swiss Reinsurance America Corporation																YES	
46-3943172	Safepoint Insurance Company																YES	
31-0542366	The Cincinnati Insurance Company																YES	
	The entermal medianes company																	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers																XXX	
AA 124012E	Llanavar Da Old CAT Dand																	
AA-1340125 AA-1120171	Hannover Re Old CAT Bond Lloyd's Underwriter Syndicate 1856 ACS																YES YES	
AA-1126566																	YES	
AA-1127084	Lloyd's Underwriter Syndicate No. 0566 STN Lloyd's Underwriter Syndicate No. 1084 CSL																YES	
AA-1127183	Lloyd's Underwriter Syndicate No. 1183 TAL																YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL																YES	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC								1					1			YES	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	1							1					1			YES	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML								1								YES	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		1			1			1					1			YES	
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK		1			1			1					1			YES	
AA-1126004	Lloyd's Underwriter Syndicate No. 4444 CNP		1			1			1					1			YES	
AA-1120157	Lloyd's Underwriter Syndicate 1729 Dale								1		1			1			YES	
AA-3194126	Arch Reinsurance Ltd/Arch Re Ltd]			1			1					1		[YES	
AA-1120152	(Nephila) Nautical Management Ltd. on behalf of Syndicate 2357 at	1	1	1 1		I	1		1	[1					<u> </u>	YES	1

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

						(, 19.1.9	0. 00000	1 Cilibulatio	-,									
		Reinsu	rance Recove	rable on Paid	Losses and	Paid Loss Ad	justment Expe	nses	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	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/Cols. 46 + 48)	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
AA-1120083	Ariel Re obo Syndicate 1910 ARW					1				I							YES	
	Aspen Bermuda Limited									I							YES	
AA-3194139	AXIS Specialty Limited																YES	
AA-3190870	Validus Reinsurance, Ltd.					1											YES	
AA-1340125	Chard Re via Hannover																YES	
AA-1340125						1	1		1					1			YES	
AA-1340125						1	1		1					1			YES	
AA-1340125	Pillar BDA via Hannover						1		1								YES	1
AA-1340125	Securis BDA via Hannover						1		1	1							YES	1
AA-1120171	IQUW Agency Bermuda on behalf of IQUW Syndicate 1856						1		1							l · · · · · · · · · · · · · · · · · · ·	YES	1
	V V V								1									
1299999	Total Authorized - Other Non-U.S. Insurers#																XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells																XXX	
	Allian Did Tanafa AO (Classatian)																	
	Allianz Risk Transfer AG (Elementum)																YES YES	
AA-3191352	Ascot Reinsurance Company Limited (Bermuda)																	
	China Property & Casualty Reinsurance Company Limited																YES YES	
	Korean Reinsurance Company																	
AA-1240051	QBE Europe SA / NV																YES	
AA-3191388 AA-3191298	Vermeer Reinsurance Ltd.																YES YES	
AA-3191296 AA-3190829	.																YES	
AA-3190029 AA-3191321	(Nephila) Nautical Management Ltd. on behalf of Markel Bermuda Li SiriusPoint Bermuda Ins Co Ltd																YES	
AA-3191435									1								YES	
AA-3191433 AA-3194126	Securis via Arch Re								1								YES	
AA3191333	Eclipse Re (via Artex SPC Bermuda o/b/o Fermat Capital)*								1								YES	
7,010101000	25.p35.15 (via ration of o Borniada obro i official ouplies)					1			1									
2699999	Total Unauthorized - Other non-U.S. Insurers#								1								XXX	
						1												

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

			ance Recove	erable on Paid		Paid Loss Adj	ustment Expe		44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										
			38	39	40	41	42											
ID Number	Name of Reinsurer		4 20	20.00	04 420	0.02.420	Total Overdue	Total Due Cols. 37 + 42 (In total should	Total Recoverable on Paid Losses & LAE Amounts in Dispute	Due Amounts in Dispute	Total Recoverable on Paid Losses & LAE Amounts	Due Amounts Not in Dispute	Amounts	Percentage	in Dispute	Percentage Mor Than 120 Days	Is the Amount in Col. 50 Less	Amounts in Col. 4 for Reinsurers wit Values Less Tha
From Col. 1	Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Cols. 38 + + 40 + 41	Equal Cols. 7 + 8)	Included in Col. 43	Included in Cols. 40 & 41	Not in Dispute (Cols. 43 - 44)	(Cols. 40 + 41 - 45)	Received Prio 90 Days	42/Col. 43	(Col. 47/Cols. 46 + 48)	Overdue (Col. 41/Col. 43)	Than 20%? (Yes or No)	20% in Col. 50
COI. 1	FIGHT Col. 5	Current	Days	Days	Days	Days	+ 40 + 41	Cois. 7 + 6)	COI. 43	COIS. 40 & 41	(0018. 43 - 44)	41-40)	90 Days	42/001. 43	40 + 40)	(001. 41/001. 43)	(Tes of No)	20% III Col. 50
2799999	L Total Unauthorized - Protected Cells																XXX	
2100000	Total official office of the control																7000	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells																XXX	
CR-3190770	Chubb Tempest Reinsurance Ltd.																YES	
CR-3191289	Fidelis Insurance Bermuda Ltd																YES	
CR-1120175	Fidelis Underwriting Ltd																YES	
CR-3194122	DaVinci Reinsurance Limited																YES	
CR-3191190	Hamilton Re, Ltd.																YES	
CR3190875	Hiscox Insurance Co (Bermuda) Limited																YES	
CR-1460019	MS Amlin AG																YES	
CR3191315	XL Bermuda Ltd																YES	
CR1460100	New Reins Co Ltd																YES	
CR3190339	RENAISSANCE REINS 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	
+233333	Total Certified - Total Certified Excluding Protected Cells			-								 		 			^^^	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C																XXX	
																		 . ,
		[
		[
		[
9999999	I Totals																XXX	
	·	1		1		1	1		1	1	1	1	1	1	1		,,,,,	

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 Recoverable		Percent of Collateral Provided for Net Recoverables Subject to	Percent Credit Allowed on Net	20% of Recoverable		Provision for Reinsurance	20% of Recoverable	66	67	68	Provision for 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	(Col. 20 + Col	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	1		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
39-1173498	American Family Connect Property & Casualty Ins Co	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
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, Inc.	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
13-1675535	Swiss Reinsurance America Corporation	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	XXX
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Re Old CAT Bond	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	Lloyd's Underwriter Syndicate 1856 ACS	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-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	Lloyd's Underwriter Syndicate No. 2001 AML	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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 AA-1120157	Lloyd's Underwriter Syndicate No. 4444 CNP Lloyd's Underwriter Syndicate 1729 Dale	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157 AA-3194126	. .	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3134120 AA-1120152		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	Otherwise Enter 0	69
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective D of Certififed Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catatrophic Recoverables Qualifying for Collateral Deferral	Net Recoverable Subject to Collatereal Requirement for Full Credi (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col.22 + Col. 24]/ Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collate Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amounts of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Du to Collateral Defciency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losse % LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20	Total Collater Provided (Col. 20 + Col 21 + Col. 22 Col.24; not to Exceed Col 6	Net Unsecured Recoverable fo Which Credit is Allowed (Col. 63 -Col. 6	20% of Amount	Provision for Overdue Reinsurance Ced to Certified Reinsurers (Grea of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63
AA-1120083	Ariel Re obo Syndicate 1910 ARW	XXX	XXX	XXX	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-3190870	Validus Reinsurance, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Chard Re via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Eskatos via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Elementum BDA via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Pillar BDA via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Securis BDA via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	IQUW Agency Bermuda on behalf of IQUW Syndicate 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999	Total Authorized - Other Non-U.S. Insurers#		1		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
AA-1464104	Allianz Risk Transfer AG (Elementum)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191352	Ascot Reinsurance Company Limited (Bermuda)	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-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-3191388	Vermeer Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	Qatar Reinsurance Company Limited (QIC Global)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	(Nephila) Nautical Management Ltd. on behalf of Markel Bermuda Li	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191321	SiriusPoint Bermuda Ins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191435	Conduit Reinsurance Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194126 AA3191333	Securis via Arch Re Eclipse Re (via Artex SPC Bermuda o/b/o Fermat Capital)*	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Total Unauthorized - Other non-U.S. Insurers#		1		XXX	XXX		XXX	XXX						XXX	XXX	XXX

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

			-		(1.101.0.0												
		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	+	Reinsurance with Certified			•		Overdue Reinsurance Ced
ID Number	Name of	Certified Reinsurer	Effective D of Certififed	Percent Collateral	Catatrophic Recoverables	Collatereal Requirement for Full Credi	Dollar Amount of Collateral	Requirements ([Col. 20 + Col. 21 + Col.22 +	Subject to Collate Requirements (Col. 60 / Col.	& LAE Over	for Net	to Collateral	% LAE Over 90 Days Past Due Amounts	,	Net Unsecured Recoverable fo Which Credit		to Certified Reinsurers (Grea of [Col. 62 + Col.
From Col. 1	Reinsurer From Col. 3	Rating (1 through 6)	Reinsurer Rating	Required for Full Credit (0% through 100%)	Qualifying for Collateral Deferral	(Col. 19 - Col. 57)	Required (Col 56 * Col. 58)	Col. 24]/	56, not to exceed 100%)	Due Amounts in Dispute	Recoverables (Col. 57 +[Col. 58 * Col. 61])	Defciency (Col. 19 - Col. 63)	Not in Dispute	Col.24; not to		20% of Amount in Col. 67	65] or Col.68; not to Exceed Col. 63
COI. I	FIUIT COI. 3	(1 tillough 6)	Raung	tillough 100%)	Delettal	Coi. 57)	30 Col. 30)	Coi. 56)	exceed 100%)	(COI. 45 20%)	36 Col. 61])	Coi. 63)	(001.47 20	Exceed Col 6	(COI. 63 -COI. 6	III Col. 67	to Exceed Col. 63
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	1			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-3190770	Chubb Tempest Reinsurance Ltd.	1	8/6/2019			(304)											
CR-3191289	Fidelis Insurance Bermuda Ltd	3	12/7/2021	20.000		(411)	(82)										
CR-1120175	Fidelis Underwriting Ltd	3	12/7/2021	20.000		(206)	(41)										
	DaVinci Reinsurance Limited	3	10/15/2019	20.000		(617)	(123)										
1	Hamilton Re, Ltd.	4	11/18/2020	50.000		(308)	(154)										
CR3190875	Hiscox Insurance Co (Bermuda) Limited	3	1/22/2019	20.000		(514)	(103)										
CR-1460019 CR3191315	MS Amlin AG XL Bermuda Ltd	3	3/8/2022 1/1/2019	20.000		(206)	(41)										
CR1460100	New Reins Co Ltd	2	4/4/2019	10.000		(103)	(10)										
CR3190339	RENAISSANCE REINS LTD	2	11/12/2019			(411)	(41)										
						, ′	/		1								1
4099999	Total Certified - Other Non-U.S. Insurers#					(3,286)	(617)	XXX	XXX								
4199999	Total Certified - Protected Cells	1	1					XXX	XXX								
4299999	Total Certified - Total Certified Excluding Protected Cells	1	1	1		(3,286)	(617)	XXX	XXX								+
						, , ,											
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cel	lls				(3,286)	(617)	XXX	XXX								
									1								
	T	1	1			(0.000)	(0.17)	2007	1004								
9999999	Totals					(3,286)	(617)	XXX	XXX								

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

	1	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
			71	12	Complete if	Complete if	10	10	''	10
					Col. 52 = "Yes":	Col. 52 = "No";				
					Otherwise Enter 0	Otherwise Enter 0				
					Otherwise Enter U	Otherwise Enter U				
						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	1	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)
39-1173498	American Family Connect Property & Casualty Ins Co		XXX	XXX				XXX	XXX	
47-0698507	Odyssey Reinsurance Company		XXX	XXX				XXX	XXX	
23-1641984	QBE Reinsurance Corporation		XXX	XXX				XXX	XXX	
47-0574325	Berkley Insurance Company		XXX	XXX				XXX	XXX	
22-2005057	Everest Reinsurance Company		XXX	XXX				XXX	XXX	
13-4924125	Munich Re America, Inc.		XXX	XXX				XXX	XXX	
13-4924125	Navigators Insurance Company		XXX	XXX				XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation		XXX	XXX				XXX	XXX	
46-3943172	Safepoint Insurance Company		XXX	XXX				XXX	XXX	
31-0542366	The Cincinnati Insurance Company		XXX	XXX				XXX	XXX	
01 0042000	The official insulation company									
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-1340125	Hannover Re Old CAT Bond		XXX	XXX				XXX	XXX	
AA-1120171	Lloyd's Underwriter Syndicate 1856 ACS	1	XXX	XXX				XXX	XXX	
AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN	1	XXX	XXX				XXX	XXX	
AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX				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		L	1	XXX	XXX	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR	[XXX	XXX	1	[1	XXX	XXX	[
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML	l	XXX	XXX		1	1	XXX	XXX	[
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP		XXX	XXX				XXX	XXX	
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-1120157	Lloyd's Underwriter Syndicate 1729 Dale		XXX	XXX				XXX	XXX	
AA-3194126	Arch Reinsurance Ltd/Arch Re Ltd		XXX	XXX				XXX	XXX	
AA-1120152	(Nephila) Nautical Management Ltd. on behalf of Syndicate 2357 at Lloyd		XXX	XXX				XXX	XXX	

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

		70			Provision for Overo	due Authorized and				
l			Provision for Unau	thorized Reinsurance	Reciprocal Jurisdi			Total Provision	for Reinsurance	
			71	72	73 Complete if	74 Complete if	75	76	77	78
					Coll. 52 = "Yes";	Col. 52 = "No";				
					Otherwise Enter 0	Otherwise Enter 0				
ID Number	Name of	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts	Provision for Reinsurance with Unauthorized Reinsurers Due to	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute	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 *	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction	Provision for Amounts Ceded to Unauthorized Reinsurers	Provision for Amounts Ceded to Certified	Total Provision for
From Col. 1	Reinsurer From Col. 3	Not in Dispute (Col. 47 * 20%)	Collateral Deficiency (Col. 26)	(Col. 70 + 20% of the Amount in Col. 16)	([Col. 47 * 20%] + [Col. 45 * 20%])	20% or [Cols. 40 + 41] * 20%)	Reinsurers (Cols. 73 + 74)	(Cols. 71 + 72 Not in Excess of Col. 15)	Reinsurers (Cols. 64 + 69)	Reinsurance (Cols. 75 + 76 +77)
COI. I	FIOTIL COL. 3	(COI. 47 20%)	(C01. 20)	Amount in Col. 16)	[001. 45 20%])	[Cols. 40 + 41] 20%)	(COIS. 13 + 14)	01 C01. 15)	(Cois. 64 + 69)	(Cois. 15 + 16 +11)
AA-1120083	Ariel Re obo Syndicate 1910 ARW		XXX	XXX				XXX	XXX	
AA-3194168	Aspen Bermuda Limited		XXX	XXX				XXX	XXX	
AA-3194139	AXIS Specialty Limited		XXX	XXX				XXX	XXX	
AA-3190870	Validus Reinsurance, Ltd.		XXX	XXX				XXX	XXX	
AA-1340125	Chard Re via Hannover		XXX	XXX				XXX	XXX	
AA-1340125	Eskatos via Hannover		XXX	XXX				XXX	XXX	
AA-1340125	Elementum BDA via Hannover		XXX	XXX				XXX	XXX	
AA-1340125	Pillar BDA via Hannover		XXX	XXX				XXX	XXX	
AA-1340125	Securis BDA via Hannover		XXX	XXX				XXX	XXX	
AA-1120171	IQUW Agency Bermuda on behalf of IQUW Syndicate 1856		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	
AA-1464104	Allianz Risk Transfer AG (Elementum)				XXX	XXX	XXX		XXX	
AA-3191352	Ascot Reinsurance Company Limited (Bermuda)			[XXX	XXX	XXX	I	XXX	[
AA-9240012	China Property & Casualty Reinsurance Company 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-3191388	Vermeer Reinsurance Ltd.				XXX	XXX	XXX		XXX	
AA-3191298	Qatar Reinsurance Company Limited (QIC Global)				XXX	XXX	XXX	1	XXX	
AA-3190829	(Nephila) Nautical Management Ltd. on behalf of Markel Bermuda Limite			1	XXX	XXX	XXX	1	XXX	
AA-3191321	SiriusPoint Bermuda Ins Co Ltd		[1	XXX	XXX	XXX	[XXX	[
	Silius Foliit Bernidda ins Co Etd					1	1	1	1	
AA-3191435	Conduit Reinsurance Limited			1	XXX	XXX	XXX	1	XXX	
AA-3191435 AA-3194126					XXX	XXX	XXX		XXX	
	Conduit Reinsurance Limited									

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

	T	T					T	-		
		70	.			due Authorized and			. B.:	
			Provision for Unauth			liction Reinsurance		Total Provision		
			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	Name of Reinsurer	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 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	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess	Provision for Amounts Ceded to Certified Reinsurers	Total Provision for 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)
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		XXX	
OD 2400772	Ob th Target Discourse Ltd									
CR-3190770	Chubb Tempest Reinsurance Ltd. Fidelis Insurance Bermuda Ltd	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX		
CR-3191289	 					1				
CR-1120175	Fidelis Underwriting Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-3194122	DaVinci Reinsurance Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR3190875	Hiscox Insurance Co (Bermuda) Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR1460100	New Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR3190339	RENAISSANCE REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
400000	T. 10 " 10" N 110 1	V0.04	1007	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1001	V6.07	V0.01	V0.01		
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		
570000										
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells									
]		[
[I	[[1	1	[[
		1						[
l		1	[[1	1	[[
		1								
9999999	Totals						1			

NONE Schedule F - Part 4 Aging of Ceded Reinsurance

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 in F, Part 3, Line 9999999, Column 15, the amount of ceded	•	,	, Schedule	
B.		•	,	, Schedule	
B.		•	,	, Schedule 4 Affiliated	
B. 6.	F, Part 3, Line 9999999, Column 15, the amount of ceded	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4	X]
	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer Seferciat Incurrence Company	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4 Affiliated	•
	F, Part 3, Line 9999999, Column 15, the amount of ceded 1 Name of Reinsurer Safepoint Insurance Company	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4 Affiliated Yes[] No[]	X]
6. 7.	F, Part 3, Line 99999999, Column 15, the amount of ceded 1 Name of Reinsurer Safepoint Insurance Company	premium, and indicate whether the recoverable	es are due from an affiliated insurer.	4 Affiliated Yes[] No[; 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 (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
40057	72 (D 2 0)			
ı	Cook and invested accepts (Line 12)	402.000.057		402.000.057
	Cash and invested assets (Line 12)	483,869,657		483,869,657
2.	Premiums and considerations (Line 15)	24,969,708		24,969,708
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.		0.040.040		2,012,842
) 5.		2,012,842	(22.224.760)	
7.	Net amount recoverable from reinsurers		(33,324,768)	(33,324,768)
	T-1-1- // : 20)	E40.0E0.007	(33,324,768)	477,527,439
0.	Totals (Line 25)	310,032,207	(55,524,700)	411,321,439
LIABIL	ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	58,175,340	5,967	58,181,307
10.		14,700,728		14,700,728
11.		077 004 400		277,334,168
12.		0.704.004		6,731,801
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	1		
14.			(33,330,735)	
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.		04 000 570		81,936,576
19.	Total liabilities excluding protected cell business (Line 26)		(33,324,768)	438,884,580
20.	Protected cell liabilities (Line 27)			
21.			XXX	38,642,859
22.		510,852,207	(33,324,768)	477,527,439

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	nt 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			617		36			653	XXX
2. 2013	456,630	161,499	295,131	70,826		901		12,924		78	84,651	XXX
3. 2014	484,049	116,493	367,556	7,005		1,018		5,797		126	13,820	XXX
4. 2015	501,722	124,128	377,594	138,697		2,826		37,147		3	178,670	XXX
5. 2016	496,457	126,053	370,404	28,422	18	504		14,883	12	65	43,779	XXX
6. 2017	451,347	103,993	347,354	1,400,645	966	13,026	20	262,127	206	563	1,674,606	XXX
7. 2018	409,954	108,439	301,515	12,087	50	371		6,402	20	20	18,790	XXX
8. 2019	381,571	94,094	287,477	17,588	111	516	19	8,804	30	8	26,748	XXX
9. 2020	369,179	107,605	261,574	62,616	109	1,279		27,080	13	55	90,853	XXX
10. 2021	378,504	102,132	276,372	61,894		945		25,942		32	88,781	XXX
11. 2022	443,490	132,095	311,395	19,961		53		8,924		3	28,938	XXX
12. Totals	XXX	XXX	XXX	1,819,741	1,254	22,056	39	410,066	281	953	2,250,289	XXX

		Losses	Unpaid		Defen	se and Cost	Containment L	Jnpaid	Adjusti	ng and	23	24	25
	Case I	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	2,247		4,718		392		4,031		52			11,440	XXX
2. 2013			9						4			13	XXX
3. 2014			4						2			6	XXX
4. 2015	3		118		99		48		3			271	XXX
5. 2016			20				7		2			29	XXX
6. 2017	2,090		9,317	2	1,273		3,130		2,227	1		18,034	XXX
7. 2018			20		8		6		2			36	XXX
8. 2019	152		131	1	112		37		19			450	XXX
9. 2020	1,675	l	1,202	2	1,087		286	l	369	l	l	4,617	XXX
10. 2021	5,986		3,018		1,062		237		1,275			11,578	XXX
11. 2022	3,581		5,226		421		110		2,363			11,701	XXX
12. Totals	15,734		23,783	5	4,454		7,892		6,318	1		58,175	XXX

		To	otal Losses and		Loss and L	oss Expense Po	ercentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	rred	(Incurre	ed/Premiums Ea	arned)	Nontabula	ar Discount	Inter-	Reserves A	fter 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	6,965	4,475
2.	2013	84,664		84,664	18.541		28.687				9	4
3.	2014	13,826		13,826	2.856		3.762				4	2
4.	2015	178,941		178,941	35.665		47.390				121	150
5.	2016	43,838	30	43,808	8.830	0.024	11.827				20	9
6.	2017	1,693,835	1,195	1,692,640	375.284	1.149	487.295				11,405	6,629
7.	2018	18,896	70	18,826	4.609	0.065	6.244				20	16
8.	2019	27,359	161	27,198	7.170	0.171	9.461				282	168
9.	2020	95,594	124	95,470	25.894	0.115	36.498				2,875	1,742
10.	2021	100,359		100,359	26.515		36.313				9,004	2,574
11.	2022	40,639		40,639	9.163		13.051				8,807	2,894
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	39,512	18,663

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	IMENT 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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior	110,512	82,025	73,876	72,729	65,203	64,621	63,832	62,607	54,350	55,947	1,597	(6,660)
2. 2013	77,923	76,010	73,574	72,912	72,277	72,039	71,726	71,714	71,775	71,736	(39)	
3. 2014	XXX	7,255	8,346	8,383	8,527	8,145	8,040	8,033	8,040	8,027	(13)	(6)
4. 2015	XXX	XXX	148,901	141,773	142,814	142,526	141,745	141,571	141,627	141,791	164	220
5. 2016	XXX	XXX	XXX	31,669	30,271	29,636	29,076	28,981	28,962	28,935	(27)	(46)
6. 2017	XXX	XXX	XXX	XXX	1,278,036	1,389,339	1,466,449	1,467,864	1,438,612	1,428,493	(10,119)	(39,371)
7. 2018	XXX	XXX	XXX	XXX	XXX	13,463	12,636	12,495	12,338	12,442	104	(53)
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	18,102	18,295	18,160	18,405	245	110
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87,219	66,366	68,034	1,668	(19,185)
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,683	73,142	10,459	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,352	XXX	XXX
									12. Totals		4,039	(64,969)

SCHEDULE P - PART 3 - SUMMARY

	CUMULATI	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	000	25,051	32,182	36,571	40,189	42,744	42,965	43,384	43,942	44,559	XXX	XXX
2. 2013	67,645	71,138	71,467	71,583	71,676	71,712	71,712	71,711	71,733	71,727	XXX	XXX
3. 2014	XXX	4,880	7,312	7,706	8,043	8,019	8,019	8,019	8,023	8,023	XXX	XXX
4. 2015	XXX	XXX	127,928	138,288	139,087	140,663	141,262	141,418	141,492	141,523	XXX	XXX
5. 2016	XXX	XXX	XXX	24,665	28,353	28,821	28,875	28,898	28,908	28,908	XXX	XXX
6. 2017	XXX	XXX	XXX	XXX	945,431	1,243,600	1,344,403	1,386,969	1,406,019	1,412,685	XXX	XXX
7. 2018	XXX	XXX	XXX	XXX	XXX	9,076	11,730	12,144	12,218	12,408	XXX	XXX
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	12,885	16,933	17,535	17,974	XXX	XXX
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,825	60,121	63,786	XXX	XXX
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,580	62,839	XXX	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,014	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

	BULK A	AND IBNR RESER	RVES ON NET LO	DSSES 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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	95,815	48,654	36,277	31,689	20,683	18,789	17,829	16,441	7,695	8,749
2. 2013	8,794	4,270	1,875	1,205	580	322	14	3	42	
3. 2014	XXX	1,536	232	85	99	65	9	2	9	
4. 2015	XXX	XXX	15,183	1,081	1,589	1,333	167	65	102	166
5. 2016	XXX	XXX	XXX	5,435	1,344	589	134	50	44	27
6. 2017	XXX	XXX	XXX	XXX	267,831	78,255	63,927	47,124	17,334	12,445
7. 2018	XXX	XXX	XXX	XXX	XXX	3,175	282	28	26	26
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	3,896	165		167
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,901	341	1,486
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,055	3,255
11. 2022	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	5,336

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 Earne	ed			Los	ss and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containmen	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	8,571		3,031		3,062		56	14,664	XXX
2. 2021	378,504	102,132	276,372	61,894		945		25,942		32	88,781	XXX
3. 2022	443,490	132,095	311,395	19,961		53		8,924		3	28,938	XXX
4. Totals	XXX	XXX	XXX	90,426		4,029		37,928		91	132,383	XXX

		Losses	Unpaid		Defens	se and Cost (Containment I	Unpaid	Adjusti	ng and	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other I	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	6,167		15,539	5	2,971		7,545		2,680	1		34,896	
2. 2021	5,986		3,018		1,062		237		1,275			11,578	
3. 2022	3,581		5,226		421		110		2,363			11,701	
4. Totals	15,734		23,783	5	4,454		7,892		6,318	1		58,175	

		Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Inci	urred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter 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			Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	21,701	13,195
2.	2021	100,359		100,359	26.515		36.313			l	9,004	2,574
3.	2022	40,639		40,639	9.163		13.051				8,807	2,894
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	39,512	18,663

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 DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPEN	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143,478	84,929	78,509	(6,420)	(64,969)
2. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	62,683	73,142	10,459	XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,352	XXX	XXX
								4. Totals			4.039	(64.969)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPEN	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2021	XXX	XXX	XXX	XXX	XXX) Nk F	XXX				XXX
3. 2022	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	ST CONTAIN	IMENT EXPEN	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2021	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX
								4 Totals				

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	NSE AND CO	OST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELOPMENT	
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2021	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

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 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Year	Year
1. Prior												
2. 2013												
3. 2014	XXX											
4. 2015	XXX	XXX										
5. 2016	XXX	XXX	XXX					_				
6. 2017	XXX	XXX	XXX	XXX		N() N F					
7. 2018	XXX	XXX	XXX	XXX	XXX	146						
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022	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	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	34,690	46,292	XXX	XXX
2. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,580	62,839	XXX	XXX
3. 2022	XXX	l xxx	xxx	XXX	XXX	xxx	XXX	XXX	XXX	20.014	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	. X:	000				
2. 2021	XXX	XXX	XXX	XXX	XXX	. X.X	JMF	XXX				
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	000			XXX	XXX
2. 2021	XXX	XXX	XXX	XXX	XXX	. X XX)NH	XXX			XXX	XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X. I.	000			XXX	XXX
2. 2021	XXX	XXX	XXX	XXX	XXX	. X ×) N F	XXX			XXX	XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		xxx	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID 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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Payment	Payment
1. Prior	000										XXX	XXX
2. 2013											XXX	XXX
3. 2014	XXX										XXX	XXX
4. 2015	XXX	XXX									XXX	XXX
5. 2016	XXX	XXX	XXX			. N.I.	N. N. I. F				XXX	XXX
6. 2017	XXX	XXX	XXX	XXX		. N.()N				XXX	XXX
7. 2018	XXX	XXX	XXX	XXX	XXX	116					XXX	XXX
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2022	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 RESER\	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	PORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79,338	17,898	23,079
2. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,055	3,255
3. 2022	XXX	xxx	xxx	xxx	xxx	xxx	XXX	XXX	XXX	5,336

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	XXX	XXX	XXX	XXX	XIX	- XXK	XXX			
2. 2021	XXX	XXX	XXX	XXX)	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

.,	BULK AN	D IBNR RESER\	/ES ON NET LOS	SSES AND DEFE	ENSE AND COS	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX.	XXX			
2. 2021	XXX	XXX	XXX	XXX		X X 	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESER\	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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	XXX	XXX	XXX	XXX	XIX	. XXX	XXX			
2. 2021	XXX	XXX	XXX	XXX		NX T	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	ID IBNR RESER\	/ES ON NET LO	SSES AND DEFI	ENSE AND COS	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX		NIO				l	
6. 2017	XXX	XXX	XXX	XXX						
7. 2018	XXX	XXX	XXX	XXX	XXX					
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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

	OGIILDOLL	I INTERROOM	ORILO						
1.	The following questions relate to yet-to-be-issued Extended Reporting Er provisions in Medical Professional Liability Claims Made insurance policies								
1.1	Does the company issue Medical Professional Liability Claims Made insu endorsement, or "ERE") benefits in the event of Death, Disability, or Reti			Yes[]No[X]					
	If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:								
1.2	What is the total amount of the reserve for that provision (DDR Reserve),	, as reported, explicitly or not, else	where in this statement (in dollars)?	S					
1.3	Does the company report any DDR reserve as Unearned Premium Reserve	rve per SSAP #65?		Yes [] No []					
1.4	Does the company report any DDR reserve as loss or loss adjustment ex	cpense reserve?		Yes [] No []					
1.5	If the company reports DDR reserve as Unearned Premium Reserve, doe Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1	_	n the Underwriting and Investment Exhibit,	Yes[] No[] N/A[X]					
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserves are reported in Schedule P:	reserve, please complete the follow	wing table corresponding to where these						
		DDR Reserv	e Included in						
		Schedule P, Part 1F, Med							
		Column 24: Total Net Los	ses and Expenses Unpaid						
	Years in Which Premiums Were Earned and	1	2						
	Losses Were Incurred 1.601 Prior	Section 1: Occurrence	Section 2: Claims-Made						
	1 602 2013								
	1.603 2014								
	1.605 2016								
	1.606 2017								
	1 607 2010								
	1 610 2021								
	1.611 2022								
	1.612 Totals								
2.	The definition of allocated loss adjustment expenses (ALAE) and, therefore January 1, 1998. This change in definition applies to both paid and unpath Containment" and "Adjusting and Other") reported in compliance with the	id expenses. Are these expenses		Yes[X] No[]					
3.	The Adjusting and Other expense payments and reserves should be allow of claims reported, closed and outstanding in those years. When allocating the Adjusting and Other expense should be allocated in the same percent Adjusting and Other expense assumed should be reported according to the reinsurers, or in those situations where suitable claim count information is	ing Adjusting and Other expense b ntage used for the loss amounts an the reinsurance contract. For Adju s not available, Adjusting and Othe	netween companies in a group or a pool, and the claim counts. For reinsurers, sting and Other expense incurred by ear expense should be allocated by a						
	reasonable method determined by the company and described in Interrog	gatory 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 of an net of such discounts on Page 10?	ny discount to present value of futu	ure payments, and that are reported	Yes[]No[X]					
	If yes, proper disclosure must be made in the Notes to Financial Stateme in Schedule P - Part 1, Columns 32 and 33.	ents, as specified in the Instructions	s. Also, the discounts must be reported						
	Schedule P must be completed gross of non-tabular discounting. Work paupon request.	apers relating to discount calculati	ons must be available for examination						
	Discounting is allowed only if expressly permitted by the state insurance	department to which this Annual S	statement is being filed.						
5.	What were the net premiums in force at the end of the year for: (in thousands of dollars)		Fidelity Surety S	S S					
6.	Claim count information is reported per claim or per claimant. (indicate where the country of th	hich).		Per Claim					
	If not the same in all years, explain in Interrogatory 7.								
7.1	The information provided in Schedule P will be used by many persons to other things. Are there any especially significant events, coverage, retent when making such analyses?		•	Yes[X] No[]					
7.2	An extended statement may be attached Claims reopened in 2022 are included in the 2022 reported claim counts.								

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

		1 Active	and Members Return Premium	i, Including Policy thip Fees Less as and Premiums Not Taken	4 Dividends Paid or Credited to Policyholders	5 Direct Losses Paid	6 Direct	7 Direct	8 Finance and Service Charges Not	9 Direct Premium Written for Federal Purchasing
	States, Etc.	Status (a)		Direct Premiums Earned	on Direct Business	(Deducting Salvage)	Direct Losses Incurred	Losses Unpaid	Included in Premiums	Groups (Included in Col. 2)
1.	Alabama AL	. N								
2. 3.	Alaska AK Arizona AZ	N								
3. 4.	Arkansas AR	!N								
5.	California CA	N								
6.	Colorado CO	N								
7. 8.	Connecticut CT Delaware DE	N N								
9.	District of Columbia DC	N								
10.	Florida FL	N	1			1				l : : : : : : : : : : : : : : : : : : :
11.	Georgia GA	N								
12. 13.	Hawaii HI Idaho ID	N N								
14.	Illinois IL	!\\\								
15.	Indiana IN	N								
16.	lowa IA	N								
17. 18.	Kansas KS Kentucky KY	N								
19.	Louisiana LA	<u>N</u>								
20.	Maine ME	N				1				
21.	Maryland MD	N N								
22. 23.	Massachusetts MA Michigan MI	<u>N</u>								
24.	Minnesota MN	N								
25.	Mississippi MS	N								
26.	Missouri MO	N								
27. 28.	Montana MT Nebraska NE	N N								
29.	Nevada NV									
30.	New Hampshire NH	N								
31.	New Jersey NJ	N								
32. 33.	New Mexico NM New York NY	N								
34.	North Carolina NC	!N								
35.	North Dakota ND	N								
36.	Ohio OH	N								
37. 38.	Oklahoma OK Oregon OR	<u>N</u>								
39.	Pennsylvania PA	N N								
40.	Rhode Island RI	N								
41.	South Carolina SC	N								
42. 43.	South Dakota SD Tennessee TN	Ņ N								
44.	Texas TX	· · · · · ·	518,299,032	443,490,204		47,047,223	28,872,966	39,516,783		
45.	Utah ÜT	N								
46.	Vermont VT	N								
47. 48.	Virginia VA Washington WA	N N								
40. 49.	West Virginia WV	N								
50.	Wisconsin WI	N				1				
51.	Wyoming WY	N								
52. 53.	American Samoa AS Guam GU	Ņ N								
53. 54.	Puerto Rico PR	N								
55.	U.S. Virgin Islands VI	N	1			1::::::::::::::::::::::::::::::::::::::				
56.	Northern Mariana Islands MP	N								
57. 58.	Canada CAN Aggregate Other Alien OT	N XXX								
50. 59.	Totals	(a) 1	518,299,032	443,490,204		47,047,223	28,872,966	39,516,783		
		10-7	1	.,,			-,-			
58001.	DETAILS OF WRITE-INS	XXX								
58001.		XXX				<u> </u>				
58003.		XXX	1			NE	1	1		1
58998.	Summary of remaining write-ins									
58999.	for Line 58 from overflow page Totals (Lines 58001 through	XXX								
50555.	58003 plus 58998) (Line 58 above)	xxx								
						I .	i	1	i	

$\label{prop:eq:explanation} \textbf{Explanation of basis of allocation of premiums by states, etc.}$

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1
2. R - Registered - Non-domiciled RRGs	
3. E – Eligible - Reporting entities eligble or approved to write surplus lines in the state	
Q - Qualified - Qualified or accredited reinsurer	
5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile	
6. 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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART Texas Windstorm Insurance Association Texas FAIR Plan Association Fed ID 74-6189303 Fed ID 43-1982873 NAIC 30040 NAIC 11543

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							ANT IN BEINGE OF INCOME								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				ı l
						Securities					(Ownership,	If Control			ı İ
		NAIC				Exchange if					Board,	is		Is an SCA	1
		Com-				Publicly	Names of		Relationship to		Management,	Ownership		Filing	1
Group		pany	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	ı I
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	·
4766		30040	74-6189303				Texas Windstorm Insurance Association	TX	OTH	Unaffiliated	Service Contract			NO	
4766		11543	43-1982873				Texas FAIR Plan Association	!X	OIH	Unamiliated	Service Contract			NO	

Asterik	Explanation
,	
1	Contract between Associations
2	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 Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
30040 11543	74-6189303 43-1982873	Texas Windstorm Insurance Association Texas FAIR Plan Association					13,202,081 (13,202,081)				13,202,081 (13,202,081)	
9999999	Control Totals								XXX			

NONE Schedule Y - Part 3

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

	MARCH FILING	Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	See Explanation
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	See Explanation
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	See Explanation
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	See Explanation
supp inte	SUPPLEMENTAL FILINGS following supplemental reports are required to be filed as part of your annual statement filing if your company is enganged in the type of business oblement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response progatory 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 whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific
	MARCH FILING	
11.	, , , , , , , , , , , , , , , , , , , ,	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
15.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	See Explanation
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April?	NO
35.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	

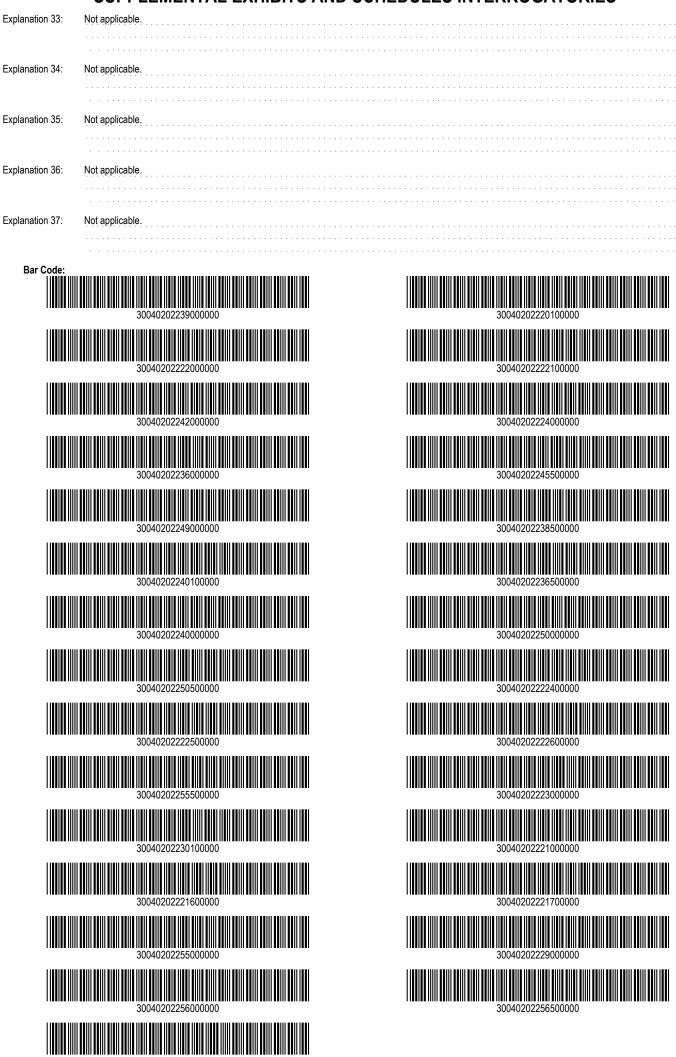
NO

37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 4:	Not applicable.
Explanation 8:	Not applicable.
Explanation 9:	The Association is required to file by June 30th.
Explanation 5.	The Association is required to the by June Jour.
Explanation 10:	The Association is required to file by June 30th.
·	
Explanation 11:	Not applicable.
Explanation 13:	Not applicable.
Explanation 14:	Not applicable.
Explanation 14.	Not applicable.
Explanation 15:	Not applicable.
Explanation 16:	Not applicable.
F 1 " 47	
Explanation 17:	Not applicable.
Explanation 18:	Not applicable.
Explanation 21:	There were no exceptions to the Reinsurance Supplement.
Explanation 22:	Not applicable.
Explanation 23:	Not applicable.
Explanation 24:	Not applicable.
Explanation 25:	Not applicable.
Explanation 26:	Not applicable.
Explanation 20.	Not applicable.
Explanation 27:	Not applicable.
Explanation 28:	Not applicable.
Fundamentian 00.	Mata
Explanation 29:	Not applicable.
Explanation 30:	Not applicable.
	Not applicable:
Explanation 31:	Not applicable.
Explanation 32:	Not applicable.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



100.2

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. Due from Depop Carriers - Assumption	387		387	
2505. Accounts Receivable - Premium Finance / others	127	127		34,957
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)	514	127	387	34,957

Page 3 - Continuation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Current Year	Prior Year
2504. Outstanding Checks Payable	861,286	1,047,952
2505. Surcharge payable	261,193	201,863
2506. Deferred rent liability		161,714
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	1,122,479	1,411,529

Page 11 - Continuation

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
REMAINING WRITE-INS AGGREGATED AT LINE 24	Loss Adjustment	Other Underwriting	Investment	
FOR OTHER LINES OF BUSINESS	Expenses	Expenses	Expenses	Total
2404. Line of Credit Fees			1,378,819	1,378,819
2405. Line of Credit Issuance Cost			500,000	500,000
2406. Investment Expenses			262,326	262,326
2407. Claim storm reports and assignments	179,372			179,372
2408. Bond / Debt Issuance Expense			129,172	129,172
2409. HB3 Ombudsman Program		112,504		112,504
2410. Depopulation Service Fee		(8,137)		(8,137)
2411. Miscellaneous Expense		(146,658)		(146,658)
2497. Totals (Lines 2404 through 2496)				
(Page 11, Line 24)	179,372	(42,291)	2,270,317	2,407,398

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	127		(127)
2505. Due from Depop Carriers - Assumption			
2597. Totals (Lines 2504 through 2596) (Page 13, Line 2598)	127		(127)

SUMMARY INVESTMENT SCHEDULE

1 2 3 5 5 5			Gross Inve			Admitted Assets at the Annual S	•	
1. Long-Torm Brocos (Schedulo D. Part 1): 1.01 U.S. Governments 1.02 U.S. dates sortiones and possessions, our guaranteed 1.03 U.S. dates sortiones and possessions, our guaranteed 1.04 U.S. portion achievement of adjustments 1.05 U.S. specific microclampous 1.05				2 Percentage	3	4 Securities Lending Reinvested	5 Total	6 Percentage of Column 5
1.01 U.S. doverments 1.02 All other governments 1.02 All other governments 1.03 U.S. datasis. Institutions and possessions, site: guaranteed 1.04 U.S. portional udebiciones of datasis, institutions, and possessions; guaranteed 1.05 U.S. special common and special assessment (obligations, etc. rox-quaranteed 1.05 U.S. special common and special assessment (obligations, etc. rox-quaranteed 1.05 U.S. special possessment (obligations, etc. rox-quaranteed 1.05 U.S. special possessment (obligations, etc. rox-quaranteed 1.05 Soc possible larvas 1.10 U.S. special possessment (obligations) 1.11 U		Investment Categories	Amount	Line 13	Amount	Amount	Amount	Line 13
1.01 U.S. doverments 1.02 All other governments 1.02 All other governments 1.03 U.S. datasis. Institutions and possessions, site: guaranteed 1.04 U.S. portional udebiciones of datasis, institutions, and possessions; guaranteed 1.05 U.S. special common and special assessment (obligations, etc. rox-quaranteed 1.05 U.S. special common and special assessment (obligations, etc. rox-quaranteed 1.05 U.S. special possessment (obligations, etc. rox-quaranteed 1.05 U.S. special possessment (obligations, etc. rox-quaranteed 1.05 Soc possible larvas 1.10 U.S. special possessment (obligations) 1.11 U	1 Long	p-Term Ronds (Schedule D. Part 1):						
1.02 All other governments		-						
1.10 U. S. attitute, furtheries and processories, etc. guaranteed 1.04 U. S. positional subdivisional of states, luminosis, and possessories, puranteed 1.05 U. S. spocial reviews and special assessment oxigations, etc. non-quaranteed 1.06 inclusional and misses 1.07 Phytrid socialisms and misses 1.08 SYO destified funds 1.10 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Writilisated conflictions of espool 1.11 U. Total toxy conflictions of espool 1.12 Total toxy conflictions 1.13 U. Writilisated conflictions of espool 1.14 U. Total toxy conflictions 1.15 U. Writilisated conflictions of espool 1.16 U. Arabitated and missions and difficience 1.17 U. Arabitated and missions and difficience 1.18 Exposer of toxics 1.19 U. Arabitated and missions and difficience 1.20 Toxic plant purpose toxics 1.20 Toxic plant purpose p								
1.05 U.S. special review and special assessment obligations, etc. non-guaranteed 1.06 industrial and installations and difficience 1.07 Pervit, subditional and installations 1.08 Pervit, subditional and formation 1.10 Undifficient and difficience 1.10 Undifficient and difficience 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.11 Undifficient durith funds 1.12 Teal fung-term human 1.11 Undifficient durith funds 1.12 Perfette discussion (Extraction of Exposit) 1.13 Teal fung-term human 1.14 Undifficient durith funds funds 1.15 Undifficient funds 1.16 Undifficient funds 1.17 Undifficient durith funds 1.18 Undifficient funds 1.19 Undifficient funds 1.10 Undifficient funds 1.10 Undifficient funds 1.10 Undifficient funds 1.11 Undifficient funds 1.11 Undifficient funds 1.12 Undifficient funds 1.13 Undifficient funds 1.14 Undifficient funds 1.15 Undifficient funds 1.15 Undifficient funds 1.16 Undifficient funds 1.17 Undifficient funds 1.18 Undifficient funds 1.19 Undifficient funds 1.19 Undifficient funds 1.10								
1.00 Future and miscolareous	1.04	U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.07 Pythod securities 1.08 Pythod securities 1.09 Pythod securities 1.09 Pythod securities 1.10 Unaffiliate dusts learns 1.10 Unaffiliate dusts learns 1.11 Unaffiliate dusts learns 1.12 Total languemen bonds 1.12 Total languemen bonds 1.12 Creal languemen bonds 1.13 Unaffiliate dusts (Schedulia D. Part 2, Section 1): 1.14 Unaffiliate dusts (Schedulia D. Part 2, Section 1): 1.15 Unaffiliate dusts (Schedulia D. Part 2, Section 1): 1.16 Unaffiliate dusts (Schedulia D. Part 2, Section 1): 1.17 Unaffiliate dusts du	1.05	U.S. special revenue and special assessment obligations, etc. non-guaranteed						
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6.03 Short-term investments (Schedule DA) 6.04 Total cash, cash equivalents and short-term investments 483,869,655 100.00 483,869,655 483,869,655 100.00 7. Contract loans 8. Derivatives (Schedule DB) 9. Other invested assets (Schedule BA) 10. Receivables for securities 11. Securities Lending (Schedule DL, Part 1) 12. Other invested assets (Page 2, Line 11)							1	54.12
6.04 Total cash, cash equivalents and short-term investments		Chart tarre in contract (Calcadala DA)	201,000,000		201,000,000		201,000,000	
7. Contract loans 8. Derivatives (Schedule DB) 9. Other invested assets (Schedule BA) 10. Receivables for securities 11. Securities Lending (Schedule DL, Part 1) 12. Other invested assets (Page 2, Line 11)		Tables to seek and death and the state and t	483 869 655	100.00	483 869 655		483 869 655	100.00
8. Derivatives (Schedule DB) 9. Other invested assets (Schedule BA) 10. Receivables for securities 11. Securities Lending (Schedule DL, Part 1) 12. Other invested assets (Page 2, Line 11)					400,000,000		400,000,000	100.00
9. Other invested assets (Schedule BA) 10. Receivables for securities 11. Securities Lending (Schedule DL, Part 1) 12. Other invested assets (Page 2, Line 11)		(° (° 1 1 1 PP)						
10. Receivables for securities 11. Securities Lending (Schedule DL, Part 1) 12. Other invested assets (Page 2, Line 11)								
11. Securities Lending (Schedule DL, Part 1) 2. Other invested assets (Page 2, Line 11)								
12. Other invested assets (Page 2, Line 11)						v v v	v v v	· · · · · · · · · · · · · · · · · · ·
						^^^	^^^.	^.^.^
13. Total invested assets 483,869,655 100.00 483,869,655 483,869,655 100.00			483,869,655	100.00	483,869,655		483,869,655	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	316,389,491		247,387,848	69,001,643
2.	Cost of cash equivalents acquired	14,475,955		14,475,955	
3.	Accrual of discount				
4.	Unrealized valuation increase (decrease)				
5.	Total gain (loss) on disposals				
6.	Deduct consideration received on disposals	69,001,643			69,001,643
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)	261,863,803		261,863,803	
11.	Deduct total nonadmitted amounts				
12.	Statement value at end of current period (Line 10 minus Line 11)	261,863,803		261,863,803	

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

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		3 Rate	Amount of Interest Received	5 Amount of Interest Accrued December 31	6	7
Depository	Code	of Interest	During Year	of Current Year	Balance	*
OPEN DEPOSITORIES Bank of America, N.A. Austin, TX Citibank, N.A. Dallas, TX Citibank, N.A IMMA Dallas, TX JP Morgan Chase Bank, N.A. San Antonio, TX JP Morgan Chase Bank, N.A. San Antonio, TX	0	2.790 1.750	993,835 78,811		145,186,753 197,673 17,066,087 48,857,156 10,708,183	
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	1,072,646		222,015,852	XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in (xxx	XXX				xxx
0299999 Totals - Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX	1,072,646		222,015,852	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX	1,072,646		222,015,852	XXX
וטומו טמט די די די די די די די די די די די די די	^ ^ X	_ ^ ^ X	1,072,046		ZZZ,U15,ŏ5Z	^ ^ X

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

1. January	174,098,882	4. April	220,745,465	7. July	170,345,503	10. October	206,246,442
2. February	169,084,710	5. May	166,403,077	8. August	177,953,496	11. November	211,935,367
3 March	175 747 295	6 June	173 903 292	9 September	196 726 479	12 December	222 015 852

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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 JP Morgan US Treasury Plus Money Market Fund - Capital Shares - Fund		12/31/2022	4.042	xxx	97,469,900	250,842	833,123
4812C2-23-9	4110		12/31/2022	4.156	xxx	164,383,903	546,599	1,641,535
8209999999 Exempt Mo	ney Market Mutual Funds – as Identified by SVO					261,853,803	797,441	2,474,658
				ONE				
				.				
	.				l	1		
l								
8609999999 Total Cash	 Equivalents					261,853,803	797,441	2,474,658
Line Number	l. Book/Adjusted Carrying Value by NAIC Designation Category Footnote:							
Line Number			1B \$		1C \$		1D \$	
	B 2A 9		. 2B\$		2C \$		1E\$	
'1	38.9		3B \$		3C \$		1F\$	
1	D 4A \$		4B\$		4C \$		1G \$	
	E 5A \$		5B \$		5C \$			
1			, - - •					

NONE Schedule E - Part 3