# **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, 2024** 

30040202420100100

# **ANNUAL STATEMENT**

For the Year Ended December 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

**Texas Windstorm Insurance Association** 

NAIC Group Code	1766	4766	NAIC Company Code	-	Employer's ID Nu	mber 74-6189303
	rent Period)	(Prior Period)	MAIO Company Code	30040	Linployer 3 ID Nu	74-01033003
Organized under the Laws of	Texas	(1 1101 1 01104)	Stat	te of Domicile or Port o	of Entry TX	
•	JSA		, ota	ic of Dominanc of Fore	17. Indy	
	15A	luna 4. d	1074	C	ad Duainasa	l 4 . 4074
Incorporated/Organized	2010 " 15 1	June 1, 1		Commenc	ed Business	June 1, 1971
Statutory Home Office4	801 Southwest Parky	vay Building 1, Suite 2	und Number)		Austin, TX, US 78735	n, State, Country and Zip Code)
Main Administrative Office	4801 Southwo	st Parkway Building 1,	,		(Oity of Town	, otate, obunity and zip obde)
main Administrative Office	4001 300tilWe	Stranway bulluling 1,	Juile 200	(Street and Numbe	er)	
	Austin, TX, US	78735		,	512-899-4900	
•	Addin, 17t, oc		te, Country and Zip Code)	(Are	ea Code) (Telephone N	lumber)
Mail Address P.O. Box	99090				Austin, TX, US 78709	
		(Street and Number	or P.O. Box)	·		n, State, Country and Zip Code)
Primary Location of Books and	d Records		kway Building 1, Suite 200		, TX, US 78735	512-899-4900
		(Si	treet and Number)	(City or Tow	vn, State, Country and Zip C	ode) (Area Code) (Telephone Number)
Internet Web Site Address	https://www.twia.o	rg/				
Statutory Statement Contact	Allen David Fu	ılkerson			512-899-4988	
			(Name)	(Are	ea Code) (Telephone N	lumber) (Extension)
	afulkerson@tv					512-899-4952
		(E-	-Mail Address)			(Fax Number)
			OFFIC	ERS		
		lame	00		т	itle
David Patrick Durden	IN.	iailie		General Manage		itie
Stuart Keith Harbour				Chief Financial C		
3. Karen Guard				Secretary-Treasu		
4.					u. u.	
			VICE-PRES	SIDENTS		
Name			Title		Name	Title
Michael Ledwik	\/D	Underwriting		David Scott Williams		VP Claims
Michael Eleftheriades #		rim VP IT		Michelle Friesenhahn	# -	VP People and Business Operations
Jessica Crass		Legal & Compliance		James Murphy	т	Chief Actuary and VP Enterprise Analytics
Jessica Crass		Legal & Compilance	-	James Marphy	<del>-</del>	Office Actuary and VI Efficience Analytics
					<del></del>	
					<del></del>	
			· · · · · · · · · · · · · · · · · · ·			
			DIDECTORS OF	TOUCTEC		
			DIRECTORS OF			
Karen Guard		Peggy Gonzalez		Tim Garrett		Esther Grossman
Greg Smith #						
						-
State of Texas						
County of Travis						
			and the surgery than decomined offi	inara of anid remorting anti	its, and that on the renewting	wariad atatad abaya all of the barrain described
			=	• •		g period stated above, all of the herein described
			-	•		nt, together with related exhibits, schedules and
						ting entity as of the reporting period stated above,
	-		•			ounting Practices and Procedures manual except
		-		-		dures, according to the best of their information,
		-	-			th the NAIC, when required, that is an exact copy
(except for formatting differences of	ue to electronic filing	) of the enclosed state	ement. The electronic filing ma	ly be requested by various	s regulators in lieu of or in a	ddition to the enclosed statement.
David De	12don			<i>1†</i>	uart Keith H	Lanleyen
- Savar Asi	racer				aww neur n	awwwe
	(Signature)				, 0	ature)
	David Patrick Dur				Stuart Keit	
	(Printed Name	e)			(Printed	
	1.				2	2.
	-					
	General Manag	jer			Chief Finar	ncial Officer
	(Title)				(Ti	tle)
Subscribed and sworn to (or affirm	ed) before me this on	this			·	
5th day of Febru			d Durden Stuar	t Harbour		
Sand merket				<del></del>	a. Is this an original	filing? [X]Yes []No
Javil Melket					•	the amendment number
	David N	Vierkatz			2. Date	
.commerc.	1					per of pages attached
David Merk	atz				o. Hullis	

David Merkatz
NOTARY PUBLIC
STATE OF FLORIDA
Appt. No. HH 367674
Expires February 28, 2027

STATE OF FLORIDA COUNTY OF BROWAR

Text

# **ASSETS**

	AUULIU				
			Current Year	I	Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)				
	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 (\$ 102,510,743, Schedule E - Part 1), cash equivalents (\$ 159,354,988,				
	Schedule E - Part 2), and short-term investments (\$ 0, Schedule DA)	261,865,731		261,865,731	647,819,824
6.	Contract loans (including \$ 0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.					
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	261,865,731		261,865,731	647,819,824
13.	Title plants less \$ 0 charged off (for Title insurers only)				
14.	Investment income due and accrued	651,278		651,278	2,516,961
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	8,727,844	493,353	8,234,491	5,781,780
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$0 earned but unbilled premiums)	46,297,377		46,297,377	37,446,584
	15.3 Accrued retrospective premiums (\$0) and contracts subject to				
	redetermination (\$ 0)				
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				
	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	8,722,139	8,722,139		
21.	Furniture and equipment, including health care delivery assets (\$				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	2,602,686		2,602,686	1,087,719
24.	Health care (\$ 0) and other amounts receivable	,	, , , , , , , , , , , , ,		
25.	Aggregate write-ins for other-than-invested assets	4,161,660	4,161,660		
26.	7 0 0				
	Protected Cell Accounts (Lines 12 to 25)	333,028,715	13,377,152	319,651,563	694,652,868
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	222 222 717	40.077.450	240 054 500	004.050.000
28.	Total (Lines 26 and 27)	333,028,715	13,377,152	319,651,563	694,652,868

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Member Assessment Receivable	2,199,241	2,199,241	 
2502. Prepaid assets	1,844,199	1,844,199	 l
2503. Security deposit - lease	118,220	118,220	 l
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	4,161,660	4,161,660	

# LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	133,396,618	33,667,875
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)	28,078,606	11,116,385
4.	Commissions payable, contingent commissions and other similar charges	8,074,363	7,030,740
5.	Other expenses (excluding taxes, licenses and fees)	7,800,293	4,496,822
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		3,054,26
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		
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)	390,888,280	341,024,374
10.	Advance premium	11,115,440	8,393,089
	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	140.070.004	77,739,319
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	1	
14.	and the second s		
15.	Describeration of the control of the	200.404	454,943
16.	Provision for reinsurance (including \$ 0 certified) (Schedule F, Part 3 Column 78)		
	Note that the second of the se		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
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		161,822,000
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	733,162,691	648,799,808
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	733,162,691	648,799,808
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)	(413,511,128)	45.853.060
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.		(413,511,128)	45,853,060
38.	Totals (Page 2, Line 28, Col. 3)	319,651,563	694,652,868
	Totals (1 age 2, Line 20, Ooi. 3)	313,031,303	034,032,000
-	DETAIL O OF MIDITE IN LINES	<u> </u>	
	DETAILS OF WRITE-IN LINES		
2501.	Pension benefits liability	3,013,668	1,402,622
2502.	Lease incentive obligation	1,843,325	2,058,081
2503.	Escheat liability	1,750,785	1,486,667
2598.	Summary of remaining write-ins for Line 25 from overflow page	977,331	156,874,630
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	7,585,109	161,822,000
2901.	· · · · · · · · · · · · · · · · · · ·		, ,
2902.			
2903.	MANIF		
∠JUJ.	Summary of remaining write-ins for Line 29 from overflow page		
2002	Cummary or remaining write-ins for Line 23 from overflow page		
2998.	Totals (Lines 2001 through 2002 plus 2009) (Line 20 share)	I .	
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
2999. 3201.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
2999. 3201. 3202.			
2999. 3201. 3202. 3203.			
2999. 3201. 3202.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)  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
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4)  DEDUCTIONS:	311,911,421	371,365,699
2.	Losses incurred (Part 2, Line 35, Column 7)	518,486,893	76,811,847
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	115,926,584	14,560,741
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	161,235,260	140,015,383
5. 6.	Aggregate write-ins for underwriting deductions  Total underwriting deductions (Lines 2 through 5)	795,648,737	156,000,122 387,388,093
7.	Total underwriting deductions (Lines 2 through 5)  Net income of protected cells	195,040,757	307,300,093
	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(483,737,316)	(16,022,394)
	INVESTMENT INCOME		
9.		21,009,756	21,016,264
10.	Net investment income earned (Exhibit of Net Investment Income, Line 17)  Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))	21,003,730	21,010,204
	Net investment gain (loss) (Lines 9 + 10)	21,009,756	21,016,264
	OTHER INCOME		
12	Net gain or (loss) from agents' or premium balances charged off (amount recovered		
12.	\$ 0 amount charged off \$ 0)		
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income		6,132
	Total other income (Lines 12 through 14)		6,132
16.	Net income before dividends to policyholders, after capital gains tax and before all other	(400 -000)	
17	federal and foreign income taxes (Lines 8 + 11 + 15)	(462,727,560)	5,000,002
	Dividends to policyholders  Net income, after dividends to policyholders, after capital gains tax and before		
10.	all other federal and foreign income taxes (Line 16 minus Line 17)	(462,727,560)	5,000,002
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)	(462,727,560)	5,000,002
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	45,853,060	38,642,859
22.	Net income (from Line 20)	(462,727,560)	5,000,002
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)	4,974,418	791,387
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
	Cumulative effect of changes in accounting principles		
32.	Capital changes: 32.1 Paid in		
	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)		
34.	33.3 Transferred from capital  Net remittances from or (to) Home Office		
34. 35.	Net remittances from or (to) Home Office 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	(1,611,046)	1,418,812
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(459,364,188)	7,210,201
39.	Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)	(413,511,128)	45,853,060

	DETAILS OF WRITE-IN LINES		
0501.	Statutory Fund Expense		156,000,122
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)		156,000,122
1401.	Other Income (loss)		6,132
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)		6,132
3701.	Unrecognized pension expense	(1,611,046)	1,418,812
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page		
3799.	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	(1,611,046)	1,418,812

# **CASH FLOW**

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance		462,889,36
2.	Net investment income	22,875,438	19,296,74
3.	Miscellaneous income		6,13
4.		441,951,279	482,192,24
5.		418,758,150	82,655,80
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	412,629,847	237,210,10
8.	Dividends paid to policyholders		
9.			
10.		831,387,997	319,865,90
11.	Net cash from operations (Line 4 minus Line 10)	(389,436,718)	162,326,33
	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		
	12.4 Deal pateta		
	13.5 Other invested exacts		
11			
14.			
15.	· · · · · · · · · · · · · · · · · · ·		
16	Cash from Financing and Miscellaneous Sources Cash provided (applied):		
10.			
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	3,482,625	1,623,82
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5		
	plus Line 16.6)	3,482,625	1,623,82
	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)	(385,954,093)	163,950,16
19.			
	19.1 Beginning of year	647,819,824	483,869,65
	19.2 End of year (Line 18 plus Line 19.1)	261,865,731	647,819,82
		201,000,701	071,010,02

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	1 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)
	Fire Allied lines	361,775,327	341,024,374	390,888,280	311,911,42
	Multiple peril crop	001,770,027	041,024,074		
2.3	Federal Flood				
	Private Crop				
	Private flood Farmowners multiple peril				
5.1	Homeowners multiple peril Commercial multiple peril (non-liability				
5.2	portion)  Commercial multiple peril (liability portion)				
	Mortgage guaranty  Ocean marine				
	Inland marine				
	Pet insurance plans				
10.	Financial guaranty				
	Medical professional liability—occurrence				
	Medical professional liability—claims-made				
12.	Earthquake Comprehensive (hospital and medical)				
	individual				
13.2	Comprehensive (hospital and medical)group				
	Credit accident and health (group and individual)				
	Vision Only				
	Dental Only				
	Disability Income				
	Medical supplement				
	Medicaid Title XIX				
	Medicaid Title XVIII				
	Long-Term Care				
15.9	Federal employees health benefits plan Other health				
	Workers compensation				
	Other liability—occurrence Other liability—claims-made				
	Excess workers' compensation				
	Products liability—occurrence				
	Products liability—claims-made				
19.1	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				
	Private passenger auto physical damage				
21.2	Commercial auto physical damage				
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft				
28.	Boiler and machinery Credit				
29.	International				
30. 31.	Warranty Reinsurance-nonproportional				
32.	assumed property Reinsurance-nonproportional				
33.	assumed liability Reinsurance-nonproportional				
34.	assumed financial lines Aggregate write-ins for other lines				
	of business TOTALS	361,775,327	341,024,374	390,888,280	311,911,4
	DETAILS OF WRITE-IN LINES				
3401.					
3402.					
		I			
	Sum of remaining write-ins for Line 34 from overflow page		NONE		

plus 3498 (Line 34 above)

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

Line of Business  1. Fire 2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal Flood 2.4 Private crop 2.5 Private flood 3. Farmowners multiple peril 4. Homeowners multiple peril 5.1 Commercial multiple peril (inon-liability portion) 5.2 Commercial multiple peril (inon-liability portion) 6. Mortgage Guarantee 8. Ocean marine 9.1 Inland marine 9.2 Pet insurance plans 10. Financial guaranty 11.1 Medical professional liability—calaims-made 12. Earthquake 13.1 Comprehensive (hospital and medical) individual 13.2 Comprehensive (hospital and medical) group 14. Credit accident and health (group and individual) 15.1 Vision only 15.2 Dental only 15.3 Disability income 15.4 Medicare Supplement 15.5 Medicaid title XVII 15.7 Long Term Care 15.8 Federal Employees health benefits plans 15.9 Other health 16. Worker's compensation 17.1 Other liability—calaims-made 17.2 Other liability—claims-made 18.1 Products liability—claims-made 19.1 Private passenger auto no-fault (peronal injury protection) 19.2 Other private passenger auto liability 19.3 Commercial auto no-fault (personal injury protection) 19.4 Other commercial auto physical damage 21.2 Commercial auto physical damage 22.2 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 32. Reinsurance-nonproportional assumed liability 33. Reinsurance-nonproportional assumed insenses 35. TOTALS 36. Accrued retrospective premiums based on experience	1	2	3	4	5
2.1 Allied lines 2.2 Multiple peril crop 2.3 Federal Flood 2.4 Private crop 2.5 Private flood 3. Farmowners multiple peril 4. Homeowners multiple peril 5.1 Commercial multiple peril (inon-liability portion) 5.2 Commercial multiple peril (liability portion) 6. Mortgage Guarantee 8. Ocean marine 9.1 Inland marine 9.2 Pet insurance plans 10. Financial guaranty 11.1 Medical professional liability—occurrence 11.2 Medical professional liability—claims-made 12. Earthquake 13.1 Comprehensive (hospital and medical) individual 13.2 Comprehensive (hospital and medical) group 14. Credit accident and health (group and individual) 15.1 Vision only 15.2 Dental only 15.3 Disability income 15.4 Medicare Supplement 15.5 Medicaid title XIXI 15.6 Medicaid title XIXI 15.7 Long Term Care 15.8 Federal Employees health benefits plans 15.9 Other health 16. Workers' compensation 17.1 Other liability—ccurrence 17.2 Other liability—ccurrence 17.2 Other liability—ccurrence 17.3 Excess workers' compensation 18.1 Products liability—ccurrence 19.1 Private passenger auto no-fault (peronal injury protection) 19.2 Other commercial auto liability 19.3 Commercial auto horfault (personal injury protection) 19.4 Other commercial auto liability 19.5 Credit 20. Reinsurance-nonproportional assumed property 21. Reinsurance-nonproportional assumed liability 22. Reinsurance-nonproportional assumed liability 23. Reinsurance-nonproportional assumed liability 24. Surety 25. Reinsurance-nonproportional assumed financial lines 26. Accrued retrospective premiums based on experience 27. Earned but unbilled premiums	Amount Unearned Inning One Year 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
2.3 Federal Flood 2.4 Private crop 2.5 Private flood 3. Farmowners multiple peril 4. Homeowners multiple peril 5.1 Commercial multiple peril (liability portion) 5.2 Commercial multiple peril (liability portion) 6. Mortgage Guarantee 8. Ocean marine 9.1 Inland marine 9.2 Pet insurance plans 10. Financial guaranty 11.1 Medical professional liability—occurrence 11.2 Medical professional liability—claims-made 12. Earthquake 13.1 Comprehensive (hospital and medical) individual 13.2 Comprehensive (hospital and medical) group 14. Credit accident and health (group and individual) 15.1 Vision only 15.2 Dental only 15.3 Disability income 15.4 Medicaid title XIX 15.6 Medicaid title XIX 15.6 Medicaid title XIX 15.6 Medicaid title XIX 15.7 Long Term Care 15.8 Federal Employees health benefits plans 15.9 Other health 16. Workers' compensation 17.1 Other liability—occurrence 17.2 Other liability—claims-made 17.3 Excess workers' compensation 18.1 Products liability—occurrence 18.2 Products liability—claims-made 19.1 Private passenger auto no-fault (peronal injury protection) 19.2 Other private passenger auto liability 21.1 Private passenger auto no-fault (personal injury protection) 19.4 Other commercial auto liability 21.1 Private passenger auto physical damage 21.2 Commercial auto no-fault (personal injury protection) 19.4 Other commercial 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 financial lines 34. Aggregate write-ins for other lines of business 35. TOTALS 36. Accrued retrospective premiums based on experience 37. Earned but unbilled premiums	390,888,280				390,888,2
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<ul> <li>15.5 Medicaid title XIX</li> <li>15.6 Medicaid title XVIII</li> <li>15.7 Long Term Care</li> <li>15.8 Federal Employees health benefits plans</li> <li>15.9 Other health</li> <li>16. Workers' compensation</li> <li>17.1 Other liability—occurrence</li> <li>17.2 Other liability—claims-made</li> <li>17.3 Excess workers' compensation</li> <li>18.1 Products liability—occurrence</li> <li>18.2 Products liability—claims-made</li> <li>19.1 Private passenger auto no-fault (peronal injury protection)</li> <li>19.2 Other private passenger auto liability</li> <li>19.3 Commercial auto no-fault (personal injury protection)</li> <li>19.4 Other commercial auto liability</li> <li>21.1 Private passenger auto physical damage</li> <li>22. Aircraft (all perils)</li> <li>23. Fidelity</li> <li>24. Surety</li> <li>26. Burglary and theft</li> <li>27. Boiler and machinery</li> <li>28. Credit</li> <li>29. International</li> <li>30. Warranty</li> <li>31. Reinsurance-nonproportional assumed property</li> <li>32. Reinsurance-nonproportional assumed liability</li> <li>33. Reinsurance-nonproportional assumed financial lines</li> <li>34. Aggregate write-ins for other lines of business</li> <li>35. TOTALS</li> <li>36. Accrued retrospective premiums based on experience</li> <li>37. Earned but unbilled premiums</li> </ul>					
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35. TOTALS 36. Accrued retrospective premiums based on experience 37. Earned but unbilled premiums					
37. Earned but unbilled premiums	390,888,280				390,888,2
38. Balance (Sum of Lines 35 through 37)					390,888,2

	DETAILS OF WRITE-IN LINES			
3401.				
3402.		INCIN		
3403.				
3498.	Sum of remaining write-ins for			
	Line 19.3 from overflow page Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			
3499.	Totals (Lines 3401 through 3403			
	plus 3498) (Line 34 above)			

<sup>(</sup>a) State here basis of computation used in each case Prorata

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

Direct	Direct   Business   From   Norm   To   Norm   Cots   1-2-1		1	Reinsurano	ce Assumed	Reinsurar	nce Ceded	6	
2.2 A Mustile peri crop 2.3 Folderal Flood 2.3 Folderal Flood 2.3 Folderal Flood 3.5 Formound Flood 3.5 Formound Flood 3.5 Formound Flood 3.5 Formound Flood 4.1 Flood Flood 3.5 Formound Flood 4.1 Flood Flood 4.2 Flood Flood 5.5 Formound Flood Flood Flood 5.5 Flood Flood Flood 5.5 Flood Flood Flood 5.5 Flood Flood Flood Flood Flood Flood 5.5 Flood Flood Flood Flood Flood Flood 5.5 Flood Flood Flood Flood 5.5 Flood 5.5 Flood Flood 5.5 F	2.1 Alleid lines		Business	From	From Non-	То	To Non-	Cols. 1 + 2 + 3	
2.2 Multiple pell torp 2.2 Federal Flood 2.4 Private Drop 3. Faderan Flood 3. Famownes multiple peal 4. Homownes multiple peal 5. Commercial multiple peal 6. Commercial multiple peal (building pell) 6. Commercial guaranty 6. Financial guaranty 7. Medical professional liability—coursence 7. Sea (building pell) 7. Competentive (hospital and medical) 7. Competentive (hospital and hospital) 7. Competentive (hospital and hospital	2.2 Multiple perit crop 2.2 Friedrich Tood 2.4 Private Drop 2.4 Private Drop 2.4 Private Drop 3. Farmowner multiple pari 4. Homozovens multiple pari 5.1 Commercial multiple pari (politify politicin) 5.2 Commercial multiple pari (politify politicin) 5.2 Commercial multiple pari (politify politicin) 5.3 Commercial multiple pari (politify politicin) 5.4 Commercial multiple pari (politify politicin) 5.5 Commercial multiple pari (politify politicin) 5.6 Commercial multiple pari (politify politicin) 5.7 Commercial multiple pari (politify politicin) 5.8 Perit politicin) 5.9 Perit politicin politi		758 845 192				397 069 865	361 775 33	
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DETAILS OF WRITE-IN LINES				
3401.	NIC			
3402.	 NI (			
3403.				
3498. Sum of remaining write-ins for	 	 		
Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403				
3498. Sum of remaining write-ins for Line 34 from overflow page 3499. Totals (Lines 3401 through 3403 plus 3498 (Line 34 above)				

(2)	Does the company's direct p	romiume writton include	promitime recorded	on an inetallment bacic?
(a)	Dues the company's direct p	remiums willen include	premiums recorded t	on an motallinent basis:

Yes[] No[X]

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

<sup>2.</sup> 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	Losses Paid Less Salvage 5 6 7								
	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)							
. Fire					133.396.618		518.486.893								
1 Allied lines	418,758,150			418,758,150	133,396,618	33,667,875	518,486,893	166							
2 Multiple peril crop 3 Federal flood															
4 Private crop															
5 Private flood															
B. Farmowners multiple peril															
I. Homeowners multiple peril															
1 Commercial multiple peril (non-liability portion)															
2 Commercial multiple peril (liability portion)															
6. Mortgage guaranty															
B. Ocean marine															
1 Inland marine															
2 Pet insurance plans			1	1	1			1							
). Financial guaranty			1	1	1			1							
Medical professional liability—occurrence			1	1	1			1							
2 Medical professional liability—claims-made			1	1	1			1							
2. Earthquake															
1 Comprehensive (hospital and medical)individual															
2 Comprehensive (hospital and medical)group			L	I	I										
Credit accident and health (group and individual)			I	1	1										
1 Vision only		l	1	1	1		l	1							
2 Dental only			1	1	1			1							
3 Disability income			1	1	1			1							
4 Medicare supplement			1	1	1		l	1							
5 Medicaid Title XIX			1	1	1			1							
6 Medicaid Title XIVIII			1		1										
7 Long Term care															
8 Federal Employees health benefits plan															
9 Other health															
5. Workers' compensation			1												
1 Other liability—occurrence															
2 Other liability—claims-made															
3 Excess workers' compensation															
1 Products liability—occurrence 2 Products liability—claims-made															
Private passenger auto no-fault(personal injury protection)															
Other private passenger liability															
3 Commercial auto no-fault (personal injury protection)															
4 Other commercial auto liability															
Private passenger auto physical damage															
Commercial auto physical damage															
2. Aircraft (all perils)															
B. Fidelity															
L Curoty															
5. Burglary and theft															
7. Boiler and machinery															
B. Credit															
). International															
). Warranty															
Reinsurance-nonproportional assumed property			1												
2. Reinsurance-nonproportional assumed liability			1												
Reinsurance-nonproportional assumed financial lines			1												
Aggregate write-ins for other lines of business															
Aggregate write-ins for other lines of business     TOTALS	418,758,150			418,758,150	133.396.618	33.667.875	518,486,893								
DETAILS OF WRITE-IN LINES				1.13,130,100	100,000,010	55,557,676	2.0,100,000								
			1												
					1										
 3.			1												
3. Sum of remaining write-ins for Line 34 from overflow page					1										
			i .	1	1		î.	i .							

g

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

		Reporte	ed Losses	,		Incurred But Not Reported	1	8	9
	1	2 Reinsurance	3 Deduct Reinsurance	4 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	89,471,227			89,471,227	43,925,391			133,396,618	28,078,60
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									
9.1 Inland marine									
9.2 Pet insurance plans									
10. Financial guaranty									
11.1 Medical professional liability—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13.1 Comprehensive (hospital and medical)individual								(a)	
13.2 Comprehensive (hospital and medical)group								(a)	
Credit accident and health (group and individual)								(4)	
15.1 Vision only								(a)	
15.2 Dental only								(a)	
15.3 Disability income								(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								

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

		Reporte	d Losses			Incurred But Not Reported	1	8	9
	1	2	3 Deduct	4 Net Losses Excl. Incurred	5	6	7	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)									
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)	1								
23. Fidelity	1								
24. Surety									
26. Burglary and theft	1			1					
27. Boiler and machinery	1								
28. Credit	1			1					
29 International	1			1					
30. Warranty	1								
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	1								
35. TOTALS	89,471,227			89,471,227	43,925,391			133,396,618	28,078,606
	, ,								
DETAILS OF WRITE-IN LINES									
3401.									
3402.					[	l	1		
3403.	[]						1		
3498. Sum of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)									

<sup>(</sup>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
		·		Investment	7
		Loss Adjustment Expenses	Other Underwriting  Expenses	Expenses	Total
		Expenses	Ехропосо	Ехропосо	1000
1. (	Claim adjustment services:	CO 447 F74			00 447 574
	1.1 Direct	69,117,574			69,117,574
	1.2 Reinsurance assumed				
	<ul><li>1.3 Reinsurance ceded</li><li>1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)</li></ul>	69,117,574			69,117,574
2	Commission and brokerage:	09,117,574			99,117,574
۷. ۱	0.4 Disselve of discounting		121 202 653		121 202 653
			121,292,653		121,292,653
	2.2 Reinsurance assumed, excluding contingent				10,971,467
	Reinsurance ceded, excluding contingent     Contingent—direct				
	2.5 Contingent—reinsurance assumed				
	Contingent—reinsurance ceded     Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 +				
	· · · · · · · · · · · · · · · · · · ·		110,321,186		110,321,186
2	*				1 10,321,100
	Allowances to manager and agents  Advertising		20,400		36,108
	•		261 700		261,789
	Boards, bureaus and associations		1 440 450		1,419,458
	Surveys and underwriting reports  Audit of assureds' records		1,419,458		1,4 19,450
0.	Salary and related items:	27.072.002	10.075.076		E0 040 760
	8.1 Salaries	37,972,893	12,875,876		50,848,769
0	8.2 Payroll taxes		755,125		1,104,059
	Employee relations and welfare	1,287,197	3,497,097		4,784,294
	Insurance	60,642	151,392		212,034
11.	Directors' fees	24.040	440.044		404.700
	Travel and travel items	34,948	146,841		181,789
	Rent and rent items	253,306	755,117		1,008,423
	Equipment (FDD - investment)	23,758	270,085		293,843
	Cost or depreciation of EDP equipment and software	781,502	2,314,284		3,095,786
	Printing and stationery	218,080	432,376		650,456
	Postage, telephone and telegraph, exchange and express	1,095,955	2,195,086		3,291,041
	Legal and auditing	62,873	714,115		776,988
	Totals (Lines 3 to 18)	42,140,088	25,824,749		67,964,837
	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty		42.400.242		42.400.242
	association credits of \$ 0		13,166,343		13,166,343
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments 20.4 All other (excluding federal and foreign income and real estate)		24,939		24 020
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		· · · · · · · · · · · · · · · · · · ·		24,939 13,191,282
			13,191,282		
	Real estate expenses Real estate taxes				
	Reimbursements by uninsured plans	4,668,922	11,898,043	1,787,119	18,354,084
24. <i>i</i> 25.	Aggregate write-ins for miscellaneous expenses  Total expenses incurred	115,926,584			
	•	28,078,606	161,235,260	1,787,119	(a) 278,948,963 46,600,089
	Less unpaid expenses—current year		18,521,483		
	Add unpaid expenses—prior year	11,116,385	14,581,823		25,698,208
	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, current year	98.964.363	157 205 600	1 707 140	250 047 000
JU.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	90,904,303	157,295,600	1,787,119	258,047,082

DETAILS OF WRITE-IN LINES				
2401. IT systems Support ∏ development	966,306	8,394,663		9,360,969
2402. Other Outside Services	2,851,659	1,375,231		4,226,890
2403. Expert Panel		2,391,851		2,391,851
2498. Sum of remaining write-ins for Line 24 from overflow page	850,957	(263,702)	1,787,119	2,374,374
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	4.668.922	11.898.043	1.787.119	18.354.084

(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) 20,984,625	22,796,875
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	20,984,625	22,796,875
11.	Investment expenses		(g) 1,787,119
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
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)		1,787,119
17.	Net investment income (Line 10 minus Line 16)		21,009,756
	DETAILS OF WRITE-IN LINES		

	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	t on encumbrances.
(e)	Includes \$	0 accrual of discount less \$	0 amortization of premium and less \$	0 paid for accrued interest on purchases.
(f)	Includes \$	0 accrual of discount less \$	0 amortization of premium.	
(g)	Includes \$	0 investment expenses and \$	0 investment taxes, licenses and fees, excl	uding federal income taxes,
	attributable to segre	egated and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other invested asse	ts.

# **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1 Realized	2	3	4	5
		Gain (Loss)	Other	Total Realized		Change in Unrealized
		on Sales or	Realized	Capital Gain (Loss)	Change in Unrealized	, ,
		Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	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					
	Preferred stocks of affiliates Common stocks (unaffiliated) Common stocks of affiliates		<b>\</b>			
2.21			<b>7</b> .L			
	Mortgage loans					
	Real estate					
	Contract loans					
1	Cash, cash equivalents and short-term investments					
1	Derivative instruments					
	Other invested assets					
1	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)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	493,353	473,583	(19,770)
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
	16.3 Other amounts receivable under reinsurance contracts			
	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		12,006,292	3,284,153
21.	Furniture and equipment, including health care delivery assets	1		
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		F 074 005	474000
25.	Aggregate write-ins for other-than-invested assets	4,161,660	5,871,695	1,710,035
26.	Total assets excluding Separate Accounts, Segregated Accounts and	40.077.450	40.054.570	4074440
07	Protected Cell Accounts (Lines 12 to 25)	13,377,152	18,351,570	4,974,418
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	40.077.450	40.054.570	4.074.440
28.	Total (Lines 26 and 27)	13,377,152	18,351,570	4,974,418

DETAILS OF WRITE-IN LINES			
1101.			
1102.			
1103. N ( ) N <b>—</b>			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Member Assessment Receivable	2,199,241	2,199,241	
2502. Prepaid assets	1,844,199	3,554,089	1,709,890
2503. Security deposit - lease	118,220	118,220	
2598. Summary of remaining write-ins for Line 25 from overflow page		145	145
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	4 161 660	5 871 695	1 710 035

#### 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#	2024	2023
1. Company state basis (P 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	(\$462,727,560)	\$5,000,002
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	(\$462,727,560)	\$5,000,002

Surplus	SSAP#	F/S Page	F/S Line #	December 31, 2024	December 31, 2023
<ul> <li>5. Company state basis (Page 3, Line 37, Columns 1 &amp; 2)</li> <li>6. State Prescribed Practices that is an increase / (decrease) from NAIC SAP</li> <li>7. State Permitted Practices that is an increase / (decrease) from NAIC SAP - Admission of restricted debt service funds</li> </ul>	XXX	XXX	XXX	(\$413,511,128)	\$45,853,060 - -
8. NAIC SAP $(5-6-7=8)$	XXX	XXX	XXX	(\$413,511,128)	\$45,853,060

#### 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, when used, 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

None

J. Real Estate

None

K. Low-Income Housing Tax Credits

None

L. Restricted Assets

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

S. Aggregate Collateral Loans by Qualifying Investment Collateral

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

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

<b>Interest Income Due and Accrued</b>	<u>Amount</u>
1. Gross	\$ 651,278
2. Nonadmitted	0
3. Admitted	651,278

D. The aggregate deferred interest.

Aggregate Deferred Interest \$\frac{Amount}{\\$}

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance \$

#### 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 2024 and 2023 the Association made expenditures on behalf of the Texas FAIR Plan Association under its management contract and was reimbursed \$22,973,351 and \$15,270,086, respectively. As of December 31, 2024, and December 31, 2023, the Association held an intercompany admitted receivable of \$2,602,686 and \$1,087,719, 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

All SCA Investments M.

Not applicable

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP No. 48 Loss Tracking

Not applicable

#### Note 11 – Debt

#### A. Debt

The Association obtained a \$500,000,000 line of credit with two of its primary financial institutions during 2024. The facility was entered into June 3, 2024 subsequent to the Association's board of directors approval on May 21, 2024. 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 0.425% commitment fee against the unused portion of the line of credit. The commitment matures on May 30, 2025, however the line of credit was terminated by the Association on December 27 without penalty.

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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

#### Defined Benefit Plan A.

The Association sponsors a non-contributory defined benefit pension plan covering employees from date of hire that are scheduled to work at least 1,000 hours in a twelve-month period. Pension benefits are based on years of service and the employee's compensation during the five highest consecutive years' earnings from the last ten years of employment. An employee's benefits vest 5 years from date of hire. The Association makes contributions to the plan that comply with the minimum funding provisions of the Employee Retirement Income Security Act. As of December 31, 2024, 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, 2024 and 2023:

## 1. Change in benefit obligation:

	<u>Under</u> 1	<u>funded</u>
	2024	2023
Benefit obligation at beginning of year	\$ 31,838,659	\$ 27,935,900
Service cost	1,880,936	1,631,104
Interest cost	1,794,421	1,587,389
Contribution by plan participants	-	-
Actuarial loss/(gain)	(716,529)	1,425,629
Foreign currency exchange rate changes	-	-
Benefits paid	(1,004,199)	(741,363)
Plan Amendments	-	-
Business combinations, divestitures,		
curtailments, settlements and special		
termination benefits	-	-
Benefit obligation at end of year	\$ 33,793,288	\$ 31,838,659
2. Change in plan assets:		
	2024	2023

## 2

	<u>=0=1</u>	<u>= 0 = 0</u>
Fair value of plan assets at beginning of year	\$ 29,915,921	\$ 22,889,839
Actual return/(loss) on plan assets	(526,494)	4,097,989
Foreign currency exchange rate changes	-	-
Employer contributions	3,039,480	3,669,456
Plan participants' contributions	-	-
Benefits paid	(1,004,199)	(741,363)
Business combinations, divestitures and settlements	=	-
Fair value of plan assets at end of year	\$ 31,424,708	\$ 29,915,921

3.	Funded status:	<u>2024</u>	<u>2023</u>
	Components:		
	Prepaid benefit costs	\$ 645,088	\$ -
	Overfunded plan assets	-	-
	Accrued benefit costs	-	520,116
	Liability for pension benefits	3,013,668	1,402,622
	Assets and liabilities recognized		
	Assets (nonadmitted)	645,088	-
	Liability recognized	3,013,668	1,922,738
	Unrecognized liabilities	\$ -	\$ -
4.	Components of net periodic benefit costs:		
		<u>2024</u>	<u>2023</u>
	Service cost		\$ 1,631,104
	Interest cost		1,587,389
	Expected return on plan assets	(1,845,440)	(1,297,907)
	Transition asset or obligation	-	-
	(Gains) and losses amortization	-	-
	Prior service cost or (credit)	44,359	44,359
	(Gain) or loss recognized due to settlement or curtailment	-	-
	Total net periodic benefit cost	\$ 1,874,276	\$ 1,964,945
5.	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost		
		<u>2024</u>	<u>2023</u>
	Items not yet recognized as a component of net periodic cost – prior year	\$ 1,402,622	\$ 2,821,434
	Net transition asset or obligation recognized		
	Net prior service cost or (credit) arising during the period	_	_
	Net prior service cost of (credit) arising during the period  Net prior service cost or (credit) recognized	(44.350)	(44,359)
	Net (gain) and loss arising during the period	1,655,405	
		1,033,403	(1,374,453)
	Net loss/(gain) recognized  Items not yet recognized as a component of net periodic cost –	\$ 3,013,668	\$ 1,402,622
	current year	, -,,	· , · , ·
6.	Amounts in unassigned funds (surplus) that have not yet been		
	recognized as components of net periodic benefit cost:		
		<u>2024</u>	<u>2023</u>
	Net transition asset or obligation	\$ -	\$ -
	Net prior service cost or (credit)	89,511	133,870
	Net recognized (gains) and losses	2,924,157	1,268,752

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

	<u>2024</u>	<u>2023</u>
Weighted-average discount rate	5.50%	5.75%
Expected long-term rate of return on plan assets	6.00%	5.25%
Rate of compensation increase	3.50%	3.50%
Interest crediting rates	n/a	n/a
Weighted-average assumptions used to determine projected benefit		
obligations as of December 31:		
Weighted-average discount rate	6.00%	5.50%
Rate of compensation increase	"see below"	"see below"
Interest crediting rates	n/a	n/a

Weighted-average rate of compensation increase used to determine projected benefit obligations as of December 31, 2024 uses: 3.50% for 2025 and 3.00% thereafter.

- 8. The amount of accumulated benefit obligation for the defined benefit pension plan was \$28,893,249 for the current year and \$27,849,931 for the prior year.
- 9. Postretirement Benefits or Special or Contractual Benefits Per SSAP No. 11

None

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

<u>Years</u>	<u>Amount</u>
2025	1,097,894
2026	1,277,487
2027	1,442,224
2028	1,602,144
2029	1,759,462
2030 through 2034	11,167,998

11. The Company expects to contribute \$3,459,312 during 2025.

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)	<u>Total</u>
Cash	\$ 328,997	\$ -	\$ -	\$ 328,997
Small Cap Equity	1,007,677	-	-	1,007,677
Large Cap Equity	5,935,331	-	-	5,935,331
Mid Cap Equity	2,010,364	-	-	2,010,364
International Equity	2,465,257	-	-	2,465,257
Realty Funds	1,505,355	-		1,505,355
Fixed Income	-	18,171,727	-	18,171,727
Limited Partnerships	-	-	-	-
Total Plan Assets	\$ 13,252,981	\$ 18,171,727	\$ -	\$ 31,424,708

#### 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 \$1,098,000 and \$1,067,000 (before allocation to FAIR Plan) were made for fiscal years ending December 31, 2024, and 2023, respectively. The Association's portion was approximately \$716,000 and \$705,000 for 2024 and 2023, 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, 2024 and 2023, statutory fund costs were \$0 and \$156,000,122, 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.

In July 2024 the Texas coverage area insured by the Association was struck by Hurricane Beryl. The ultimate loss and loss adjustment expenses from Hurricane Beryl are estimated to be approximately \$480,000,000. As of December 31, 2024, the Association had a deficit of \$413,511,128 and anticipates to draw from the CRTF in 2025 when funds are needed to reduce the deficit of the association.

#### Note 14 - Liabilities, Contingencies and Assessments

Α.	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	\$ 500,000

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 Claims	(b)	26-50 Claims	(3)	51-100 Claims	(4)	101-500 Claims	(5)	More than 500 Claims	
	**									

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
  - The Association entered into a new 10-year lease in March 2022 and relocated to the new facility in December 2022.
  - 2. At December 31, 2024, the future minimum aggregate rental commitments are as follows:

Year Ending December 31	<b>Operating Leases</b>
2025	\$ 904,701
2026	\$ 929,543
2027	\$ 955,015
2028	\$ 981,430
2029	\$1,008,473
2030 Thereafter	\$3,850,510
Total	\$8,629,672

- 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 and cash equivalents are the only financial instruments held by the Association.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	<u>Level 1</u>	Level 2	Level	<u>3</u>	<u>Net Asset</u> Value (NAV)	<u>Not</u> <u>Practicab</u> (Carryin <u>Value)</u>	_
Cash, cash equivalents and short-term investments	\$ 102,510,743	\$ 102,510,743	\$ 102,510,743	\$ -	\$	_	\$ -	\$	_
Exempt Money Market Mutual Funds – as Identified by SVO	\$159,354,988	\$159,354,988	-	-		-	\$159,354,988		-
Total Cash, cash equivalents and short-term investments	\$ 261,865,731	\$ 261,865,731	\$ 102,510,741	\$ -	\$	_	\$159,354,988	\$	_

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 2024 and 2023 who in-turn obtained retrocession coverage utilizing Catastrophe Bonds ("CAT Bonds"). Funds from the issuance of the CAT Bonds are held in trust. Certain events can bring rise to the Association to recover on ceded losses.

	Number of Outstanding Contracts	Aggregate Maximum Proceeds
Management of Risk Related To: (1) Directly Written Insurance Risks		
a. ILS Contracts as Issuer	_	_
b. ILS Contracts as Ceding Insurer	3	\$2,100,000,000
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 27, 2025, 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 no 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

ID Number	Reinsurer Name	Unsecured Amount
	None	

Individual Reinsurers Who Are Members of a Group

Group Code	ID Number	Reinsurer Name	Unsecured Amount
		None	

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

Group Code	ID Number	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, 2024.

	Assu	med	Ceded		Assumed Lo	ess Ceded
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates						
b. All other						
c. Totals						
d. Direct Unea	d. Direct Unearned Premium Reserve \$390,888,280					

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, 2024.

- 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 \$634,413,477 had \$4,016,664 of unfavorable prior year development. The prior year unfavorable development resulted from the increase in reserve strengthening of loss adjustment expenses, primarily in the 2023 accident year. Current accident year losses are attributed to an active storm season the first half of the year in addition to results from Hurricane Beryl in July 2024. Ultimate loss and loss adjustment expenses from Hurricane Bearl are estimated to be approximately \$480,000,000 as of December 31, 2024. Calendar year 2023 had favorable prior year development due to closure of claims related to Hurricane's Ike and Harvey. 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, 2024 make a reasonable provision for the Association's claims liabilities.

Rollforward of unpaid losses and LAE	December 31, 2024	December 31, 2023
Balance as of January 1,	\$ 44,784,260	\$ 58,181,307
Less: Reinsurance Recoverable	0	5,967
Net Balance at January 1,	\$ 44,784,260	\$ 58,175,340
Incurred, net of reinsurance, related to:		
Current year	630,396,813	99,139,441
Prior years	4,016,664	(7,766,853)
Net Incurred	634,413,477	91,372,588
Paid, net of reinsurance, related to:		
Current year	(486,671,018)	(74,724,467)
Prior years	(31,051,495)	(30,039,201)
Net Paid Losses	(517,722,513)	(104,763,668)
Net Balance at end of period,	161,475,224	44,784,260
Plus: Reinsurance Recoverable	0	0
Balance at end of period,	\$ 161,475,224	\$ 44,784,260

#### 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, 2024. The Association does not anticipate investment income when evaluating the need for premium deficiency reserves.

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

(2) Date of the most recent evaluation of this liability
 (3) Was anticipated investment income utilized in calculation?
 (4) December 31, 2024
 (5) Wo (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	Yes [ ] No [ ] N/A [X]
	substantially similar to those required by such Act and regulations?	res[]NO[]N/A[A]
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.	12/31/2022
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).	10/21/2024
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:	
	<ul><li>4.11 sales of new business?</li><li>4.12 renewals?</li></ul>	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]
51	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes[] No[X]
J. I		.55[]140[/]
	If ves. complete and file the merger history data file with the NAIC.	

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

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

	Has the	licable) susp						
6.2	If yes,	give full info	ormation:					
7.1	Does	any foreign (	non-United States) person or entity directly or indirectly	y control 10% or more of the reporting entil	ty?	Yes [ ]	No [X]	
7.2	If yes,	7.21 7.22	State the percentage of foreign control.  State the nationality(s) of the foreign person(s) or ereciprocal, the nationality of its manager or attorney (e.g., individual, corporation, government, manager	-in-fact and identify the type of entity(s)				
			1	2				
			Nationality	Type of Entity				
8.1		company a s	subsidiary of a depository institution holding company (	DIHC) or a DIHC itself, regulated by		Yes[]	No [X]	
			ve board?					
8.2	If resp	oonse to 8.1 i	is yes, please identify the name of the DIHC.					
8.2	If resp	oonse to 8.1 i						
8.3	Is the If resp affiliat of the	company aff conse to 8.3 i es regulated Comptroller		d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities	ce	Yes[]	No [X]	
8.3	Is the If resp affiliat of the	company aff conse to 8.3 i es regulated Comptroller	is yes, please identify the name of the DIHC.  illiated with one or more banks, thrifts or securities firms is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to fithe Currency (OCC), the Federal Deposit Insurance	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities	ce	Yes[]	No [X]	6
8.3	Is the If resp affiliat of the	company aff conse to 8.3 i es regulated Comptroller	is yes, please identify the name of the DIHC.  filiated with one or more banks, thrifts or securities firm is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to of the Currency (OCC), the Federal Deposit Insurance ssion (SEC)] and identify the affiliate's primary federal in	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.				6
8.3	Is the If resp affiliat of the	company aff conse to 8.3 i es regulated Comptroller	is yes, please identify the name of the DIHC.  illiated with one or more banks, thrifts or securities firms is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to fithe Currency (OCC), the Federal Deposit Insurance assion (SEC)] and identify the affiliate's primary federal in	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.				6 SEC
8.3	Is the If resp affiliat of the	company aff conse to 8.3 i es regulated Comptroller	is yes, please identify the name of the DIHC.  filiated with one or more banks, thrifts or securities firms is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to of the Currency (OCC), the Federal Deposit Insurance ssion (SEC)] and identify the affiliate's primary federal in Affiliate	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.  2 Location	3	4	5	•
8.3 8.4	Is the If resp affiliat of the Excha	company aff conse to 8.3 i es regulated Comptroller ange Commis	is yes, please identify the name of the DIHC.  filiated with one or more banks, thrifts or securities firms is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to of the Currency (OCC), the Federal Deposit Insurance ssion (SEC)] and identify the affiliate's primary federal in Affiliate	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.  2 Location (City, State)	3	4	5 FDIC	•
8.3 8.4 8.5	Is the If resp affiliat of the Exchange Is the Bo	company afforms to 8.3 in the search of the	is yes, please identify the name of the DIHC.  filiated with one or more banks, thrifts or securities firm is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. tof the Currency (OCC), the Federal Deposit Insurance ission (SEC)] and identify the affiliate's primary federal if Affiliate  Name	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.  2 Location (City, State)  icant insurance operations as defined by e depository institution holding company?	3	4 OCC Yes[]	5 FDIC	SEC
8.3 8.4 8.5	Is the If resp affiliat of the Exchange If resp made	company afforms to 8.3 in the regulated Comptroller ange Commiss reporting enterporting enterpor	is yes, please identify the name of the DIHC.  Tiliated with one or more banks, thrifts or securities firms is yes, please provide the names and locations (city and by a federal financial regulatory services agency [i.e. to of the Currency (OCC), the Federal Deposit Insurance sision (SEC)] and identify the affiliate's primary federal of the Affiliate Name  1 Affiliate Name  tity a depository institution holding company with signiful and address of the independent certified public account and address of the independent certified	d state of the main office) of any he Federal Reserve Board (FRB), the Offic Corporation (FDIC) and the Securities regulator.  2 Location (City, State)  icant insurance operations as defined by e depository institution holding company? Ta company that has otherwise been	3	4 OCC Yes[]	5 FDIC 	SEC

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 cooling for the model regulation, or substantially similar state law or regulation:	rest   Notx
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, MAAA, 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	\$
122	If yes, provide explanation:	
12.2	n you, 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	
10.2	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]
12.4	If anyway to (42.2) is used here the demiciliary or anti-contains any or anti-contains and the change of	Vec [ ] N- [ ] N/A [V]
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;

	<ul> <li>The prompt internal reporting of violation</li> <li>Accountability for adherence to the code</li> </ul>		persons identified in the code; and	Yes [X] No []
14.11	f the response to 14.1 is no, please explain:			
14.2 H	Has the code of ethics for senior managers be	een amended?		Yes[] No[X]
14.21	f the response to 14.2 is yes, provide informa	tion related to amendment(s)		
14.3 H	Have any provisions of the code of ethics bee	n waived for any of the specit	fied officers?	Yes[]No[X]
14.31 1	f the response to 14.3 is yes, provide the nate	ure of any waiver(s).		
	s the reporting entity the beneficiary of a Lette confirming bank is not on the SVO Bank List?	er of Credit that is unrelated to	o reinsurance where the issuing or	Yes[] No[X]
15.2 l	f the response to 15.1 is yes, indicate the Am ssuing or confirming bank of the Letter of Cre s triggered.		-	
	1	2	3	4
	American			
	Bankers	las to a Confert		
	Association	Issuing or Confirming		1

# **BOARD OF DIRECTORS**

Circumstances That Can Trigger the Letter of Credit

Yes[]No[X]

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 []
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 []
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[]
	FINANCIAL	
19.	. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g.,	

Bank Name

(ABA) Routing Number

Generally Accepted Accounting Principles)?

ZU. 1	Total a	mount loaned during the year (inclusive of Separate A	Accounts, exclusiv	e of policy loans):	
		g , (		ors or other officers	\$
			20.12 To stockh	olders not officers	\$
			20.13 Trustees	supreme or grand (Fraternal only)	\$
20.2	Total a	mount of loans outstanding at the end of year (inclusi			•
				ors or other officers	\$
				nolders not officers	\$
			ZU.ZS Trustees,	supreme or grand (Fraternal only)	\$
21.1	Were a	ny assets reported in this statement subject to a cont	ractual obligation	to transfer to another party without the	
	liability	for such obligation being reported in the statement?			Yes[] No[X]
21.2	If yes, s	state the amount thereof at December 31 of the curre			
			21.21 Rented fr		\$
			21.22 Borrowed		\$
			21.23 Leased fr	om others	\$
			21.24 Other		\$
22.1		nis statement include payments for assessments as d ty fund or guaranty association assessments?	escribed in the Ar	nnual Statement Instructions other than	Yes[]No[X]
22.2	If answ	er is yes:			
				aid as losses or risk adjustment	\$
				aid as expenses	\$
			22.23 Other am	ounts paid	\$
23.1	Does the	ne reporting entity report any amounts due from parerent?	nt, subsidiaries or	affiliates on Page 2 of this	Yes[X] No[]
າລາ	If you i	ndicate any amounta receivable from perent included	in the Dage 2 am	ount:	\$
23.2	ii yes, i	ndicate any amounts receivable from parent included	in the Page 2 an	ount.	\$
	are not	ne insurer utilize third parties to pay agent commission settled in full within 90 days?  esponse to 24.1 is yes, identify the third-party that pay			Yes[]No[X]
		1		0	
		Name of Third Party		2 Is the Third-Party Agent a Related	1 Party (Yes/No)
		Name of Third Party		2 Is the Third-Party Agent a Related	d Party (Yes/No)
		Name of Third Party		_	d Party (Yes/No)
		Name of Third Party		_	d Party (Yes/No)
		Name of Third Party	INVI	_	d Party (Yes/No)
25.01	exclusiv	II the stocks, bonds and other securities owned Dece	mber 31 of currer	Is the Third-Party Agent a Related  STMENT  t year, over which the reporting entity has	
25.01	exclusiv	Il the stocks, bonds and other securities owned Dece	mber 31 of currer	Is the Third-Party Agent a Related  STMENT  t year, over which the reporting entity has	d Party (Yes/No)  Yes [X] No [ ]
	exclusion address	II the stocks, bonds and other securities owned Dece	mber 31 of currer	Is the Third-Party Agent a Related  STMENT  t year, over which the reporting entity has	
	exclusion address	Il the stocks, bonds and other securities owned Dece we control, in the actual possession of the reporting en sed in 25.03)	mber 31 of currer	Is the Third-Party Agent a Related  STMENT  t year, over which the reporting entity has	
	exclusion address	Il the stocks, bonds and other securities owned Dece we control, in the actual possession of the reporting en sed in 25.03)	mber 31 of currer	Is the Third-Party Agent a Related  STMENT  t year, over which the reporting entity has	
25.02	exclusivaddress	Il the stocks, bonds and other securities owned Dece we control, in the actual possession of the reporting en sed in 25.03)	mber 31 of currer ntity on said date?  rogram including sheet. (an altern	Is the Third-Party Agent a Related  ESTMENT  It year, over which the reporting entity has Protection of the control of the con	
25.02	exclusivaddress	Il the stocks, bonds and other securities owned Dece ve control, in the actual possession of the reporting ersed in 25.03)  It we full and complete information, relating thereto:  Eurity lending programs, provide a description of the pees, and whether collateral is carried on or off-balance tion is also provided)	mber 31 of currer ntity on said date?  rogram including sheet. (an altern	Is the Third-Party Agent a Related  ESTMENT  It year, over which the reporting entity has Protection of the control of the con	
25.02	exclusivaddress	Il the stocks, bonds and other securities owned Dece ve control, in the actual possession of the reporting ersed in 25.03)  It we full and complete information, relating thereto:  Eurity lending programs, provide a description of the pees, and whether collateral is carried on or off-balance tion is also provided)	mber 31 of currer ntity on said date?  rogram including sheet. (an altern	Is the Third-Party Agent a Related  ESTMENT  It year, over which the reporting entity has Protection of the control of the con	
25.02	exclusivaddress	Il the stocks, bonds and other securities owned Dece ve control, in the actual possession of the reporting ersed in 25.03)  It we full and complete information, relating thereto:  Eurity lending programs, provide a description of the pees, and whether collateral is carried on or off-balance tion is also provided)	mber 31 of currer ntity on said date?  rogram including sheet. (an altern	Is the Third-Party Agent a Related  ESTMENT  It year, over which the reporting entity has Protection of the control of the con	
25.02 25.03	exclusive address:  If no, given the formula of the	Il the stocks, bonds and other securities owned Dece ve control, in the actual possession of the reporting ersed in 25.03)  It we full and complete information, relating thereto:  Eurity lending programs, provide a description of the pees, and whether collateral is carried on or off-balance tion is also provided)	mber 31 of currer ntity on said date?  rogram including sheet. (an altern	Is the Third-Party Agent a Related  ESTMENT  It year, over which the reporting entity has Properties lending programs  Value for collateral and amount of loaned ative is to reference Note 17 where this gram.	

	Does your securities lending program require 102% (dome counterparty at the outset of the contract?	Yes[] No[] N/A [X]		
25.07	Does the reporting entity non-admit when the collateral rec	Yes[] No[] N/A [X]		
	Does the reporting entity or the reporting entity's securities Agreement (MSLA) to conduct securities lending?	Yes[] No[] N/A[X]		
25.09	For the reporting entity's security lending program, state the	e amou	nt of the following as of December 31 of the current year:	
	25.091 Total fair value of reinvested collateral assets rep	orted o	n Schedule DL, Parts 1 and 2	\$
	25.092 Total book adjusted/carrying value of reinvested	collatera	al assets reported on Schedule DL, Parts 1 and 2	\$
	25.093 Total payable for securities lending reported on the	he liabili	ity page	\$
	Were any of the stocks, bonds or other assets of the report exclusively under the control of the reporting entity or has t a put option contract that is currently in force? (Exclude se	rting entity sold or transferred any assets subject to subject to Interrogatory 21.1 and 25.03).	Yes[] No[X]	
20.2	in yes, state the amount thereof at December 31 of the curr	ені уса		
	2	26.21	Subject to repurchase agreements	\$
	2	26.22	Subject to reverse repurchase agreements	\$
	2	26.23	Subject to dollar repurchase agreements	\$
	2	26.24	Subject to reverse dollar repurchase agreements	\$
	2	26.25	Placed under option agreements	\$
	2	26.26	Letter stock or securities restricted as to sale -	
			excluding FHLB Capital Stock	\$
		26.27	FHLB Capital Stock	\$
		26.28	On deposit with states	\$
		26.29	On deposit with other regulatory bodies	\$
	2	26.30	Pledged as collateral - excluding collateral	
			pledged to an FHLB	\$
	2	26.31	Pledged as collateral to FHLB - including	
			assets backing funding agreements	\$
	2	26.32	Other	\$
26.3	For category (26.26) provide the following:			
	1		2	3
	Nature of Restriction	Amount		

27.2	If yes, has a comprehensive description of If no, attach a description with this statem		en made availab	e to the domiciliary state?	Yes [ ] No [ ] N/A [X]	
	7.3 through 27.5 : FOR LIFE/FRATERNAL Does the reporting entity utilize derivative of interest rate sensitivity?			oject to fluctuations as a result	Yes[] No[X]	
27.4	If the response to 27.3 is YES, does the r	eporting entity utilize:				
	•	27.41	Special accoun	ting provision of SSAP No. 108	Yes[]No[X]	
		27.42	Permitted acco	unting practice	Yes[]No[X]	
		27.43	Other accounting	ng guidance	Yes[]No[X]	
27.5	By responding YES to 27.41 regarding ut entity attests to the following:	ilizing the special accounting	ng provisions of	SSAP No. 108, the reporting	Yes[] No[X]	
	The reporting entity has obtained explicit	approval from the domicilia	ary state.			
•	Hedging strategy subject to the special a	counting provisions is con	sistent with the	equirements of VM-21.		
•	Actuarial certification has been obtained	which indicates that the hea	dging strategy is	incorporated within the		
	establishment of VM-21 reserves and pro	vides the impact of the hed	dging strategy w	thin the Actuarial Guideline		
	Conditional Tail Expectation Amount.					
•	Financial Officer Certification has been of			• •		
	Clearly Defined Hedging Strategy within	-	_	g Strategy is the hedging		
	strategy being used by the company in its	s actual day-to-day risk miti	igation efforts.			
28 1	Were any preferred stocks or bonds own	ed as of December 31 of th	ne current vear n	nandatorily convertible into		
20.1	equity, or, at the option of the issuer, con		io ourront your n	andatomy conventible into	Yes[] No[X]	
	- <del></del>				[1,[]	
28.2	If yes, state the amount thereof at Decem	ber 31 of the current year.			\$	
29.01	owned throughout the current year held paccordance with Section 1, III - General E or Safekeeping Agreements of the NAIC  For agreements that comply with the requirements the following:	Examination Considerations Financial Condition Examir	s, F. Outsourcing ners Handbook?	of Critical Functions, Custodial	Yes[]No[X]	
	1			2		
	Name of Cust	odian(s)		Custodian's Address		
29.02	For all agreements that do not comply wi provide the name, location and a comple		NAIC Financial (	Condition Examiners Handbook,		
	1	2		3		
	Name(s) Location(s)		)	Complete Explanation(s)		
	Have there been any changes, including  If yes, give full and complete information	-	odian(s) identifie	d in 29.01 during the current year?	Yes[] No[X]	
	, , , , , , , , , , , , , , , , , , , ,					
	1	2	3 Date of Chang	4		
	Old Custodian	New Custodian	e Reaso	n		

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. This includes both primary and sub-advisors. 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 Managem
Depository Number	Name Firm or Individual	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	
00.1	followed?	Yes [X] No []
33.2	If no, list exceptions:	
34	By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for b. Issuer or obligor is current on all contracted interest and principal payments.	an FE or PL security is not available
	c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.	
	Has the reporting entity self-designated 5GI securities?	Yes[] No[X]
35	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security	r.
	a. The security was either:	
	i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or	
	ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to Janua	ry 1, 2022 which confidentiality
	agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale r	report to the SVO due to confidential
	or other contractual reasons ("waived submission PLR securities").	•
	<ul> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category report</li> <li>c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available insurance regulators.</li> </ul>	in its legal capacity as an NRSRO
	d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities iss if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the I that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.	
	Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?	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 se	lf-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.  The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an	NRSRO prior
	c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an to January 1, 2019.	ινιλοπο μισι
	d. The fund only or predominantly holds bonds in its portfolio.	
	e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by	y an NAIC CRP
	in its legal capacity as an NRSRO.	
	f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.	

Yes[]No[X]

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

37.	By rolling/renewing short-term or cash-equivalent investments with continued reporting on Schedule DA, part 1 or Schedule E Part 2
	(identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a 37.c are reported as long-term investments.

	Has the reporting entity rolled/renewed short-term or c	Yes[] No[] N/A [X]		
38.1	Does the reporting entity directly hold cryptocurrencies		Yes[] No[X]	
38.2	f the response to 38.1 is yes, on what schedule are the	ney reported?		
39.1	Does the reporting entity directly or indirectly accept c	ryptocurrencies as payments for pre	miums on policies?	Yes[] No[X]
39.2	f the response to 39.1 is yes, are the cryptocurrencies	s held directly or are they immediated 39.21 Held directly	y converted to U.S. dollars?	Yes[]No[X]
		39.22 Immediately converte	d to U.S. dollars	Yes[] No[X]
39.3	f the response to 38.1 or 39.1 is yes, list all cryptocuri	rencies accepted for payments of pre	emiums or that are held directly.	7
	1	2	3	
		Immediately Converted to USD,		
	Name of Cryptocurrency	Directly Held, or Both	Accepted for Payment of Premiums	_
		OTHER		
40.2	Amount of payments to trade associations, service organization and the amount paid otal payments to trade associations, service organizations are service organizations.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office	l if any such payment represented 25 tions and statistical or rating bureaus	5% or more of the	[
41.1 41.2	List the name of the organization and the amount paid total payments to trade associations, service organization payments to trade associations, service organization payments.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any states.	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$ \$ uch payment represented 25% or mo	5% or more of the s during the period  2  Amount Paid  109,1  76,7	14
41.1 41.2	List the name of the organization and the amount paid otal payments to trade associations, service organizatovered by this statement.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any statements for legal expenses during the period covered	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$ \$ uch payment represented 25% or mo	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total	14.
41.1 41.2	List the name of the organization and the amount paid total payments to trade associations, service organization covered by this statement.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any supayments for legal expenses during the period covered to the part of the part of the period covered to the part of the part of the part of the period covered to the part of the part	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$ \$ uch payment represented 25% or mo	5% or more of the s during the period  2  Amount Paid  109,1  76,7  pre of the total	14.
41.1 41.2	List the name of the organization and the amount paid otal payments to trade associations, service organizatovered by this statement.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any statements for legal expenses during the period covered	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$ \$ uch payment represented 25% or mo	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total	539,447
41.1 41.2	List the name of the organization and the amount paid otal payments to trade associations, service organizatovered by this statement.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any supayments for legal expenses during the period covered to Name	s such payment represented 25 strong bureaus statistical or rating statistical or	5% or more of the s during the period  2  Amount Paid  109,1  76,7  \$ ore of the total  2  Amount Paid	539,447
41.1 41.2	List the name of the organization and the amount paid otal payments to trade associations, service organizatovered by this statement.  1 Name Insurance Services Office, Inc. Texas Insurance Checking Office  Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any supayments for legal expenses during the period covered to Name  Perkins Law Group PLLC	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$  uch payment represented 25% or model by this statement.	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total  2 Amount Paid  315,5	539,447
41.1 41.2	List the name of the organization and the amount paid total payments to trade associations, service organization payments to trade associations, service organization payments for legal expenses, if any?  List the name of the firm and the amount paid if any supayments for legal expenses during the period covered by Name  Perkins Law Group PLLC  Amount of payments for expenditures in connection we have the firm and the payments for legal expenses during the period covered by Name  Perkins Law Group PLLC	if any such payment represented 28 tions and statistical or rating bureaus \$ \$ \$  uch payment represented 25% or mode by this statement.  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total  2 Amount Paid  315,5  officers or departments	539,447
41.1 41.2 42.1 42.2	List the name of the organization and the amount paid total payments to trade associations, service organization payments to trade associations, service organization payments for legal expenses, if any?  List the name of the firm and the amount paid if any suppayments for legal expenses during the period covered hamount of payments for legal expenses during the period covered hamount paid if any suppayments for legal expenses during the period covered hamount of payments for expenditures in connection worf government, if any?	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$  uch payment represented 25% or model by this statement.  \$ \$ \$ \$  uch payment represented 25% or model by this statement.	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total  2 Amount Paid  315,5  officers or departments  \$ ore of the total	539,447
41.1 41.2 42.1 42.2	List the name of the organization and the amount paid total payments to trade associations, service organization payments to trade associations, service organization payments for legal expenses, if any?  List the name of the firm and the amount paid if any supayments for legal expenses during the period covered ham and the amount paid if any supayments for legal expenses during the period covered ham and the amount paid if any supayments for expenditures in connection we for government, if any?  List the name of the firm and the amount paid if any supayments for expenditures in connection we for government, if any?	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$  uch payment represented 25% or model by this statement.  \$ \$ \$ \$  uch payment represented 25% or model by this statement.	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total  2 Amount Paid  315,5  officers or departments  \$ ore of the total	539,447
41.1 41.2 42.1 42.2	List the name of the organization and the amount paid total payments to trade associations, service organization payments to trade associations, service organization payments for legal expenses, if any?  List the name of the firm and the amount paid if any support of the payments for legal expenses during the period covered by this statement.  Amount of payments for legal expenses during the period covered by the payments for legal expenses during the period covered by the period covered by this statement.  Amount of payments for expenditures in connection work of government, if any?  List the name of the firm and the amount paid if any suppayment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenditures in connection with matters before a specific payment expenses a specific	if any such payment represented 25 tions and statistical or rating bureaus  \$ \$ \$  uch payment represented 25% or model by this statement.  \$ \$ \$ \$  uch payment represented 25% or model by this statement.	5% or more of the s during the period  2 Amount Paid  109,1 76,7  \$ ore of the total  2 Amount Paid  315,5  officers or departments  \$ ore of the total	539,447

\$

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?				] No [ X ]	
1.2	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  All ye 1.74 1.75 1.76  Health Test:  2.1 2.2 2.3 2.4 2.5	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 \$ 331,911,421 \$ 371,365,699  \$ 385,808,634	\$\$ \$\$ \$\$ \$\$		
2 1	2.6	Reserve Ratio (2.4 / 2.5)	Voo [	1 No [ V ]	
	Did the reporting entity issue participating policies during the amount of premium written for participating policies.	g the calendar year?  pating and/or non-participating policies during the calendar year	res	] No [ X ]	
J.Z	3.21	Participating policies	\$		
	3.22	Non-participating policies	\$		
4.	For Mutual reporting entities and Reciprocal Exchanges		·		
	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 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	Out of Attorney's-in-fact compensation		] No [ ] N/A [	
	5.22	As a direct expense of the exchange	res	] No [ ] N/A [	
5.3	What expenses of the Exchange are not paid out of the	compensation of the Attorney-in-fact?			
54	Has any Attorney-in-fact compensation, contingent on the same of t	sulfillment of certain conditions, been deferred?	Yes [	] No [ ]	
		dillimited of obtain obtained, poor deferred.	1001	110[]	
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	titself from an excessive loss in the event of a catastrophe under a workers' workers compensation insurance policies.			

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	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.  What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising		
0.0	from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  Texas Windstorm Insurance Association has reinsured \$4.050 billion in excess of \$2.45billion 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.		
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [ ] No [	]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes[]No[	X]
8.2	If yes, give full information		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer; or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity		
	during the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes[]No[	X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes[]No[	
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:	V	
	<ul><li>(a) The entity does not utilize reinsurance; or,</li><li>(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation</li></ul>	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

	If the reporting entity has to that which the original	entity would have been r	equired to charge had it reta	lined the risks. Has this	been done?		Yes [ ] No [ ] N/A [
	Has the reporting entity g	•	ed by any other entity and no	w in force:			Yes[]No[X]
	If the reporting entity reco	rded accrued retrospect	tive premiums on insurance			Page 2, state the	
	amount of corresponding	liabilities recorded for:	10.11 Uppeid leages				¢
			<ul><li>12.11 Unpaid losses</li><li>12.12 Unpaid underwriting</li></ul>	expenses (including los	ss adjustment expenses	s)	\$\$
12.2	Of the amount on Line 15	.3, Page 2, state the am	ount that is secured by letter	rs of credit, collateral an	nd other funds?		\$
			urance risks, such as worken ums and/or unpaid losses?	s' compensation, are pre	emium notes or promis	sory notes	Yes [ ] No [ ] N/A [
12.4	If yes, provide the range of	of interest rates charged	under such notes during the 12.41 From 12.42 To	period covered by this	statement:		
		y a reporting entity or to	eceived from insureds being secure any of the reporting cial policies?				Yes[]No[X]
12.6	If yes, state the amount the	ereof at December 31 c	of current year:				
			12.61 Letters of Credit	f			\$
			12.62 Collateral and other	Tunas			\$
13.1	Largest net aggregate an	ount insured in any one	risk (excluding workers' con	npensation):			\$4,424,000
	Does any reinsurance correinstatement provision?	ntract considered in the	calculation of this amount ind	clude an aggregate limit	of recovery without als	so including a	Yes[]No[X]
			ding individual facultative risk dered in the calculation of the		ng facultative programs	s, automatic	
14.1	Is the company a cedant	n a multiple cedant rein	surance contract?				Yes[]No[X]
14.2	If yes, please describe the	e method of allocating a	nd recording reinsurance am	iong the cedants:			
		s, are the methods desc	cribed in item 14.2 entirely co	ontained in the respectiv	e multiple cedant reins	surance	Vert INCLI
	contracts?						Yes[]No[]
			escribed in 14.2 entirely conta	ained in written agreeme	ents?		Yes[]No[]
14.5	If the answer to 14.4 is no	, please explain:					
15.1	Has the reporting entity g	uaranteed any financed	premium accounts?				Yes[]No[X]
15.2	If yes, give full information	1					
	Does the reporting entity		ness? of the following types of war	ranty coverage:			Yes[]No[X]
	in yes, disclose the lonewi		2	3	4	5	
	n yee, alcoloce the lollow	1	-		Direct Premium		
	11 yes, alsolose the follow	1 Direct Losses	Direct Losses	Direct Written Premium		Direct Premium Farned	
	16.11 Home	Incurred	Unpaid	Premium	Unearned	Earned	
	16.11 Home 16.12 Products						
	16.11 Home	Incurred	Unpaid \$	Premium \$	Unearned		

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	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:	
	<ul> <li>17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance</li> <li>17.12 Unfunded portion of Interrogatory 17.11</li> <li>17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11</li> <li>17.14 Case reserves portion of Interrogatory 17.11</li> <li>17.15 Incurred but not reported portion of Interrogatory 17.11</li> <li>17.16 Unearned premium portion of Interrogatory 17.11</li> <li>17.17 Contingent commission portion of Interrogatory 17.11</li> </ul>	\$
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
		2024	2023	2022	2021	2020
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11, 16, 17, 18, & 19)					
2.		758,845,192	653,043,231	518,299,032	395,112,773	369,600,488
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	758,845,192	653,043,231	518,299,032	395,112,773	369,600,488
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11, 16, 17, 18, & 19)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	361,775,327	435,055,905	386,203,859	292,980,909	261,995,386
9.						
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.	7	004 775 007	405.055.005	000 000 050	200 200 200	004 005 000
12.	Total (Line 35)	361,775,327	435,055,905	386,203,859	292,980,909	261,995,386
40	Statement of Income (Page 4)	(400 707 046)	(40,000,004)	05 405 747	404 200 004	50 500 704
	Net underwriting gain (loss) (Line 8)	(483,737,316)	(16,022,394)	65,135,717	161,390,964	52,509,764
14.	T-4-1 -41	21,009,756	21,016,264	(3,385,898)	(18,578,434)	(23,692,958)
15. 16.	Dividende te neligibaldere (Line 17)		6,132	35,300		
	Federal and foreign income taxes incurred (Line 19)					
1	Not income (Line 20)	(462,727,560)	5,000,002	61,785,119	142,812,530	28,816,806
10.	Balance Sheet Lines (Pages 2 and 3)	(402,727,000)	0,000,002	01,700,113	142,012,000	20,010,000
19	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	319,651,563	694,652,868	510,852,207	496,935,040	484,193,346
l	Premiums and considerations (Page 2, Col. 3)		1		100,000,010	1
	20.1 In course of collection (Line 15.1)	8,234,491	5,781,780	2,879,907	80,819	1,281,551
	20.2 Deferred and not yet due (Line 15.2)	46,297,377	37,446,584	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)	733,162,691	648,799,808	472,209,348	521,519,432	644,644,253
22.	Losses (Page 3, Line 1)	133,396,618	33,667,875	39,511,834	57,664,806	123,287,727
23.	Loss adjustment expenses (Page 3, Line 3)	28,078,606	11,116,385	18,663,506	19,920,288	41,027,046
	Unearned premiums (Page 3, Line 9)	390,888,280	341,024,374	277,334,168	202,525,339	185,916,764
l .	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)	(413,511,128)	45,853,060	38,642,859	(24,584,392)	(160,450,907)
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	(389,436,718)	162,326,339	173,609,021	76,756,134	66,152,074
	Risk-Based Capital Analysis					
28.		(413,511,128)	45,853,060	38,642,859	(24,584,392)	(160,450,907)
29.	*	71,375,107	28,769,251	20,584,185	18,271,880	27,931,881
	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)					
1	Cash, cash equivalents and short-term investments (Line 5)		100.0	100.0	100.0	100.0
35.						
36.	Derivatives (Line 7)					
l .	Other invested assets (Line 8)					
38.	Receivables for securities (Line 9)					
1	***************************************					
40.	Aggregate write-ins for invested assets (Line 11)  Cash, cash equivalents and invested assets (Line 12)	400.0	100.0	100.0	100.0	100.0
71.	Cash, cash equivalents and invested assets (Line 12)  Investments in Parent, Subsidiaries and Affiliates	100.0				
42						
43.	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)  Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44.	Affiliated common stocks (Sch. D, Summary, Line 14, Col. 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification,					
	Col. 5, Line 10)					
46.						
	All other affiliated					
48.	Total of above Lines 42 to 47					
49.	Total investment in account included in Lines 40 to 47 above					
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as		[			
L	regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					
			•	•		

# FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2024	2023	2022	2021	2020
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)					
52. 53.	Dividends to stockholders (Line 35)  Change in surplus as regards policyholders for the year (Line 38)	(459,364,188)	7,210,201	63,227,251	135,866,515	23,340,871
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
	, <u>, , , , , , , , , , , , , , , , , , </u>					
54. 55.	Liability lines (Lines 11, 16, 17, 18, & 19)  Property lines (Lines 1, 2, 9, 12, 21 & 26)	418,758,150	82,655,806	47,047,223	75,211,076	89,639,169
56.			02,000,000		10,211,010	
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.						
59.	Total (Line 35)	418,758,150	82,655,806	47,047,223	75,211,076	89,639,169
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11, 16, 17, 18, & 19)					
61.		418,758,150	82,655,806	47,047,223	75,201,076	89,485,103
62.						
63.						
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33) Total (Line 35)	418,758,150	82,655,806	47,047,223	75,201,076	89,485,103
	· · · · · · · · · · · · · · · · · · ·					
	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
1	Losses incurred (Line 2)	166.2	20.7	9.3	3.5	30.9
68.	Loss expenses incurred (Line 3)	37.2	3.9	7.2	1	14.4
69.	/	51.7	37.7	38.6	34.7	34.6
/0.	Net underwriting gain (loss) (Line 8)	(155.1)	(4.3)	20.9	58.4	20.1
	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	44.6	68.0	50.5	32.7	34.6
/2.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	203.4	24.6	16.5	6.9	45.3
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35	200.4	24.0			1
	divided by Page 3, Line 37, Col. 1 x 100.0)	(87.5)	948.8	999.4	(1191.7)	(163.3)
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current				,	,
75	year (Schedule P, Part 2-Summary, Line 12, Col. 11)  Percent of development of losses and loss expenses incurred to policyholders'	2,031	(6,597)	4,039	(58,549)	(46)
/ 75.	surplus of prior year end (Line 74 above divided by Page 4, Line 21,					
	Col. 1 x 100.0)	4.4	(17.1)	(16.4)	36.5	0.0
	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,					
	Col. 12)	(10,004)	(4,295)	(64,969)	(37,742)	73,496
77.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 76 above divided					
<u></u>	by Page 4, Line 21, Col. 2 x 100.0)	(25.9)	17.5	40.5	20.5	(26.5)

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

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 2024 **NAIC Group Code** 4766 **NAIC Company Code** Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Defense Direct Defense Direct Defense Direct Direct Losses Direct Direct or Credited to Unearned and Cost and Cost and Cost Paid Commissions Taxes. Premiums Premiums Policyholders on Direct Losses Containment Containment Containment and Brokerage Premium (deducting Direct Losses Licenses Written Earned Direct Business Reserves salvage) Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses and Fees 1. Fire 390.888.280 518.486.893 1.346.236 13,166,344 2.1 Allied Lines 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 9.1 Inland Marine 9.2 Pet insurance plans 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) 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) 16. Workers' Compensation 17.1 Other Liability - Occurrence 17.2 Other Liability - Claims-Made



**NAIC Group Code** 

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)** BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

**NAIC Company Code** 

Gross Premiums, Including Policy and Membership Fees, Less 12 Return Premiums and Premiums on Policies not Taken Dividends Paid Direct Direct Defense Direct Defense Direct Defense Direct Losses Direct Direct or Credited to Unearned Paid and Cost and Cost and Cost Commissions Taxes, Premiums Premiums Policyholders on (deducting Direct Losses Direct Losses Containment Containment Containment and Brokerage Licenses Premium Written Earned Direct Business Reserves salvage) Incurred Unpaid Expense Paid Expense Incurred Expense Unpaid Expenses and Fees 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) 19.2 Other Private Passenger Auto Liability 19.3 Commercial Auto No-Fault (Personal Injury Protection) 19.4 Other Commercial Auto Liability 21.1 Private Passenger Auto Physical Damage 21.2 Commercial Auto Physical Damage 22. Aircraft (all perils) 23. Fidelity 24. Surety 26. Burglary and Theft 27. Boiler and Machinery 28. Credit 29. International Warranty 31. Reins nonproportional assumed property XXX XXX XXX XXX XXX XXX XXX XXX XXX 32. Reins nonproportional assumed liability XXX 33. Reins nonproportional assumed financial lines XXX 34. Aggregate Write-Ins for Other Lines of Business 35. TOTALS (a) 758.845.192 708.981.286 418.758.150 518.486.893 133.396.618 1.346.236 1.721.296 5.397.352 121.292.653 13.166.344 DETAILS OF WRITE-INS 3401 3402. 3403. 3498. Summary of remaining write-ins for Line 34 from overflow page

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

3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)

(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 THE ST.

AIC Group Code 4766			BUSINESS IN	THE STATE OF TOT	AL DURING THE YE	AR 2024				<b>NAIC Company Cod</b>	le 30040	
	Gross Premiums, Including Poli Return Premiums and Prem	cy and Membership Fees, Less niums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
Fire     Allied lines     Multiple Peril Crop	758,845,192	708,981,286		390,888,280	418,758,150	518,486,893	133,396,618	1,346,236	1,721,296	5,397,352	121,292,653	13,166,34
2.3 Federal Flood 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)												
Mortgage Guaranty     Ocean Marine												
0.1 Inland Marine 0.2 Pet insurance plans												
Financial Guaranty     Medical Professional Liability - Occurrence												
Medical Professional Liability - Claims-Made     Earthquake												
3.1 Comprehensive (hospital and medical) ind (b) 3.2 Comprehensive (hospital and medical) group (b) 14. Credit A & H (Group and Individual)												
14. Credit A & R (Gloup and individual) 5.1 Vision Only (b) 5.2 Dental Only (b)												
5.2 Disability Income (b) 5.4 Medicare Supplement (b)												
5.5 Medicare supplement (b) 5.6 Medicare Title XVIII (b)												
5.5 Medicare Title AVIII (b) 5.7 Long-Term Care (b) 5.8 Federal Employees Health Benefits Plan Premium (b)												
Tederal Employees realth benefits Plan Premium (b)     September 1.5.9 Other Health (b)     Workers' Compensation												
10. Workers Compensation 7.1 Other Liability - Occurrence 7.2 Other Liability - Claims-Made												
17.3 Excess Workers' Compensation												
<ul><li>18.1 Products Liability - Occurrence</li><li>18.2 Products Liability - Claims-Made</li></ul>												



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2024

NAIC Group Code 4766					TAL DURING THE YE					NAIC Company Cod	le 30040	
	Gross Premiums, Including Poli Return Premiums and Pren		3	4	5	6	7	8	9	10	11	12
	1 Direct	2 Direct	Dividends Paid or Credited to	Direct Unearned	Direct Losses Paid			Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost	Commissions	Taxes,
	Premiums Written	Premiums Earned	Policyholders on Direct Business	Premium Reserves	(deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	and Brokerage Expenses	Licenses and Fees
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)					James Grant							
19.2 Other Private Passenger Auto Liability 19.3 Commercial Auto No-Fault (Personal Injury Protection)												
40.4 Other Commercial Auto Lightlifts												
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage												
22. Aircraft (all perils)												
23. Fidelity						1						
24. Surety						1	I		I			
26. Burglary and Theft												
27. Boiler and Machinery												
28. Credit												
29. International												
Warranty     Reins nonproportional assumed property	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX		xxx	XXX
31. Reins nonproportional assumed property  32. Reins nonproportional assumed liability	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	<del>xxx</del>	xxx	XXX	XXX	XXX	XXX	XXX	\displaystartage	XXX
34. Aggregate Write-Ins for Other Lines of Business			^.^.^	^.^.^	^.^.^	^.^.^	^.^.^	· · · · · ^ · ^ · · · · · · ·	^ . ^	^.^. ^	^.^.^	^^^
35. TOTALS (a)	758,845,192	708,981,286		390,888,280	418,758,150	518,486,893	133,396,618	1,346,236	1,721,296	5,397,352	121,292,653	13,166,34
DETAILS OF WRITE-INS		, ,		.,,	.,,	-,,	.,,,,,,	,, ,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	-,,-
3401. 3402.												
3403. 3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

<sup>(</sup>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 0				2		-	_		D :	2 11 0	_			-		D 11	1 40	00
1	2	3	4	5	6				10		Recoverable On	1 10	1 44	45	10	Reinsuran		19	20
						7	8	9	10	11	12	13	14	15	16	17	18		
				·	ŀ													-	
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					}							1							
				}			•												
					1													1	
					i i													Net Amount	Funds Held
					i i													Recoverable	by
					1							-			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
				<u> </u>															
39-1173498	29068	American Family Connect Property & Casualty In	WI		933											431		(431)	
47-0574325	32603	Berkley Insurance Company	DE		750							1				346		(346)	
22-2005057	26921	Everest Reinsurance Company	DE		14,418							1				6,661		(6,661)	
13-4924125	10227	Munich Re America, Inc.	DE	1	8,201			1			1	1	1		1	3,789		(3,789)	
47-0355979	20087	National Indemnity Company, USA	NE	1	77,807			1			1	1	1		1	40,125		(40,125)	
13-3138390	42307	Navigators Insurance Company	NY		2,072			1				1	1			957		(957)	
47-0698507	23680	Odyssey Reinsurance Company	СТ		3,937							I			1	1,819		(1,819)	
23-1641984	10219	QBE Reinsurance Corporation	PA		933							I			1	431		(431)	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		2,072		l	1			1	l	1		1	957		(957)	
31-0542366	10677	The Cincinnati Insurance Company	OH		2,116											978		(978)	
13-5616275	19453	Transatlantic Reinsurance Company	NY		1,554							l				718		(718)	
0999999	Total Author	rized - Other U.S. Unaffiliated Insurers		1	114,793											57,212		(57,212)	
AA-3190829	0	Markel Bermuda Limited	BMU		22,449											10,958		(10,958)	
AA-1120083		Ariel Re obo Syndicate 1910 ARW	GBR		9,281											4,288		(4,288)	
AA-1240051		QBE Europe SA / NV	BEL		2,487											1,149		(1,149)	
AA-3191321 AA-1120171	J	SiriusPoint Bermuda Ins Co Ltd	GBR		1,865 2,098											862 969		(862)	
AA-1120171 AA-1126566	J	Lloyd's Underwriter Syndicate 1856 ACS	GBR													503		(969)	
AA-1120000 AA-1127084		Lloyd's Underwriter Syndicate No. 0566 STN Lloyd's Underwriter Syndicate No. 1084 CSL	GBR		1,089 787											364		(364)	
AA-1127004 AA-1120085		Lloyd's Underwriter Syndicate No. 1004 CSL Lloyd's Underwriter Syndicate No. 1274 AUL	GBR		535											247		(247)	
AA-1120065		Lloyd's Underwriter Syndicate No. 1274 AGE Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		1,673											773		(773)	
AA-1120084	· · · · · · · · · · ·	Lloyd's Underwriter Syndicate No. 1414 ASC	GBR		1,280											591		(591)	
AA-1128001	l	Lloyd's Underwriter Syndicate No. 2001 AML	GBR		1,014											469		(469)	
AA-1128010	0	Lloyd's Underwriter Syndicate No. 2010 MMX	GBR		642											297		(297)	
AA-1120152	0	Lloyd's Underwriter Syndicate No. 2357	GBR		5,612											2,739		(2,739)	
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		1,476											682		(682)	
	<u>_</u>		1				L	<del></del>	<u> </u>		<del></del>		1			302		(30Z)	

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

								-							T			
1	2 3	4	5	6		_				Recoverable On		1			Reinsuran		19	20
					7	8	9	10	11	12	13	14	15	16	17	18		
ID Number	NAIC Name Company of Code Reinsurer	Domiciliary Jurisdiction Spe	ecial 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-1120075	0 Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		1,865											862		(862)	
AA-1126004	0 Lloyd's Underwriter Syndicate No. 4444 CNP	GBR		2,590											1,197		(1,197)	
1299999	Total Authorized - Other Non-U.S. Insurers#			56,743											26,950		(26,950)	
1499999	Total Authorized - Total Authorized Excluding Protected Cells			171,536											84,162		(84,162)	
AA-5420050	0 Korean Reinsurance Company	KOR		311											144		(144)	
AA-3191298	0 Antares Reinsurance Company Limited	BMU		274											126		(126)	
AA-9240012	0 China Property & Casualty Reinsurance Compan	CHI		622											287		(287)	
2699999	Total Unauthorized - Other non-U.S. Insurers#			1,207											557		(557)	
2799999	Total Unauthorized - Protected Cells			1,201													(55.)	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells	s		1,207											557		(557)	
RJ-1340125	0 Aeolus Capital Management via Hannover	DEU		207											96		(96)	
RJ-3191388	0 Vermeer Reinsurance Ltd.	BMU		4,352											2,011		(2,011)	
RJ-3194122	0 DaVinci Reinsurance Limited	BMU		2,487											1,149		(1,149)	
RJ-3190339	0 Renaissance Reinsurance Ltd.	BMU		2,487											1,149		(1,149)	
RJ-3194126	0 Arch Reinsurance Ltd/Arch Re Ltd	BMU		8,950							l				4,135		(4,135)	
RJ-1340125	0 Elementum via Hannover	DEU		622											287		(287)	
RJ-1340125	0 Securis BDA via Hannover	DEU		518											239		(239)	
RJ-1340125	0 Pillar BDA via Hannover	DEU		1,764											815		(815)	
RJ-3194126	0 Securis via Arch Re	BMU		518											239		(239)	
RJ-3194168 RJ-3190770	0 Aspen Bermuda Limited 0 Chubb Tempest Reinsurance Ltd.	BMU BMU		1,347 2,072											622		(622) (957)	
RJ-3190770 RJ-3191190	0 Hamilton Re, Ltd.	BMU		1,658											766		(766)	
RJ-3191189	0 Fidelis Insurance Bermuda Ltd	BMU		5,284											2,441		(2,441)	
	1	20												<del> </del>	1			

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

		T							_				_						
1	2	3	4	5	6				1		Recoverable On					Reinsuran		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
RJ-3190871	0	Lancashire Insurance Company Limited	BMU		1,036											479		(479)	
RJ-3190875	0	Hiscox Insurance Co (Bermuda) Limited	BMU		829													(383)	
RJ-3191239		Lumen Re LTD	BMU		725											335		(335)	
RJ-1460019	0	MS Amlin AG (LCP) Partner Reinsurance Company Ltd	. LI BMU		1,229 948											568		(568)	
RJ-3190686 RJ-3191352	1	Ascot Reinsurance Company Limited (Bermuda)			1,673											438 773		(438)	
RJ-1340125	0	Eskatos via Hannover	DEU		236											109		(109)	
RJ-1340125	0	Hannover Ruck	DEU		185,384											40,561		(40,561)	
5499999	Total Recipro	ocal Jurisdiction - Other Non-U.S. Insurers#			224,326											58,552		(58,552)	
5599999		ocal Jurisdiction - Protected Cells														50,002		(00,002)	
5699999 5799999		ocal Jurisdiction - Total Certified Excluding Protectorized, Unauthorized and Certified Excluding Protect			224,326 397,069			+								58,552 143,271		(58,552) (143,271)	
3799999	Total Authori		led Cells		391,009											143,271		(143,271)	
								1				1							
														I					
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000000	T				007.000								1			440.0=:		(4.10.07.)	
9999999	Totals				397,069											143,271		(143,271)	

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

				(	cuit ixion)											
		Collateral			25	26	27		-		Cede	ed Reinsurance	e Credit Risk		-	
	21	22	23	24				28	29	30	31	32	33	34	35	36
															Credit Risk o	
															Collateralized	Credit Risk on
		İ				-				Reinsurance					Recoverable	Uncollateralized
						•				Payable&			Stressed Net		(Col. 32 *	Recoverables
				Single				Total Amount		Funds Held		Total	Recoverable		Factor	(Col. 33 * Factor
			Issuing or	Beneficiary		Net		Recoverable		(Cols		Collateral	Net of		Applicable to	Applicable to
ID			Confirming	Trusts &	Total Funds	1		From	Stressed	17+18+20;	Stressed Net	(Cols. 21 +	Collateral		Reinsurer	Reinsurer
Number	Name of Multiple		Bank	Other	Held,	Net of Funds	t	Reinsurers	Recoverable	But not in	Recoverable	22 + 24. not	Offsets	Reinsurer	Designation	Designation
From	Reinsurer Beneficiary	Letters of	Reference	Allowable	Payables &	Held &	Penalty	Less Penalty	(Col. 28 *	Excess of	(Cols. 29 -	in Excess of	(Col. 31 -	Designation	Equivalent in	Equivalent in
Col. 1	From Col. 3 Trusts	Credit	Number	Collateral	Collateral	Collateral	(Col. 78)	(Cols. 15-27)	120%)	Col. 29)	30)	Col. 31)	32)	Equivalent	Col. 34)	Col. 34)
20 1172400	American Family Connect Departs & Consetts lan Co													3		
39-1173498 47-0574325	American Family Connect Property & Casualty Ins Co Berkley Insurance Company		J											2		
22-2005057	Everest Reinsurance Company		1													
13-4924125			0		-									2		
47-0355979	National Indemnity Company, USA		0		-									1		
13-3138390	Navigators Insurance Company		0		-					1				2		
47-0698507	Odyssey Reinsurance Company		0		[ <del>.</del>	I							[	3		
23-1641984	QBE Reinsurance Corporation		0		ļ <del>.</del>									3		
13-1675535	Swiss Reinsurance America Corporation		0		-									2		
31-0542366	The Cincinnati Insurance Company				<del>.</del>											
13-5616275	Transatlantic Reinsurance Company													1		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX											XXX		
000000	Total Validized Other 6.6. Chamillated insurers		7000											7000		
AA-3190829	Markel Bermuda Limited		0		-									3		
	Ariel Re obo Syndicate 1910 ARW		0		-									3		
AA-1240051	QBE Europe SA / NV		0		-									3		
AA-3191321	SiriusPoint Bermuda Ins Co Ltd		0											4		
AA-1120171	Lloyd's Underwriter Syndicate 1856 ACS		0		-									3		
AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN				<del>.</del>									3		
AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL		J													
AA-1120085 AA-1127414	Lloyd's Underwriter Syndicate No. 1274 AUL Lloyd's Underwriter Syndicate No. 1414 ASC													3		
AA-1127414 AA-1120084	Lloyd's Underwriter Syndicate No. 1414 ASC Lloyd's Underwriter Syndicate No. 1955 BAR		· · · · · · · · · · · · · · · · · · ·											3		
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML		0											3		
	· · · · · · · · · · · · · · · · · · ·		0		-									3		
	Lloyd's Underwriter Syndicate No. 2357		0		-									3		
	Lloyd's Underwriter Syndicate No. 2791 MAP		0		-	1							1	3		

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

					( -	suit ixisk)											
			Collateral		-	25	26	27				Ced	ed Reinsuranc	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	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)
A A 1120075	Lloyda Hadaquritar Cyndigata No. 4020 ARK																
AA-1126004	Lloyd's Underwriter Syndicate No. 4020 ARK Lloyd's Underwriter Syndicate No. 4444 CNP			0		<del>-</del>									3		
1299999	Total Authorized - Other Non-U.S. Insurers#			XXX											XXX		
1499999	Total Authorized - Total Authorized Excluding Protected Cells			XXX											XXX		
AA-3191298	Korean Reinsurance Company Antares Reinsurance Company Limited China Property & Casualty Reinsurance Company Limited			0 0											3 3 3		
2699999	Total Unauthorized - Other non-U.S. Insurers#			XXX											XXX		
2799999	Total Unauthorized - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells			XXX											XXX		
RJ-3191388 RJ-3194122 RJ-3190339 RJ-3194126 RJ-1340125 RJ-1340125 RJ-1340125 RJ-3194168	Aeolus Capital Management via Hannover Vermeer Reinsurance Ltd. DaVinci Reinsurance Limited Renaissance Reinsurance Ltd. Arch Reinsurance Ltd/Arch Re Ltd Elementum via Hannover Securis BDA via Hannover Pillar BDA via Hannover Securis via Arch Re Aspen Bermuda Limited Chubb Tempest Reinsurance Ltd.			000000000000000000000000000000000000000											2 3 3 2 2 2 2 2 2 2 2 3		
	Hamilton Re, Ltd. Fidelis Insurance Bermuda Ltd			0		-									3		

23.1

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

			ollateral			25	26	27					ed Reinsuranc				
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From 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)
RJ-3190871 RJ-3190875 RJ-3191239 RJ-1460019	Lancashire Insurance Company Limited Hiscox Insurance Co (Bermuda) Limited Lumen Re LTD MS Amlin AG (LCP)			0 0											3 3 3		
RJ-3190686 RJ-3191352 RJ-1340125	Partner Reinsurance Company Ltd Ascot Reinsurance Company Limited (Bermuda) Eskatos via Hannover			0 0											3 2		
RJ-1340125	Hannover Ruck			0		· <del>.</del>									2		
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#			XXX					V00/	2007	1007	2007	100/	2007	XXX	V/V/	100/
5599999	Total Reciprocal Jurisdiction - Protected Cells			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cells			XXX											XXX		
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells			XXX											XXX		
																	· · · · · · · · · · · ·
9999999	Totals			XXX											XXX		1

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

	I	T 5.				D : 11 A 1			1 44	1 45	10	47	40	10	T 50	54	F0	T 50 1
		37	ance Recove	rable on Paid	Overdue	Paid Loss Adj	ustment Expe	nses 43	44	45	46	47	48	49	50	51	52	53
			38	39	40	41	42											
ID Number From	Name of Reinsurer		1- 29	30 - 90	91 - 120	Over 120	Total Overdue Cols. 38 +	Total Due Cols. 37 + 42 (In total should Equal	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in	Due Amounts in Dispute Included in	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	Due Amounts Not in Dispute (Cols. 40 +	Received Prio		(Col. 47/Cols.	Percentage Mor Than 120 Days Overdue	Is the Amount in Col. 50 Less Than 20%?	Amounts in Col. 4 for Reinsurers wit Values Less Tha
Col. 1	From Col. 3	Current	Days	Days	Days	Days	+ 40 + 41	Cols. 7 + 8)	Col. 43	Cols. 40 & 41	(Cols. 43 - 44)	41 - 45)	90 Days	42/Col. 43	46 + 48)	(Col. 41/Col. 43)	(Yes or No)	20% in Col. 50
39-1173498	American Family Connect Property & Casualty Ins Co																YES	
47-0574325	Berkley Insurance Company																YES	
22-2005057	Everest Reinsurance Company																YES	
13-4924125	Munich Re America, Inc.								1					1			YES	
47-0355979	National Indemnity Company, USA									1							YES	1
13-3138390	Navigators Insurance Company								1		1			1			YES	
47-0698507	Odyssey Reinsurance Company				1	1	1::::::				1			1			YES	
23-1641984	QBE Reinsurance Corporation													1			YES	[
13-1675535	Swiss Reinsurance America Corporation													1			YES	
31-0542366	The Cincinnati Insurance Company																YES	
13-5616275	Transatlantic Reinsurance Company			l		l			1					1	l		YES	[
0999999	Total Authorized - Other U.S. Unaffiliated Insurers																XXX	
AA-3190829	Markel Bermuda Limited																YES	
AA-1120083	Ariel Re obo Syndicate 1910 ARW																YES	
AA-1240051	QBE Europe SA / NV																YES	
AA-3191321	SiriusPoint Bermuda Ins Co Ltd																YES	
AA-1120171	Lloyd's Underwriter Syndicate 1856 ACS																YES	
AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN																YES	
AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL																YES YES	
AA-1120085	Lloyd's Underwriter Syndicate No. 1274 AUL																	
AA-1127414	Lloyd's Underwriter Syndicate No. 1414 ASC																YES	
AA-1120084	Lloyd's Underwriter Syndicate No. 1955 BAR																YES	
AA-1128001	Lloyd's Underwriter Syndicate No. 2001 AML																YES	
AA-1128010	Lloyd's Underwriter Syndicate No. 2010 MMX																YES	
AA-1120152	Lloyd's Underwriter Syndicate No. 2357																YES	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791 MAP	L		L		l	L	L	L	1	L	1	l	<b>.</b>	L	L	YES	L

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

								rtomouranot	,									
			rance Recove	erable on Paid		Paid Loss Ad	justment Expe		44	45	46	47	48	49	50	51	52	53
		37			Overdue			43										
			38	39	40	41	42											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43		Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)		Amounts Received Prio 90 Days	Percentage Overdue C 42/Col. 43	(Col. 47/Cols.	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-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK								1								YES	1
AA-1126004	Lloyd's Underwriter Syndicate No. 4444 CNP																YES	
1299999	Total Authorized - Other Non-U.S. Insurers#																XXX	
1499999	Total Authorized - Total Authorized Excluding Protected Cells																XXX	
	<u></u>																	
AA-5420050	Korean Reinsurance Company																YES	
AA-3191298	Antares Reinsurance Company Limited																YES	
AA-9240012	China Property & Casualty Reinsurance Company Limited																YES	
2699999	Total Unauthorized - Other non-U.S. Insurers#																XXX	
2799999	Total Unauthorized - Protected Cells																XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells																XXX	
1.27 12.1112																		
RJ-1340125	Aeolus Capital Management via Hannover																YES	
RJ-3191388	Vermeer Reinsurance Ltd.																YES	
RJ-3194122	DaVinci Reinsurance Limited																YES	
RJ-3190339	Renaissance Reinsurance Ltd.																YES	
RJ-3194126	Arch Reinsurance Ltd/Arch Re Ltd						[										YES	
RJ-1340125	Elementum via Hannover																YES YES	
RJ-1340125	Securis BDA via Hannover																YES	
RJ-1340125	Pillar BDA via Hannover																	
RJ-3194126 RJ-3194168	Securis via Arch Re																YES YES	
	Aspen Bermuda Limited																YES	
RJ-3190770	Chubb Tempest Reinsurance Ltd.																YES	
RJ-3191190 RJ-3191289	Hamilton Re, Ltd. Fidelis Insurance Bermuda Ltd																YES	
KJ-3191289	Fluelis ilisurance Dermuda Ltu	1	1	1	1	1	1	I	1	1	1	1	1	1	1	1	1 150	1

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

		T				D : 11 A !:			1 44	45	10	47	10	10		F4	- FO	T 50
		37	rance Recove	erable on Paid	Overdue	Paid Loss Adj	ustment Expe	nses 43	44	45	46	47	48	49	50	51	52	53
		31	38	39	40	41	42	1 40						-				
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	1- 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38 + + 40 + 41	Total Due Cols. 37 + 42 (In total should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on	Recoverable on Paid Losse & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prio 90 Days	Percentage Overdue C 42/Col. 43	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
-	1										(**************************************	,	111111	1	10 10,	(**************************************	(10001110)	
RJ-3190871	Lancashire Insurance Company Limited																YES	1
RJ-3190875	Hiscox Insurance Co (Bermuda) Limited																YES	1
RJ-3191239	Lumen Re LTD																YES	
RJ-1460019	MS Amlin AG (LCP)																YES	
RJ-3190686	Partner Reinsurance Company Ltd																YES YES	
RJ-3191352 RJ-1340125	Ascot Reinsurance Company Limited (Bermuda) Eskatos via Hannover																YES	
RJ-1340125	Hannover Ruck																YES	
1.00.10.10.12.0	Thaille Tradit																	
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#																XXX	
5599999	Total Reciprocal Jurisdiction - Protected Cells																XXX	
5699999	T. I.D																V00/	
2099999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Ce																XXX	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected C																XXX	
		1		1:::::		1::::::			1					1				1
														1				1
		[,																
9999999	Totals																XXX	

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

Provided for Not										1						
Percent   Perc	Col. 52 = "No"; Otherwise Enter 0	Complete if Col. 52 = "No"; (	65 Complete if	64	63	62	61	60	59	58	57	56	55	54		
Col. 1	Which Credit of	otal Collater Provided Col. 20 + Col 21 + Col. 22  Which Credit	20% of Recoverable on Paid Losse % LAE Over 90 Days Past Due Amounts 20 + Col. 20 + Col. 22 + Col. 22	Reinsurance with Certified Reinsurers Du to Collateral Defciency	Credit Allowed for Net Recoverables	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts	Allowed on Net Recoverables Subject to Collate Requirements (Col. 60 / Col.	Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col.22 +	of Collateral	Recoverable Subject to Collatereal Requirement for Full Credi	Recoverables Qualifying for	Collateral Required for	of Certififed	Reinsurer	1	Number
39-1173498 American Family Connect Property & Casualty Ins Co				1 ' 1	, -		1			1 '		,	1	1		1
47-054325   Everlest Reinsurance Company																
2-2-2005057 Everest Reinsurance Company	XXX XXX													XXX		
13-4924125	XXX XXX															
47-0355979         National Indemnity Company, USA         XXX	XXX XXX														🛊	
13-3138390	XXX XXX															
47-0698507         Odyssey Reinsurance Company         XXX         <	XXX XXX															
23-1641984 QBE Reinsurance Corporation	XXX XXX									1						
13-1675555	XXX XXX														🛊	
13-5616275   Transatlantic Reinsurance Company	XXX XXX															
D999999   Total Authorized - Other U.S. Unaffiliated Insurers   XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX	XXX		XXX	XXX			XXX		XXX	The Cincinnati Insurance Company	31-0542366
AA-3190829         Markel Bermuda Limited         XXX         XX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Transatlantic Reinsurance Company	13-5616275
AA-1120083         Ariel Re obo Syndicate 1910 ARW         XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				Total Authorized - Other U.S. Unaffiliated Insurers	0999999
AA-1120083         Ariel Re obo Syndicate 1910 ARW         XXX		XXX XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9 Markel Bermuda Limited	ΔΔ-3190829
AA-1240051         QBE Europe SA / NV         XXX         XXX <td>XXX XXX</td> <td></td> <td> 🌡</td> <td></td>	XXX XXX														🌡	
AA-3191321         SiriusPoint Bermuda Ins Co Ltd         XXX	XXX XXX															
AA-1120171         Lloyd's Underwriter Syndicate 1856 ACS         XXX         XXX <td>XXX XXX</td> <td></td> <td>  </td> <td></td>	XXX XXX															
	XXX XXX	XXX XXX	XXX XXX	XXX	XXX		XXX	XXX	XXX		XXX	XXX			1 Lloyd's Underwriter Syndicate 1856 ACS	AA-1120171
AA-1127084 Llovd's Underwriter Syndicate No. 1084 CSL XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX XXX	XXX XXX	XXX XXX	XXX		XXX			XXX	XXX		XXX		XXX	6 Lloyd's Underwriter Syndicate No. 0566 STN	
	XXX XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	🛊	AA-1127084
AA-1120085         Lloyd's Underwriter Syndicate No. 1274 AUL         XXX	XXX XXX															
AA-1127414 Lloyd's Underwriter Syndicate No. 1414 ASC XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX XXX															
AA-1120084 Lloyd's Underwriter Syndicate No. 1955 BAR XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX XXX															
AA-1128001 Lloyd's Underwriter Syndicate No. 2001 AML XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX XXX														🛊	
AA-1128010         Lloyd's Underwriter Syndicate No. 2010 MMX         XXX	XXX XXX															
AA-1120152	XXX XXX															

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

		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	therwise Enter 0	69
						Net		Percent of Collateral Provided for Net Recoverables	Percent Credit	20% of		Provision for	20% of	66	67	68	Provision for
						Recoverable		Subject to	Allowed on Net	Recoverable		Reinsurance	Recoverable	T			Overdue
				Percent	Catatrophic	Subject to Collatereal		Collateral Requirements	Recoverables Subject to Collate	on Paid Losses & LAE Over	Amounts of Credit Allowed	with Certified Reinsurers Du	on Paid Losse % LAE Over	Total Collater Provided	Net Unsecured		Reinsurance Ced to Certified
ID		Certified	Effective D	Collateral	Recoverables	Requirement	Dollar Amount	([Col. 20 + Col.	Requirements	90 Days Past	for Net	to Collateral	90 Days Past	•	Recoverable fo		Reinsurers ( Grea
Number	Name of	Reinsurer	of Certififed	Required for	Qualifying for	for Full Credi	1	21 + Col.22 +	(Col. 60 / Col.	Due Amounts	Recoverables	Defciency	Due Amounts	`	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	is Allowed	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
AA-1120075	Lloyd's Underwriter Syndicate No. 4020 ARK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's Underwriter Syndicate No. 4444 CNP	XXX	XXX	XXX	^^^	XXX	XXX	^^^	^^^	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999	Total Authorized - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized - Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5420050	Korean Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	Antares Reinsurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9240012	China Property & Casualty Reinsurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Aeolus Capital Management via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191388	Vermeer Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194122 RJ-3190339	DaVinci Reinsurance Limited Renaissance Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190339 RJ-3194126	Arch Reinsurance Ltd/Arch Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Elementum via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Securis BDA via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Pillar BDA via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194126	Securis via Arch Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194168	Aspen Bermuda Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190770	Chubb Tempest Reinsurance Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191190	Hamilton Re, Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191289	Fidelis Insurance Bermuda Ltd	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		50				CO CO		00				0	O-1 50 - IIN-II. O		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if	Col. 52 = "No"; O	tnerwise Enter U	69
						Net		Percent of Collateral Provided for Net Recoverables	Percent Credit	20% of		Provision for	20% of	66	67	68	Provision for
				Percent	Catatrophic	Recoverable Subject to Collatereal		Subject to Collateral Requirements	Allowed on Net Recoverables Subject to Collate	Recoverable on Paid Losses & LAE Over	Amounts of Credit Allowed	Reinsurance with Certified Reinsurers Du	Recoverable on Paid Losse	Total Collater Provided	Net Unsecured		Overdue Reinsurance Ced to Certified
ID		Certified	Effective D	Collateral	Recoverables	Requirement	Dollar Amount	([Col. 20 + Col.	Requirements	90 Days Past	for Net	to Collateral	90 Days Past	,	Recoverable fo		Reinsurers ( Grea
Number	Name of	Reinsurer	of Certififed	Required for	Qualifying for	for Full Credi	of Collateral	21 + Col.22 +	(Col. 60 / Col.	Due Amounts	Recoverables	Defciency	Due Amounts	21 + Col. 22	Which Credit	000/ -f A	of [ Col. 62 + Col.
From Col. 1	Reinsurer From Col. 3	Rating (1 through 6)	Reinsurer Rating	Full Credit (0% through 100%)	Collateral Deferral	(Col. 19 - Col. 57)	Required (Col 56 * Col. 58)	Col. 24]/ Col. 58)	56, not to exceed 100%)	in Dispute (Col. 45 * 20%)	(Col. 57 +[Col.	(Col. 19 - Col. 63)	Not in Dispute (Col. 47 * 20	Col.24; not to	is Allowed (Col. 63 -Col. 6	20% of Amount in Col. 67	65] or Col.68; not to Exceed Col. 63
001. 1	Tioni odi. 3	(1 tillough o)	raung	tillough 10070)	Delerial	001. 37)	30 001.30)	001. 30)	exceed 10070)	(001. 43 2070)	30 (01.01)	001. 00)	(001.47 20	LACCEC COI O	(001. 00 -001. 0	111 001. 07	to Exceed Col. 03
RJ-3190871	Lancashire Insurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190875	Hiscox Insurance Co (Bermuda) Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191239	Lumen Re LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1460019	MS Amlin AG (LCP)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190686	Partner Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191352	Ascot Reinsurance Company Limited (Bermuda)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Eskatos via Hannover	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Ruck	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5599999	Total Reciprocal Jurisdiction - Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cell				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0000000	Total Total Continue Excitating Frotocold Con				7001	7001	7000			7000	7001	7000	7001	7001	7001	7001	7001
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells	S						XXX	XXX								
									1								1
									1								1
						1											
						1			1								
			1			1											1
9999999	Totals							XXX	XXX								

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

		70			Provision for Over	due Authorized and				
			Provision for Unau	thorized Reinsurance	1	liction Reinsurance		Total Provision	for Reinsurance	
			71	72	73	74	75	76	77	78
			• •	·-	Complete if	Complete if			1	
					Col. 52 = "Yes":	Col. 52 = "No";				
					Otherwise Enter 0	Otherwise Enter 0				
					Otherwise Linter 0	Otherwise Linter 0				
				+		Greater of 20% of Net		+		
				+	20% of Recoverable	Recoverable Net of				
						Funds Held &				
					on Paid Losses &					
			Provision for	Dravinian for Overdue	LAE Over 90 Days	Collateral, or 20% of				
		20% of Recoverable on	Reinsurance with	Provision for Overdue Reinsurance from	Past Due Amounts	Recoverable on Paid Losses & LAE Over 90	Provision for Amounts	Provision for Amounts		
ID					Not in Dispute + 20%	1			D ( A	
·-	Name of	Paid Losses & LAE Over	Unauthorized	Unauthorized Reinsurers	of Amounts in	Days Past Due	Ceded to Authorized and	Ceded to Unauthorized	Provision for Amounts	Tatal Description for
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	
47-0574325	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	
47-0355979	. 🛊		XXX	XXX				XXX	XXX	
13-3138390	National Indemnity Company, USA		XXX	XXX				XXX	XXX	
47-0698507	Navigators Insurance Company		XXX	XXX				XXX	XXX	
23-1641984	Odyssey Reinsurance Company  QBE Reinsurance Corporation		XXX	XXX				XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation		XXX	XXX				XXX	XXX	
31-0542366	The Cincinnati Insurance Company		XXX	XXX				XXX	XXX	
13-5616275	Transatlantic Reinsurance Company		XXX	XXX				XXX	XXX	
13-3010273	Transalianuc Reinsurance Company		· · · · · · · · · · · · · · · · · · ·							
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
A A 2400000	Madel Demodel India									
AA-3190829	Markel Bermuda Limited		XXX	XXX				XXX	XXX	
AA-1120083	Ariel Re obo Syndicate 1910 ARW									
AA-1240051 AA-3191321	QBE Europe SA / NV SiriusPoint Bermuda Ins Co Ltd		XXX	XXX				XXX	XXX	
AA-3191321 AA-1120171	Lloyd's Underwriter Syndicate 1856 ACS		XXX	XXX				XXX	XXX	
AA-1120171 AA-1126566	Lloyd's Underwriter Syndicate No. 0566 STN		XXX	XXX				XXX	XXX	
AA-1120300 AA-1127084	Lloyd's Underwriter Syndicate No. 1084 CSL		XXX	XXX				XXX	XXX	
AA-1127004 AA-1120085	Lloyd's Underwriter Syndicate No. 1064 CSL Lloyd's Underwriter Syndicate No. 1274 AUL		XXX	XXX				XXX	XXX	
AA-1120065 AA-1127414	Lloyd's Underwriter Syndicate No. 1274 ACL Lloyd's Underwriter Syndicate No. 1414 ASC		XXX	XXX				XXX	XXX	
AA-1127414 AA-1120084	Lloyd's Underwriter Syndicate No. 1914 ASC  Lloyd's Underwriter Syndicate No. 1955 BAR		XXX	XXX				XXX	XXX	
AA-1120004 AA-1128001	Lloyd's Underwriter Syndicate No. 1935 BAR Lloyd's Underwriter Syndicate No. 2001 AML		XXX	XXX				XXX	XXX	
AA-1128010	Lloyd's Underwriter Syndicate No. 2001 AML Lloyd's Underwriter Syndicate No. 2010 MMX		XXX	XXX				XXX	XXX	
AA-1120010 AA-1120152	Lloyd's Underwriter Syndicate No. 2010 MMX Lloyd's Underwriter Syndicate No. 2357		XXX	XXX				XXX	XXX	
AA-1120152 AA-1128791	.		XXX	XXX				XXX	XXX	
AA-1120/91	Lloyd's Underwriter Syndicate No. 2791 MAP	L	XXX	XXX	L	L	1	XXX	XXX	

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

		70			Provision for Ove	erdue Authorized and				
			Provision for Unaut	thorized Reinsurance	Reciprocal Juris	diction Reinsurance		Total Provision	for Reinsurance	
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 +77)
AA-1120075 AA-1126004	Lloyd's Underwriter Syndicate No. 4020 ARK Lloyd's Underwriter Syndicate No. 4444 CNP		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-5420050	Korean Reinsurance Company				XXX	XXX	XXX		XXX	
AA-3191298	Antares Reinsurance Company Limited	.			XXX	XXX	XXX		XXX	
AA-9240012	China Property & Casualty Reinsurance Company Limited				XXX	XXX	XXX		XXX	
2699999	Total Unauthorized - Other non-U.S. Insurers#				XXX	XXX	XXX		XXX	
2799999	Total Unauthorized - Protected Cells				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized - Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX		XXX	
RJ-1340125	Aeolus Capital Management via Hannover	.	XXX	XXX				XXX	XXX	
RJ-3191388	Vermeer Reinsurance Ltd.	.	XXX	XXX				XXX	XXX	
RJ-3194122	DaVinci Reinsurance Limited	.	XXX	XXX		.		XXX	XXX	
RJ-3190339	Renaissance Reinsurance Ltd.	.	XXX	XXX		.		XXX	XXX	
RJ-3194126	Arch Reinsurance Ltd/Arch Re Ltd		XXX	XXX				XXX	XXX	
RJ-1340125	Elementum via Hannover		XXX	XXX		.		XXX	XXX	
RJ-1340125	Securis BDA via Hannover	.	XXX	XXX		.		XXX	XXX	
RJ-1340125	Pillar BDA via Hannover	.	XXX	XXX		.		XXX	XXX	
RJ-3194126	Securis via Arch Re	.	XXX	XXX		.		XXX	XXX	
RJ-3194168	Aspen Bermuda Limited	.	XXX	XXX		.		XXX	XXX	
RJ-3190770	Chubb Tempest Reinsurance Ltd.	.	XXX	XXX		.		XXX	XXX	
RJ-3191190	Hamilton Re, Ltd.	.	XXX	XXX		.		XXX	XXX	
RJ-3191289	Fidelis Insurance Bermuda Ltd	1	XXX	XXX	1		I	XXX	XXX	

26.1

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

					<u> </u>					
		70			Provision for Overo					
				horized Reinsurance	Reciprocal Jurisdi				for Reinsurance	<b>.</b>
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%)] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 +77)
RJ-3190871 RJ-3190875	Lancashire Insurance Company Limited Hiscox Insurance Co (Bermuda) Limited		XXX	XXX				XXX	XXX	
RJ-3191239	Lumen Re LTD		XXX	XXX				XXX	XXX	
RJ-1460019	MS Amlin AG (LCP)		XXX	XXX				XXX	XXX	
RJ-3190686	Partner Reinsurance Company Ltd		XXX	XXX				XXX	XXX	
RJ-3191352	Ascot Reinsurance Company Limited (Bermuda)		XXX	XXX				XXX	XXX	
RJ-1340125	Eskatos via Hannover		XXX	XXX				XXX	XXX	
RJ-1340125	Hannover Ruck		XXX	XXX				XXX	XXX	
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers#		XXX	XXX				XXX	XXX	
5599999	Total Reciprocal Jurisdiction - Protected Cells		XXX	XXX				XXX	XXX	
5699999	Total Reciprocal Jurisdiction - Total Certified Excluding Protected Cells		XXX	XXX				XXX	XXX	
5799999	Total Authorized, Unauthorized and Certified Excluding Protected Cells									
9999999	Totals									

## NONE Schedule F - Part 4 Banks for Letters of Credit

#### Interrogatories for Schedule F, Part 3 (000 Omitted)

1	2	3	
Name of Reinsurer	Commission Rate	Ceded Premium	
1			
2			
3			
4			
5			
<ol> <li>Report the five largest reinsurance recoverables reporte</li> <li>F, Part 3, Line 9999999, Column 15, the amount of cede</li> </ol>	·		, Schedule
-	·		s, Schedule
-	·	s are due from an affiliated insurer.	s, Schedule 4 Affiliated
F, Part 3, Line 9999999, Column 15, the amount of cede  1  Name of Reinsurer	ed premium, and indicate whether the recoverable 2	es are due from an affiliated insurer.	4
F, Part 3, Line 9999999, Column 15, the amount of cede  1  Name of Reinsurer 6.	ed premium, and indicate whether the recoverable 2	es are due from an affiliated insurer.	4 Affiliated
F, Part 3, Line 9999999, Column 15, the amount of cede  1  Name of Reinsurer  6	ed premium, and indicate whether the recoverable 2	es are due from an affiliated insurer.	4 Affiliated Yes [] No [X
F, Part 3, Line 9999999, Column 15, the amount of cede  1  Name of Reinsurer 6.	ed premium, and indicate whether the recoverable 2	es are due from an affiliated insurer.	4 Affiliated Yes[] No[X Yes[] No[X

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

#### Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
ASSET	S (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	261,865,731		261,865,731
2.	Premiums and considerations (Line 15)	54,531,868		54,531,868
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets			3,253,964
6.	Net amount recoverable from reinsurers		(143,270,994)	(143,270,994)
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	319,651,563	(143,270,994)	176,380,569
LIABIL	ITIES (Page 3)			
l	Losses and loss adjustment expenses (Lines 1 through 3)	161,475,224		161,475,224
10.	Taxes, expenses, and other obligations (Lines 4 through 8)			18,521,483
11.	Unearned premiums (Line 9)			390,888,280
12.	, , , , , , , , , , , , , , , , , , , ,	44 445 440		11,115,440
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)		(143,270,994)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	7 004 070		7,891,270
19.	Total liabilities excluding protected cell business (Line 26)		(143,270,994)	589,891,697
20.	Protected cell liabilities (Line 27)			
21.		(413,511,128)	XXX	(413,511,128)
22.	Totals (Line 38)	319,651,563	(143,270,994)	176,380,569

or pooling arrangements? Yes [ ] No [X]

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

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 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									xxx
2. 2015	501,722	124,128	377,594	138,697		2,895		37,156		3	178,748	XXX
3. 2016	496,457	126,053	370,404	28,422	18	504		14,883	12	65	43,779	XXX
4. 2017	451,347	103,993	347,354	1,406,494	966	13,376	20	264,176	206	566	1,682,854	XXX
5. 2018	409,954	108,439	301,515	12,097	50	373		6,402	20	21	18,802	XXX
6. 2019	381,571	94,094	287,477	17,606		519	19	8,807	30	8	26,772	XXX
7. 2020	369,179	107,605	261,574	64,174	109	1,627		27,454	13	55	93,133	XXX
8. 2021	378,504	102,132	276,372	65,295		1,613		26,713		43	93,621	XXX
9. 2022	443,490	132,095	311,395	28,828		542		11,348		12	40,718	XXX
10. 2023	589,353	217,987	371,366	75,666		826		20,919		30	97,411	XXX
11. 2024	708,981	397,070	311,911	395,045		251		91,375		150	486,671	XXX
12. Totals	XXX	XXX	XXX	2,232,324	1,254	22,526	39	509,233	281	953	2,762,509	XXX

		Losses	Unpaid	•	Defen	se and Cost	Containment L	Jnpaid	Adjusting and		23	24	25
	Case I	Case Basis Bulk + IBNR		Case	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. 2015	3		129		31		55					218	2
3. 2016													
4. 2017	241		3,487		430		241		839			5,238	14
5. 2018			9		23		4					36	1
6. 2019	15		6				2		1			24	2
7. 2020	87		418		142		632		105			1,384	15
8. 2021	1,327		881		333		79		81			2,701	60
9. 2022	180	l	208		183	l	56	l	42	l	l	669	44
10. 2023	3,472		2,162		844		235		765			7,478	1,136
11. 2024	84,146		36,626		1,753		352		20,850			143,727	21,888
12. Totals	89,471		43,926		3,739		1,656		22,683			161,475	XXX

		Total Losses and Loss Expenses Incurred			Loss and L	oss Expense Po	ercentage			34	Net Bala	ince Sheet
					(Incurr	ed/Premiums Ea	arned)	Nontabula	ar Discount	Inter-	Reserves After Discount	
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2015	178,966		178,966	35.670		47.396				132	86
3.	2016	43,809	30	43,779	8.824	0.024	11.819					
4.	2017	1,689,284	1,192	1,688,092	374.276	1.146	485.986				3,728	1,510
5.	2018	18,908	70	18,838	4.612	0.065	6.248				9	27
6.	2019	26,956	160	26,796	7.064	0.170	9.321				21	3
7.	2020	94,639	122	94,517	25.635	0.113	36.134				505	879
8.	2021	96,322		96,322	25.448		34.852				2,208	493
9.	2022	41,387		41,387	9.332		13.291				388	281
10.	2023	104,889		104,889	17.797		28.244				5,634	1,844
11.	2024	630,398		630,398	88.916		202.108				120,772	22,955
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	133,397	28,078

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

# SCHEDULE P - PART 2 - SUMMARY

	INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	MENT EXPEN	SES REPORT	ED AT YEAR E	END (\$000 OM	ITTED)	DEVELOPMENT	
Years in	1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior	44,835	43,063	35,046	33,844	32,637	31,393	23,204	24,749	24,368	24,368		(381)
2. 2015	148,901	141,773	142,814	142,526	141,745	141,571	141,627	141,791	141,816	141,810	(6)	19
3. 2016	XXX	31,669	30,271	29,636	29,076	28,981	28,962	28,935	28,908	28,908		(27)
4. 2017	XXX	XXX	1,278,036	1,389,339	1,466,449	1,467,864	1,438,612	1,428,493	1,424,750	1,423,283	(1,467)	(5,210)
5. 2018	XXX	XXX	XXX	13,463	12,636	12,495	12,338	12,442	12,457	12,456	(1)	14
6. 2019	XXX	XXX	XXX	XXX	18,102	18,295	18,160	18,405	18,323	18,018	(305)	(387)
7. 2020	XXX	XXX	XXX	XXX	XXX	87,219	66,366	68,034	67,202	66,971	(231)	(1,063)
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	62,683	73,142	69,833	69,528	(305)	(3,614)
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,352	31,089	29,997	(1,092)	645
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77,767	83,205	5,438	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	518,173	XXX	XXX
12. Totals											2,031	(10,004)

# **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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000	4,899	8,947	11,514	11,735	12,153	12,737	13,348	24,368	24,368	XXX	XXX
2. 2015	127,928	138,288	139,087	140,663	141,262	141,418	141,492	141,523	141,589	141,592	XXX	X X X
3. 2016	XXX	24,665	28,353	28,821	28,875	28,898	28,908	28,908	28,908	28,908	XXX	XXX
4. 2017	XXX	XXX	945,431	1,243,600	1,344,403	1,386,969	1,406,019	1,412,685	1,414,595	1,418,884	XXX	X X X
5. 2018	XXX	XXX	XXX	9,076	11,730	12,144	12,218	12,408	12,419	12,420	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	12,885	16,933	17,535	17,974	17,995	17,995	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	45,825	60,121	63,786	65,453	65,692	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	43,580	62,839	66,334	66,908	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,014	28,177	29,370	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57,983	76,492	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	395,296	XXX	XXX

# SCHEDULE P - PART 4 - SUMMARY

	BULK A	AND IBNR RESER	RVES ON NET LO	SSES AND DEF	ENSE AND COST	CONTAINMENT	EXPENSES REF	PORTED AT YEA	R END (\$000 OM	ITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior	38,384	32,979	21,362	19,176	17,852	16,446	7,746	8,762		
2. 2015	15,183	1,081	1,589	1,333	167	65	102	166	190	184
3. 2016	XXX	5,435	1,344	589	134	50	44	27		
4. 2017	XXX	XXX	267,831	78,255	63,927	47,124	17,334	12,445	8,725	3,728
5. 2018	XXX	XXX	XXX	3,175	282	28	26	26	14	1:
6. 2019	XXX	XXX	XXX	XXX	3,896	165		167	124	
7. 2020	XXX	XXX	XXX	XXX	XXX	31,901	341	1,486	1,224	1,050
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	7,055	3,255	1,374	960
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,336	942	264
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,674	2,39
11. 2024	xxx	xxx	xxx	XXX	xxx	xxx	XXX	xxx	xxx	36,978

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	remiums Earne	ed			Lo	ss and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containme	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									XXX
2. 2015	501,722	124,128	377,594	138,697		2,895		37,156		3	178,748	XXX
3. 2016	496,457	126,053	370,404	28,422	18	504		14,883	12	65	43,779	XXX
4. 2017	451,347	103,993	347,354	1,406,494	966	13,376	20	264,176	206	566	1,682,854	XXX
5. 2018	409,954	108,439	301,515	12,097	50	373		6,402	20	21	18,802	XXX
6. 2019	381,571	94,094	287,477	17,606		519	19	8,807	30	8	26,772	XXX
7. 2020	369,179	107,605	261,574	64,174	109	1,627		27,454	13	55	93,133	XXX
8. 2021	378,504	102,132	276,372	65,295		1,613		26,713		43	93,621	XXX
9. 2022	443,490	132,095	311,395	28,828		542		11,348		12	40,718	XXX
10. 2023	589,353	217,987	371,366	75,666		826		20,919		30	97,411	XXX
11. 2024	708,981	397,070	311,911	395,045		251		91,375		150	486,671	XXX
12. Totals	XXX	XXX	XXX	2,232,324	1,254	22,526	39	509,233	281	953	2,762,509	XXX

			Losses	Unpaid		Defens	se and Cost (	Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2015	3		129		31		55					218	2
3.	2016													
4.	2017	241		3,487		430		241		839			5,238	14
5.	2018			9		23		4					36	1
6.	2019	15		6				2		11			24	2
7.	2020	87		418		142		632		105			1,384	15
8.	2021	1,327		881		333		79		81			2,701	60
9.	2022	180		208		183		56		42			669	44
10.	2023	3,472		2,162		844		235		765			7,478	1,136
11.	2024	84,146		36,626		1,753		352		20,850			143,727	21,888
12.	Totals	89,471		43,926		3,739		1,656		22,683			161,475	23,162

		Т	otal Losses and	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	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	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2015	178,966		178,966	35.670		47.396				132	86
3.	2016	43,809	30	43,779	8.824	0.024	11.819					
4.	2017	1,689,284	1,192	1,688,092	374.276	1.146	485.986				3,728	1,510
5.	2018	18,908	70	18,838	4.612	0.065	6.248				9	27
6.	2019	26,956	160	26,796	7.064	0.170	9.321				21	3
7.	2020	94,639	122	94,517	25.635	0.113	36.134				505	879
8.	2021	96,322		96,322	25.448		34.852				2,208	493
9.	2022	41,387		41,387	9.332		13.291				388	281
10.	2023	104,889		104,889	17.797		28.244				5,634	1,844
11.	2024	630,398		630,398	88.916		202.108				120,772	22,955
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	133,397	28,078

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 1U - Pet Insurance Plans

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	ST CONTAIN	MENT EXPEN	ISES REPOR	TED AT YEAR	R END (\$000 C	MITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior	1,034	1,071	1,215	833	728	721	728	1,958	1,577	1,577		(381)
2. 2015	148,901	141,773	142,814	142,526	141,745	141,571	141,627	141,791	141,816	141,810	(6)	19
3. 2016	XXX	31,669	30,271	29,636	29,076	28,981	28,962	28,935	28,908	28,908		(27)
4. 2017	XXX	XXX	1,278,036	1,389,339	1,466,449	1,467,864	1,438,612	1,428,493	1,424,750	1,423,283	(1,467)	(5,210)
5. 2018	XXX	XXX	XXX	13,463	12,636	12,495	12,338	12,442	12,457	12,456	(1)	14
6. 2019	XXX	XXX	XXX	XXX	18,102	18,295	18,160	18,405	18,323	18,018	(305)	(387)
7. 2020	XXX	XXX	XXX	XXX	XXX	87,219	66,366	68,034	67,202	66,971	(231)	(1,063)
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	62,683	73,142	69,833	69,528	(305)	(3,614)
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,352	31,089	29,997	(1,092)	645
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77,767	83,205	5,438	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	518,173	XXX	XXX
	<u> </u>	<u> </u>		<u> </u>			<u> </u>	12. Totals			2,031	(10,004)

### SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFI	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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
•			•					12 Totals				

## SCHEDULE P - PART 2K - FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	IMENT EXPEN	NSES REPOR	TED AT YEAR	R END (\$000 (	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
								12. Totals				

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	SES 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX					ARIC					
5. 2018	XXX	XXX	XXX				INC	L				
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	·			·		·	·	12. Totals				

## **SCHEDULE P – PART 2M – INTERNATIONAL**

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	ST CONTAIN	IMENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1. Prior												
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX						-				
5. 2018	XXX	XXX	XXX			N(	) N F					
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
		•	*	•	-	•		12. Totals	•			

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

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

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)

	CUMUL	ATIVE PAID N	ET LOSSES AN	D 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000	394	731	707			711	711	1,577	1,577	XXX	XXX
2. 2015	127,928	138,288	139,087	140,663	141,262	141,418	141,492	141,523	141,589	141,592	XXX	XXX
3. 2016	XXX	24,665	28,353	28,821	28,875	28,898	28,908	28,908	28,908	28,908	XXX	XXX
4. 2017	XXX	XXX	945,431	1,243,600	1,344,403	1,386,969	1,406,019	1,412,685	1,414,595	1,418,884	XXX	XXX
5. 2018	XXX	XXX	XXX	9,076	11,730	12,144	12,218	12,408	12,419	12,420	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	12,885	16,933	17,535	17,974	17,995	17,995	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	45,825	60,121	63,786	65,453	65,692	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	43,580	62,839	66,334	66,908	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,014	28,177	29,370	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57,983	76,492	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	395,296	XXX	XXX

## SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000											
2. 2015												
3. 2016	XXX											
4. 2017	XXX	XXX										
5. 2018	XXX	XXX	XXX									
6. 2019	XXX	XXX	XXX	XXX								
7. 2020	XXX	XXX	XXX	XXX	XXX							
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

### SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EX	PENSES 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 Los
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
0. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		xxx	XXX

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

	CUMUL	ATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	PENSES 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX					. N.I.	N. N. I. F				XXX	XXX
4. 2017	XXX	XXX				N(	)N				XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	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	PENSES 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX				N.(	) N F				XXX	XXX
5. 2018	XXX	XXX	XXX			11/					XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	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, 3U

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 AND	) IBNR RESERV	ES ON NET LO	SSES AND DEFE	NSE 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	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior	38,384	32,979	21,362	19,176	17,852	16,446	7,746	8,762		
2. 2015	15,183	1,081	1,589	1,333	167	65	102	166	190	184
3. 2016	XXX	5,435	1,344	589	134	50	44	27		
4. 2017	XXX	XXX	267,831	78,255	63,927	47,124	17,334	12,445	8,725	3,728
5. 2018	XXX	XXX	XXX	3,175	282	28	26	26	14	13
6. 2019	XXX	XXX	XXX	XXX	3,896	165		167	124	8
7. 2020	XXX	XXX	XXX	XXX	XXX	31,901	341	1,486	1,224	1,050
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	7,055	3,255	1,374	960
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,336	942	264
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,674	2,397
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,978

### SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4K - FIDELITY/SURETY

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	AR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which										
Losses Were Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX		NO	INC				
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

### SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were										
Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior 2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX	1				
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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, 4U

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**

	00.125		O11120	
1.	The following questions relate to yet-to-be-issued Extended Report provisions in Medical Professional Liability Claims Made insurance			
1.1	Does the company issue Medical Professional Liability Claims Mac endorsement, or "ERE") benefits in the event of Death, Disability,			Yes[] No[X]
	If the answer to question 1.1 is "no", leave the following questions I	plank. If the answer to question 1.1 is "y	res", please answer the following questions	<b>3</b> :
1.2	What is the total amount of the reserve for that provision (DDR Res	serve), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
1.3	Does the company report any DDR reserve as Unearned Premium	Reserve per SSAP #65?		Yes [ ] No [ ]
1.4	Does the company report any DDR reserve as loss or loss adjustm	ent expense reserve?		Yes [ ] No [ ]
1.5	If the company reports DDR reserve as Unearned Premium Reserve 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines		n the Underwriting and Investment Exhibit,	Yes[] No[] N/A[X]
1.6	If the company reports DDR reserve as loss or loss adjustment expreserves are reported in Schedule P:	pense reserve, please complete the follo	wing table corresponding to where these	
		DDR Reserv	re Included in	
		i e e e e e e e e e e e e e e e e e e e	dical Professional Liability ses and Expenses Unpaid	
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made	
	1.601 Prior			
	1.602 2015 1.603 2016			
	1.604 2017 1.605 2018			
	1.606 2019 1.607 2020			
	1.608 2021 1.609 2022			
	1.610 2023 1.611 2024			
	1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, t January 1, 1998. This change in definition applies to both paid and Containment" and "Adjusting and Other") reported in compliance w	d unpaid expenses. Are these expenses		Yes[X] No[]
2	The Adjusting and Other expense payments and reserves should be		and were incurred based on the number	[]
0.	of claims reported, closed and outstanding in those years. When a the Adjusting and Other expense should be allocated in the same particular and Other expense assumed should be reported according reinsurers, or in those situations where suitable claim count informations.	Illocating Adjusting and Other expense be percentage used for the loss amounts aring to the reinsurance contract. For Adju	netween companies in a group or a pool, and the claim counts. For reinsurers, string and Other expense incurred by	
4	reasonable method determined by the company and described in I			Yes[]No[X]
4.	Do any lines in Schedule P include reserves that are reported gros net of such discounts on Page 10?	s of any discount to present value of full	ire payments, and that are reported	Yes[]No[X]
	If yes, proper disclosure must be made in the Notes to Financial St in Schedule P - Part 1, Columns 32 and 33.	atements, as specified in the Instruction	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. V upon request.	Vork papers relating to discount calculati	ions must be available for examination	
	Discounting is allowed only if expressly permitted by the state insur	rance 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	\$ \$
6.	Claim count information is reported per claim or per claimant. (indic	cate which).		Per Claim
	If not the same in all years, explain in Interrogatory 7.			
7.1	The information provided in Schedule P will be used by many personant things. Are there any especially significant events, coverage, when making such analyses?		-	Yes[X] No[]
7.2	An extended statement may be attached Claims reopened in 2024 are included in the 2024 reported claim of	ounts.		

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

		1	and Members Return Premium on Policies	, Including Policy hip Fees Less as and Premiums Not Taken	4 Dividends Paid or Credited to	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premium Written for Federal
	States, Etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
1.	Alabama AL	N								
2.	Alaska AK	N								
3.	Arizona AZ Arkansas AR	N N								
4. 5.	Arkansas AR California CA									
6.	Colorado CO	N N								
7.	Connecticut CT	N						1		
8.	Delaware DE	N								
9. 10	District of Columbia DC Florida FL	N								
10. 11.	Florida FL Georgia GA	N								
12.	Hawaii HI									
13.	Idaho ID	Ň								
14.	Illinois IL	N								
15.	Indiana IN Iowa IA	N N								
16. 17.	lowa IA Kansas KS	N								
17.	Kentucky KY									
19.	Louisiana LA	N						1		1
20.	Maine ME	N								
21.	Maryland MD	N								
22. 23.	Massachusetts MA Michigan MI	N N								
24.	Minnesota MN									
25.	Mississippi MS	N								
26.	Missouri MO	N	l					1	l	l
27.	Montana MT	N								
28.	Nebraska NE	N								
29. 30.	Nevada NV New Hampshire NH	N N								
31.	New Jersey NJ	<u>N</u>								
32.	New Mexico NM	N								
33.	New York NY	N	l					1	l	l
34.	North Carolina NC	N								
35. 36.	North Dakota ND Ohio OH	N N								
37.	Ohio OH Oklahoma OK									
38.	Oregon OR									
39.	Pennsylvania PA	Ň								
40.	Rhode Island RI	N						1		l
41.	South Carolina SC	N								
42. 43.	South Dakota SD Tennessee TN	N N								
44.	Texas TX	<u> </u>	758,845,192	708,981,286		418,758,150	518,486,893	133,396,618		
45.	Utah ÜT	N								
46.	Vermont VT	N	1				1	1		
47.	Virginia VA	N								
48. 49.	Washington WA West Virginia WV	N N								
49. 50.	West Virginia WV Wisconsin WI									
51.	Wyoming WY									
52.	American Samoa AS	N						1		1
53.	Guam GU	N								
54.	Puerto Rico PR U.S. Virgin Islands VI	N N								
55. 56.	U.S. Virgin Islands VI Northern Mariana Islands MP	N N								
57.	Canada CAN									
58.	Aggregate Other Alien OT	XXX								
59.	Totals	(a) 1	758,845,192	708,981,286		418,758,150	518,486,893	133,396,618		
	DETAILS OF WRITE-INS	1								
58001.	PETAILO OF WATE-1149	XXX								
58001.		XXX				K . II. III.				
58003.		XXX			KI/ 1	NE				
58998.	Summary of remaining write-ins									
50000	for Line 58 from overflow page	XXX								
58999.	Totals (Lines 58001 through	XXX						1		
	58003 plus 58998) (Line 58 above)									

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

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	
4. 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

Texas Windstorm Insurance Association Fed ID 74-6189303 NAIC 30040

Texas FAIR Plan Association Fed ID 43-1982873 NAIC 11543

## **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				ı İ
						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 İ
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	1		74-6189303				Texas Windstorm Insurance Association	TX	OTH	Unaffiliated	Service Contract			NO	1
4766	1	11543	43-1982873				Texas FAIR Plan Association	TX	OTH :	Unaffiliated	Service Contract			NO :	
1												1			1 [

Asterik	Explanation
	Contract between Associations
	Contract between Associations

## **SCHEDULE Y**

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

1		2	4			7	0		1 10 1 11	10	10
l I	2	3	4	5	6 Purchases,	7	8	9	10 11	12	13
					Sales or	Income/			Any Other		
					Exchanges of	(Disbursements)			Material		Reinsurance
		Names of			Loans,	Incurred in			Activity Not		Recoverable/
	•	Insurers			Securities,	Connection with	Management	Income/	in the		(Payable) on
	•	and			Real Estate,	Guarantees or	Agreements	(Disbursements)	Ordinary		Losses and/or
NAIC		Parent,			Mortgage Loans	Undertakings for	and	Incurred Under	Course of the		Reserve Credit
Company	ID	Subsidiaries	Shareholder	Capital	or Other	the Benefit of	Service	Reinsurance	Insurer's		Taken/
Code	Number	or Affiliates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements	* Business	Totals	(Liability)
						, , ,					, ,,
11543	43-1982873	Texas FAIR Plan Association					(22,973,351)			(22,973,351)	
30040	74-6189303	Texas Windstorm Insurance Association					22,973,351			22,973,351	
	1						1				
	1					1					
						1					
	1					1					
						1			1 1		
	1										
						1	1				
8	1					1	1				
	1					1	1		1 1		
	I					1	1				
						1					
	1										
	I					1	I				
	l					1	l				
	1	1									
9999999	Control Totals	1							XXX		
333333	Contion rotals						1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

## 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. Responses

	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	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 busines plement. However, in the event that your company does not transact the type of business for which the special report must be filed, your resport rrogatory 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 that what we reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	se of NO to the specific
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	NO
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	NO .
	APRIL FILING	
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	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
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

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

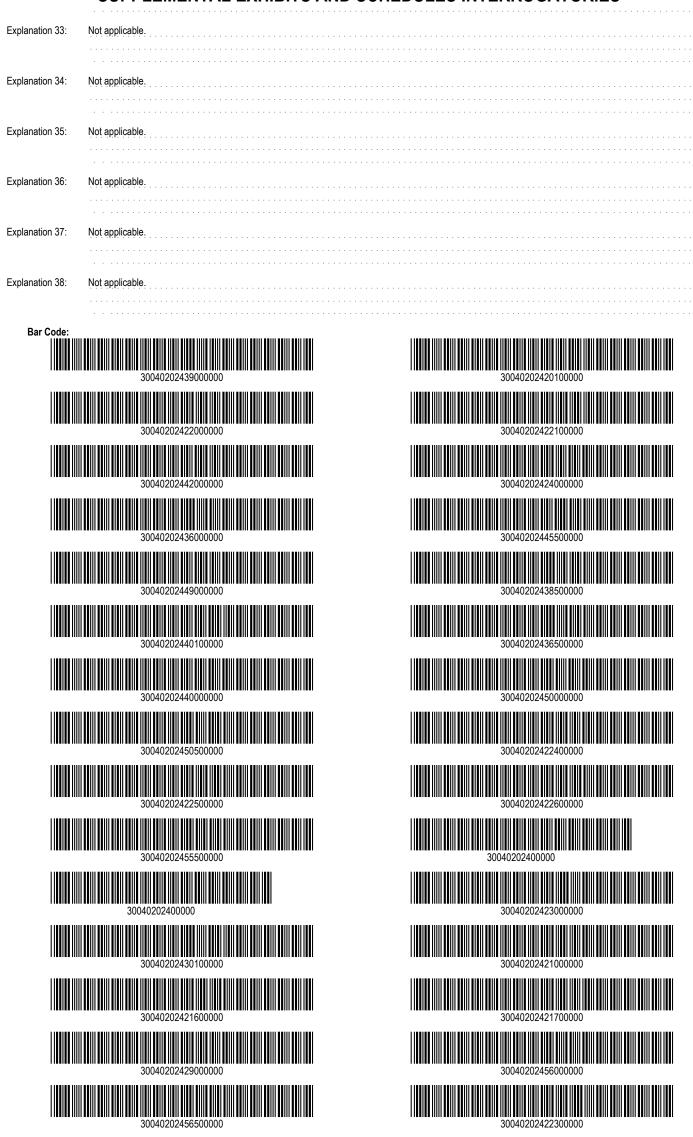
### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

#### AUGUST FILING

NO ....

Explanation 4:	Not applicable.
·	
Explanation 8:	See Explanation
Explanation 9:	The Association is required to file by June 30th.
•	
Explanation 10:	The Association is required to file by June 30th.
Explanation 11:	Not applicable.
<b>,</b>	
Explanation 13:	Not applicable.
Explanation 14:	Not applicable.
Explanation 11.	
Explanation 15:	Not applicable.
Explanation 16:	Not applicable.
Explanation 10.	Two applicable.
Explanation 17:	Not applicable.
Explanation 18:	Not applicable.
Explanation 10.	Not applicable.
Explanation 21:	There were no exceptions to the Reinsurance Supplement.
Explanation 22:	Net applicable
Explanation 22.	Not applicable.
Explanation 23:	Not applicable.
Explanation 24:	Not applicable.
Explanation 24.	TVO applicable.
Explanation 25:	Not applicable.
Explanation 26:	Not applicable.
Explanation 20.	TVOT dipplicable:
Explanation 27:	Not applicable.
Explanation 28:	Not applicable.
Explanation 20.	Not applicable.
Explanation 29:	Not applicable.
Explanation 30:	Not applicable
∟λριαπαποπ ου.	Not applicable.
Explanation 31:	Not applicable.
Evaluation 20	Net applicable
Explanation 32:	Not applicable.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



# 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. Employee Receivable				
2597. Totals (Lines 2504 through 2596) (Page 2, Line 2598)				

# Page 3 - Continuation

# LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Current Year	Prior Year
2504. Deferred rent liability	627,138	575,291
2505. Surcharge payable	350,193	299,217
2506. Statutory fund payable		156,000,122
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	977,331	156,874,630

# 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			1,221,875	1,221,875
2405. Claim storm reports and assignments	850,957			850,957
2406. Line of Credit Issuance Cost			531,832	531,832
2407. HB3 Ombudsman Program		111,907		111,907
2408. Investment Expenses			33,412	33,412
2409. Depopulation Service Fee		(87)		(87)
2410. Miscellaneous Expense		(375,522)		(375,522)
2497. Totals (Lines 2404 through 2496)				
(Page 11, Line 24)	850,957	(263,702)	1,787,119	2,374,374

# 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. Employee Receivable		145	145
2597. Totals (Lines 2504 through 2596) (Page 13, Line 2598)		145	145

# **SUMMARY INVESTMENT SCHEDULE**

	Gross Inve			Admitted Assets a	·	
	1	2 Percentage of Column 1	3	4 Securities Lending Reinvested Collateral	5 Total (Col. 3 + 4)	6 Percentage of Column 5
Investment Categories	Amount	Line 13	Amount	Amount	Amount	Line 13
Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. Governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates     1.09 SVO identified funds						
1.10 Unaffiliated bank loans						
1.11 Unaffiliated certificates of deposit						
1.12 Total long-term bonds						
Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated)						
2.02 Parent, subsidiaries and affiliates						
2.03 Total preferred stocks						
3 Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds						
3.08 Exchange traded funds						
3.09 Total common stocks						
Mortgage loans (Schedule B):						
4.01 Farm mortgages						
4.02 Residential mortgages						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total valuation allowance						
4.06 Total mortgage loans						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)	102,510,743	39.15	102,510,743		102,510,743	39.15
6.02 Cash equivalents (Schedule E, Part 2)	159,354,988	60.85	159,354,988		159,354,988	60.85
6.03 Short-term investments (Schedule DA)						
6.04 Total cash, cash equivalents and short-term investments	261,865,731	100.00	261,865,731		261,865,731	100.00
7. Contract loans						
8. Derivatives (Schedule DB)						
Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities Lending (Schedule DL, Part 1)				XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets	261,865,731	100.00	261,865,731		261,865,731	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
				Money Market	
		Total	Bonds	Mutual Funds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year	578,185,086		578,185,086	
2.	Cost of cash equivalents acquired	2,461,197		2,461,197	
3.	Accrual of discount				
4.	Unrealized valuation increase/(decrease)				
5.	Total gain (loss) on disposals				
6.	Deduct consideration received on disposals	421,291,295		421,291,295	
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)	159,354,988		159,354,988	
11.	Deduct total nonadmitted amounts				
12.	Statement value at end of current period (Line 10 minus Line 11)	159,354,988		159,354,988	

<sup>(</sup>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 Depository	2 Code	Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
OPEN DEPOSITORIES  Bank of America, N.A. Austin, TX  Citibank, N.A. Dallas, TX  Citibank, N.A IMMA Dallas, TX  JP Morgan Chase Bank, N.A. San Antonio, TX	0	3.360 0.750 2.750	1,311,768 1,790 2,179,098		78,830,153 193,702 117,866 23,369,022	
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	3,492,656		102,510,743	XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in ( 0) depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories	XXX	XXX				xxx
0299999 Totals - Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX	3,492,656		102,510,743	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX	3,492,656		102,510,743	XXX

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

1. January	52,409,487	4. April	54,387,356	7. July	975,036	10. October	102,200,578
2. February	82,004,665	5. May	48,580,245	8. August	88,993,336	11. November	72,109,046
3. March	69.871.571	6. June	59.589.008	9. September	56.372.657	12. December	102.510.743

## **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
261941-10-8 31607A-80-2 36142B-50-0 4812C2-23-9 61747C-52-5	Dreyfus Treasury Securities Institutional Shares Fidelity Treasury Only 2643 Goldman Sachs Fin'l SQ Treas - Inst Shares Fund 506 JP Morgan US Treasury Plus Money Market Fund - Capital Shares 4110 Morgan Stanley Inst Liquidity FDS Treas Secs		12/31/2024 12/02/2024 12/02/2024 12/02/2024 12/02/2024	4.320 4.358 4.331 4.379 4.288	XXX XXX XXX XXX	34,249,942 50,900,319 12,707,935 11,578,263 49,918,529	182,188 192,067 47,564 43,725 185,736	5,084,199 3,274,663 5,175,617 5,174,227 2,275,920
8209999999 Exempt Mon	ey Market Mutual Funds – as Identified by SVO					159,354,988	651,280	20,984,626
8609999999 Total Cash E	quivalents					159,354,988	651,280	20,984,626
1.	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:							
Line Number	1A \$	<u>.</u>	1B \$		1C \$		1D \$	
1B	2A \$		. 2B \$		2C \$		1E \$	
10	3A \$		3B\$		3C \$		1F\$	
10	4A \$	,	4B \$		4C \$		1G \$	
1E	5A \$		5B \$		5C \$			
1F	6 \$							

## NONE Schedule E - Part 3