ANNUAL STATEMENT

OF THE

Te	xas Windstorm Insurance Association	
of	Austin	
in the state of	Texas	

TO THE

Insurance Department

OF THE

Texas

FOR THE YEAR ENDED

December 31, 2016

PROPERTY AND CASUALTY



ANNUAL STATEMENT

For the Year Ended December 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

<u> </u>	Texas V	/indstorm Insur	ance Association			
NAIC Group Code 4766		C Company Code	30040	Employ	ver's ID Number	74-6189303
(Current Period)	(Prior Period)					
Organized under the Laws of Texas		, State	of Domicile or Port of E	intry	Texas	
Country of Domicile USA						
Incorporated/Organized Statutory Home Office 5700 S. Mopac Bldg A	June 1, 1971			_	June 1, 19	71
Statutory Home Office 5700 S. Mopac Bldg A	Street and Numb	per)	,,,	Austin, TX, US	Sity or Town, State, Country and Zi	p Code)
Main Administrative Office 5700 S. Mopa	Bldg A			,		,
			(Street and Number)			
Austin, TX, US	78749 (City or Town, State, Count	nu and Zin Cada)	(Area C	512-899-49		
Mail Address P.O. Box 99090	(Oity of Town, State, Count	ry and zip code)	•	Lode) (1 Austin, TX, US	elephone Number) 5 78709	
	(Street and Number or P.O. B	ox)	——-' —— <i>-</i>		City or Town, State, Country and Zi	p Code)
Primary Location of Books and Records	5700 S. Mopac Bldg A		Austin, TX	, US 7874	9 512-8	99-4900
Internet Web Site Address www.twia.org	(Street and	Number)	(City or Town, S	State, Country	y and Zip Code) (Area Code) (T	elephone Number)
Internet Web Site Address www.twia.org Statutory Statement Contact Allen David Fu	lkerson			12-899-4988		
	(Name))	. (Area C		elephone Number) (Extension	n)
afulkerson@tw		·			512-899-4952	
	(E-Mail Add	•			(Fax Number)	
		OFFICE	RS			
	,					
	(Georgia Rutherfo	ord Neblett			
	Name			Title		
1. John William Pola	k		General Manager	*****		•
 Joshua Fields Debbie King 	· · · · · · · · · · · · · · · · · · ·		Vice Chairman Secretary-Treasurer			•
o. <u>Bobbio rang</u>	W ** ***	****	Secretary-Heasurer			
		VICE-PRESID	DENTS			
Name	Title		Nar	me		Title
	VP Legal		James Colin Murphy		VP Actuary	
	VP Claims VP HR and Administration		Camron Malik		VP IT	61 11 11 25
	VP Underwriting		Jennifer Taylor Armstrong	3 #	VP Communication	ns&Legislative Affairs
				· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·	
			 		· · · · · · · · · · · · · · · · · · ·	
	DI	RECTORS OR 1	TRUSTEES			
Blair E. Crossan	Joshua Fields		Tony Schrader		Michael Frank Ger	ik
	Georgia Rutherford Neblett		R. Scott Kesner		Chandra Womack	
Debbie King	-		· · · · · · · · · · · · · · · · · · ·			
			*	·	···	
		 -		······································		<u> </u>
						· · · · · · · · · · · · · · · · · · ·
State of Texas		*				
10,100						
County of Travis ss						
The officers of this reporting entity being duly sworn, each	ch depose and say that they ar	e the described officer	s of said reporting entity, a	and that on th	e reporting period stated above, a	III of the herein described
assets were the absolute property of the said reporting	entity, free and clear from any	liens or claims therec	on, except as herein stated	I, and that thi	is statement, together with related	exhibits, schedules and
explanations therein contained, annexed or referred to, is	a full and true statement of all	the assets and liabilitie	es and of the condition and	affairs of the	said reporting entity as of the repo	rting period stated above
and of its income and deductions therefrom for the period	l ended, and have been comple	eted in accordance with	the NAIC Annual Stateme	ent Instruction	is and Accounting Practices and P	rocedures manual except
to the extent that: (1) state law may differ; or, (2) that si knowledge and belief, respectively. Furthermore, the sco	ne of this attestation by the des	e unerences in report scribed officers also inc	ing not related to accountil	ng practices	and procedures, according to the	best of their information,
(except for formatting differences due to electronic filing)	of the enclosed statement. The	ed ctronic filing may b	e requested by various req	ulators in lieu	of or in addition to the enclosed s	tatement
	2		. 11			atomon.
	/ @	/ Ce 7		,		
(Signature)		(Signatur	e)		(Signature)	
John William Polak		Peter Harold	Gise			
(Printed Name)		(Printed Na 2.	me)		(Printed Nam	e)
General Manager		Chief Financial	Officer		3.	
(Title)		(Title)			(Title)	
		. 7			(11110)	
Subscribed and sworn to (or affirmed) before me this on the						
21st day of <u>Februars</u> , 2	2017, by					
(fr & - 1 -					in original filing?	[X]Yes []No
1)				b. If no:	State the amendment number Date filed	
					Number of pages attached	
AMY LOUISA BERG-	ERGUSON					
Netary Public, State My Commission	e of lexas Expires					
March 06, 2						
Annual Control of the					*	

ASSETS

			Current Year		Prior Year	
		1	2	3	4	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets	
1.	Bonds (Schedule D)					
2.	Stocks (Schedule D):					
	2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate (Schedule B):					
	3.1 First liens					
	3.2 Other than first liens					
4.	Real estate (Schedule A):					
	4.1 Properties occupied by the company (less \$ 0 encumbrances)					
	4.2 Properties held for the production of income (less \$ 0 encumbrances)					
_	4.3 Properties held for sale (less \$ 0 encumbrances)					
5.	Cash (\$ 467,792,573, Schedule E - Part 1), cash equivalents (\$ 476,641,574,		400 0-0	0=0=0004=	004.040.=44	
•	Schedule E - Part 2), and short-term investments (\$ 26,095,768, Schedule DA)	1,029,690,287	59,160,372	970,529,915	991,616,741	
	Contract loans (including \$ 0 premium notes)					
7.	Derivatives (Schedule DB)					
8. 9.	Other invested assets (Schedule BA) Receivables for securities					
9. 10.	Securities lending reinvested collateral assets (Schedule DL)					
11.	A consistency of the first form of a discount of the first of the firs					
	Aggregate write-ins for invested assets Subtotals, cash and invested assets (Lines 1 to 11)	1,029,690,287	59.160.372	970,529,915	991,616,741	
13.	Title plants less \$ 0 charged off (for Title insurers only)	1,029,090,207	39,100,572	370,529,915	391,010,741	
14.	In contrast to a	613,249		613,249	99,543	
	Premiums and considerations:	010,240		010,270		
10.	15.1 Uncollected premiums and agents' balances in the course of collection	313,901	109,507	204,394	228,148	
	15.2 Deferred premiums, agents' balances and installments booked but deferred			201,001		
	and not yet due (including \$ 0 earned but unbilled premiums)					
	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					
17.	Amounts receivable relating to uninsured plans					
18.1	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	3,527,929	3,527,929			
21.	Furniture and equipment, including health care delivery assets (\$ 0)	1,128,370	1,128,370			
22.	Net adjustment in assets and liabilities due to foreign exchange rates					
23.	Receivables from parent, subsidiaries and affiliates	1,260,559		1,260,559	1,054,610	
24.	Health care (\$ 0) and other amounts receivable					
25.	Aggregate write-ins for other-than-invested assets	448,084	348,301	99,783	94,819	
26.	Total assets excluding Separate Accounts, Segregated Accounts and	4 000 000 0=0	04.074.470	070 707 000	000 000 001	
07	Protected Cell Accounts (Lines 12 to 25)	1,036,982,379	64,274,479	972,707,900	993,093,861	
27. 28	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	1 036 000 270	64 274 470	072 707 000	003 003 064	
28.	Total (Lines 26 and 27)	1,036,982,379	64,274,479	972,707,900	993,093,861	

DETAILS OF WRITE-IN LINES				
1101.				
1102.				
1103.	NI			
1198. Summary of remaining write-ins for Line 11 from overflow page	N.L_			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid assets	236,420	236,420		
2502. Security deposit - lease	111,881	111,881		
2503. Accounts receivable write-in	99,783		99,783	94,819
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	448.084	348,301	99.783	94.819

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	43,248,596	61,066,377
2.	,	1	
3.			13,986,366
4.	Commissions payable, contingent commissions and other similar charges	4 040 475	4,932,525
5.	Other expenses (excluding taxes, licenses and fees)	4,210,175	4,200,368
6. 7.1	Taxes, licenses and fees (excluding federal and foreign income taxes) Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		1,954,041
7.2	Not deferred toy liability		
8.	Borrowed money \$ 458,400,000 and interest thereon \$ 18,252,000	476,652,000	519,344,000
9.			
	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)		246,828,924
	Advance premium	7,108,831	7,326,578
11. 	Dividends declared and unpaid:		
	11.1 Stockholders 11.2 Policyholders		
12.		07.400.077	26,038,730
13.		!	20,030,730
14.			
15.		0.044.050	6,184,337
16.			
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	• • • • • • • • • • • • • • • • • • • •		
20.			
21.			
22. 23.	Lish life, for any county hald any decomposition designs		
23. 24.	• • • • • • • • • • • • • • • • • • • •		
25.	Aggregate write-ins for liabilities	454 004 540	101,231,615
	riggregate write me for machines		
26.			
26. 27.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities		993,093,861
	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities		
27.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds	972,707,900	993,093,861
27. 28.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock	972,707,900	993,093,861
27. 28. 29. 30. 31.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock	972,707,900	993,093,861
27. 28. 29. 30. 31. 32.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds	972,707,900	993,093,861
27. 28. 29. 30. 31. 32.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus)	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost:	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0)	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3)	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3)	972,707,900	993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900 972,707,900 972,707,900 147,014,890	993,093,861 993,093,861 993,093,861 993,093,861
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622	993,093,861 993,093,861 993,093,861 993,093,861 4,262,518
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900 972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084
27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 993,093,861 4,262,518
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	972,707,900 972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2598. 2599.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) NONE Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202. 3203.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) NONE Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057
27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202.	Total liabilities excluding protected cell liabilities (Lines 1 through 25) Protected cell liabilities Total liabilities (Lines 26 and 27) Aggregate write-ins for special surplus funds Common capital stock Preferred capital stock Aggregate write-ins for other-than-special surplus funds Surplus notes Gross paid in and contributed surplus Unassigned funds (surplus) Less treasury stock, at cost: 36.1 0 shares common (value included in Line 30 \$ 0) 36.2 0 shares preferred (value included in Line 31 \$ 0) Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-IN LINES Statutory fund payable Pension benefits liability Escheat funds Summary of remaining write-ins for Line 25 from overflow page Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) NONE Summary of remaining write-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	972,707,900 972,707,900 972,707,900 147,014,890 4,342,622 1,778,755 1,685,279	993,093,861 993,093,861 993,093,861 993,093,861 92,712,956 4,262,518 2,539,084 1,717,057

STATEMENT OF INCOME

		1	2
		Current Year	Prior Year
	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	370,404,145	377,594,383
2.	Losses incurred (Part 2, Line 35, Column 7)	18,968,895	136,494,508
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	19,656,030	42,391,266
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	109,755,951	114,972,763
5.	Aggregate write-ins for underwriting deductions	147,014,890	92,712,956
6.	Total underwriting deductions (Lines 2 through 5)	295,395,766	386,571,493
7.	Net income of protected cells		/2 2== //2
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) INVESTMENT INCOME	75,008,379	(8,977,110)
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	(34,620,236)	(37,754,478)
10.	Net realized capital gains (losses) less capital gains tax of \$ 0 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	(34,620,236)	(37,754,478)
	OTHER INCOME		,
12	Net gain or (loss) from agents' or premium balances charged off (amount recovered	-	
12.			
13	\$ 0 amount charged off \$ 0) Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income		3,888
	Total other income (Lines 12 through 14)	66.010	3,888
	Net income before dividends to policyholders, after capital gains tax and before all other		,
	federal and foreign income taxes (Lines 8 + 11 + 15)	40,455,062	(46,727,700)
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before	40.4== 000	(40 -000)
40	all other federal and foreign income taxes (Line 16 minus Line 17)	40,455,062	(46,727,700)
19. 20.	Federal and foreign income taxes incurred Net income (Line 18 minus Line 19) (to Line 22)	40,455,062	(7,828,675)
20.	CAPITAL AND SURPLUS ACCOUNT	40,433,002	(30,099,023)
04		-	
21. 22.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) Net income (from Line 20)	40.455.062	(38,899,025)
23.	Not transfers (to) from Distorted Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$ 0		
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(40,374,958)	39,446,750
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		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in 32.2 Transferred from surplus (Stock Dividend)		
33.	32.3 Transferred to surplus Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	(00.404)	/- !
37.	Aggregate write-ins for gains and losses in surplus Chappe in surplus as execute policy believe for the user (Lines 22 through 27)	(80,104)	(547,725)
38. 39.	Change in surplus as regards policyholders for the year (Lines 22 through 37) Surplus as regards policyholders, December 31 current year (Lines 21 plus Line 38) (Page 3, Line 37)		
JJ.	outplus as regards policytioliders, December 51 current year (Lines 21 plus Line 30) (Fage 3, Line 31)		

	DETAILS OF WRITE-IN LINES		
0501.	Statutory fund expense	147,014,890	92,712,956
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)	147,014,890	92,712,956
1401.	Other income (loss)	66,919	3,888
1402.	Sales tax refund		
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	66,919	3,888
3701.	Pension unassigned funds - unrecognized losses	(80,104)	(547,725)
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)	(80,104)	(547,725)

CASH FLOW

		1	2
	Cash from Operations	Current Year	Prior Year
1.	Premiums collected net of reinsurance	362,587,617	379,328,516
2.	Net investment income	1	(37,895,090
3.			3,888
4.			341,437,314
5.	Benefit and loss related payments	36,786,677	134,184,26
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	, , , , , , , , , , , , , , , , , , , ,	226,492,609	417,775,602
8.	Dividends paid to policyholders		
9.			(61,059,21
10.	Total (Lines 5 through 9)	263,279,286	490,900,65
11.	Net cash from operations (Line 4 minus Line 10)	62,934,874	(149,463,33
	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		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
	Cash from Financing and Miscellaneous Sources		
16	Cash provided (applied):		
	16.1 Surplus notes capital notes		
	16.2 Capital and paid in curplus, loss traceury stock		
	40.2 Paramed finds	(42,692,000)	9,564,533
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	ACE District to the Health in		
	4C.C. Other and annidad (annidad)	(41,329,700)	(13,842,18
17	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5	(41,020,100)	(10,042,10
17.	1 - 1 - 40 0	(84,021,700)	(4,277,654
		(5.,52.,100)	(., , ,,00
10	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(04.006.006)	(450 740 00
18.	7	(21,086,826)	(153,740,99
19.		001 010 711	4 445 057 50
	19.1 Beginning of year	991,616,741	1,145,357,732
	19.2 End of year (Line 18 plus Line 19.1)	970,529,915	991,616,74

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1 – PREMIUMS EARNED

		1	2	3	4
			Unearned	Unearned	
		Net	Premiums Dec. 31	Premiums Dec. 31	Premiums
		Premiums	Prior Year-	Current Year-	Earned
		Written per	per Col. 3,	per Col. 5	During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
		,			,
1	Fire				
	Allied lines	361,300,741	246,828,924	237,725,520	370,404,145
	Farmowners multiple peril				
	Homeowners multiple peril				
	Commercial multiple peril				
	Mortgage guaranty				
8.	Ocean marine				
	Inland marine				
	Financial guaranty				
11.1	Medical professional liability—occurrence				
11.2	Medical professional liability—claims-made				
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
	(group and individual)				
15.	Other accident and health				
	Workers' compensation				
	Other liability—occurrence				
	Other liability—claims-made				
	Excess workers' compensation				
	Products liability—occurrence				
	Products liability—claims-made				
	Private passenger auto liability Commercial auto liability				
	. Auto physical damage				
	Aircraft (all perils)				
	Fidelity				
	Surety				
	Burglary and theft				
	Boiler and machinery				
	Credit				
	International				
	Warranty				
31.	Reinsurance-nonproportional				
	assumed property				
32.	Reinsurance-nonproportional				
	assumed liability				
33.	Reinsurance-nonproportional				
	assumed financial lines				
34.	Aggregate write-ins for other lines				
	of business				
35.	TOTALS	361,300,741	246,828,924	237,725,520	370,404,145

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

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

		1	2	3	4	5
	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned but Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1	Fire					
1	Allied lines	237,725,520				237,725,520
i	Farmowners multiple peril					
	Homeowners multiple peril					
	Commercial multiple next					
	Mortgage guaranty					
	Occan marina					
-	Inland marina					
	Financial guarante					
	Financial guaranty Medical professional liability—occurrence					
l						
	Medical professional liablity—claims-made					
I	Earthquake					
	Group accident and health					
14.	Credit accident and health					
	(group and individual)					
i	Other accident and health					
16.	Workers' compensation					
17.1	Other liability—occurrence					
17.2	Other liability—claims-made					
17.3	Excess workers' compensation					
18.1	Products liability—occurrence					
18.2	Products liability—claims-made					
19.1,19.2	Private passenger auto liability					
19.3,19.4	Commercial auto liability					
	Auto physical damage					
22.	Aircraft (all perils)					
	Fidelity					
	Surety					
26.	Burglary and theft					
	Boiler and machinery					
	Credit					
	International					
	Warranty					
	Reinsurance-nonproportional					
	assumed property					
32	Reinsurance-nonproportional					
02.	accumed liability					
33	Reinsurance-nonproportional					
JJ.	assumed financial lines					
24						
34.	Aggregate write-ins for other lines					
25	of business	237,725,520				007 705 500
-	TOTALS					237,725,520
	Accrued retrospective premiums based on exp					
						007 705 500
38.	Balance (Sum of Lines 35 through 37)					237,725,520

	DETAILS OF WRITE-IN LINES			
3401. 3402.				
3403.		 NON	· · · · · · · · · · · · · · · · · · ·	
3498.	Sum of remaining write-ins for	11011		
	Sum of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403			
	plus 3498) (Line 34 above)			

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 1B – PREMIUMS WRITTEN

		1	Reinsurand	e Assumed	Reinsurar	nce Ceded	6
			2	3	4	5	Net Premiums
		Direct	_	From		То	Written
		Business	From	Non-	То	Non-	Cols. 1 + 2 + 3 -
	Line of Business	(a)	Affiliates	Affiliates	Affiliates	Affiliates	4 - 5
1	Fire						
	Allied lines	487,353,537				126,052,796	361,300,741
3.	Farmowners multiple peril						
	Homeowners multiple peril						
	Commercial multiple peril						
	Mortgage guaranty						
	Ocean marine						
	Inland marine						
10.	Financial guaranty						
	Medical professional liabilityoccurrence						
	Medical professional liabilityclaims-made						
	Earthquake						
	Group accident and health						
	Credit accident and health						
	(group and individual)						
15	Other accident and health						
	Warkers! companyation						
	Other liability—occurrence						
	Other liability—claims-made						
	Excess workers' compensation						
	Decid of Palatte						
	D 1 (P 129)						
	Drivate passanger outs liability						
	Commercial auto liability						
	Auto physical damage						
	Aircraft (all perils)						
	Fidelity						
24.	Surety						
	Burglary and theft						
	Boiler and machinery						
	Credit						
	International						
	Warranty						
31.	Reinsurance-nonproportional	V V V					
20	assumed property	X X X					
32.	Reinsurance-nonproportional	V V V					
20	assumed liability	X X X					
33.	Reinsurance-nonproportional	V V V					
	assumed financial lines	XXX					
34.	Aggregate write-ins for other lines						
-	of business	407.070.77				100 0=0 ===	004.000 = ::
35.	TOTALS	487,353,537				126,052,796	361,300,741

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

(a)	Does the company's direct premiums written include premiums recorded on an installment basis?	Yes[] No[X]	
	If yes: 1. The amount of such installment premiums \$0		
	2. Amount at which such installment premiums would have been reported had they been reco	rded on an annualized basis \$	0

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 – LOSSES PAID AND INCURRED

		Losses Paid	Less Salvage		5	6	7	8
Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1. Fire								
2. Allied lines	36,786,677			36,786,677	43,248,596	61,066,377	18,968,896	5.12
Farmowners multiple peril					[
Homeowners multiple peril					[
Commercial multiple peril					[· · · · · · · · · · · · · · · · · · ·			
6. Mortgage guaranty					[· · · · · · · · · · · · · · · · · · ·			
8. Ocean marine					[· · · · · · · · · · · · · · · · · · ·			
9. Inland marine								
10. Financial guaranty								
11.1 Medical professional liability—occurrence					1			
11.2 Medical professional liability—claims-made								
12. Earthquake					1			
13. Group accident and health								
14. Credit accident and health (group and individual)								
15. Other accident and health								
16. Workers' compensation								
17.1 Other liability—occurrence								
17.2 Other liability—claims-made								
17.3 Excess workers' compensation								
18.1 Products liability—occurrence								
18.2 Products liability—claims-made								
9.1,19.2 Private passenger auto liability								
9.1,19.2 Private passeriger auto liability								
9.3,19.4 Commercial auto liability								
21. Auto physical damage								
22. Aircraft (all perils)								
23. Fidelity								
24. Surety								
26. Burglary and theft								
27. Boiler and machinery								
28. Credit								
29. International								
30. Warranty								
31. Reinsurance-nonproportional assumed property	XXX							
32. Reinsurance-nonproportional assumed liability	XXX							
33. Reinsurance-nonproportional assumed financial lines	XXX							
34. Aggregate write-ins for other lines of business								
35. TOTALS	36,786,677			36,786,677	43,248,596	61,066,377	18,968,896	5.12
DETAILS OF WRITE-IN LINES								
DETAILS OF WATE-IN LINES					1			

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

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

		Reporte	d Losses			Incurred But Not Reported		8	9
	1	2	3	4	5	6	7		
Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
Fire Allied lines Farmowners multiple peril	6,746,404		29,000	6,717,404	36,537,188		5,997	43,248,595	10,209,966
4. Homeowners multiple peril									
5. Commercial multiple peril									
Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty 11.1 Medical professional liablity—occurrence									
11.2 Medical professional liability—claims-made									
12. Earthquake									
13. Group accident and health								(a)	
14. Credit accident and health (group and individual)									
15. Other accident and health								(a)	
Workers' compensation 17.1 Other liability—occurrence									
17.2 Other liability—claims-made									
17.3 Excess workers' compensation									
18.1 Products liability—occurrence									
18.2 Products liability—claims-made									
19.1,19.2 Private passenger auto liability									
19.3,19.4 Commercial auto liability 21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery 28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property	XXX				XXX				
32. Reinsurance-nonproportional assumed liability	XXX				XXX				
33. Reinsurance-nonproportional assumed financial lines	XXX				XXX				
34. Aggregate write-ins for other lines of business 35. TOTALS	6,746,404		29,000	6,717,404	36,537,188		5,997	43,248,595	10,209,96
33. TOTALS	0,740,404		29,000	0,717,404	30,337,100		3,331	40,240,333	10,209,900
DETAILS OF WRITE-IN LINES								,	
2401	+							1	

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

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - EXPENSES

		1	2	3	4
		Loss Adjustment	Other Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:	0.754.000			0.754.000
	1.1 Direct	9,754,203			9,754,203
	1.2 Reinsurance assumed	0.707			0.707
	1.3 Reinsurance ceded	8,797			8,797
2	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) Commission and brokerage:	9,745,406			9,745,406
2.	•		77.000.700		77 000 700
	2.1 Direct, excluding contingent		77,986,786		77,986,786
	2.2 Reinsurance assumed, excluding contingent				2.076.264
	2.3 Reinsurance ceded, excluding contingent				3,976,361
	2.4 Contingent—direct				
	2.6 Contingent—reinsurance ceded 2.7 Policy and membership fees				
	2.7 Policy and membership fees 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 +				
			74.010.425		74.010.405
2			74,010,425		74,010,425
	Allowances to manager and agents		00.054		60 051
	Advertising				68,951
Э. С	Boards, bureaus and associations		201,821		201,821
	Surveys and underwriting reports		2,010,926		2,010,926
	Audit of assureds' records				
8.	Salary and related items:	4,000,444	0.400.000		44,000,507
	8.1 Salaries	4,990,444	9,408,063		14,398,507
^	8.2 Payroll taxes	158,122	632,486		790,608
	Employee relations and welfare		3,274,672		4,040,084
	Insurance	62,892	251,568		314,460
11.	Directors' fees	45 400	200.000		050 440
	Travel and travel items	45,422	206,988		252,410
	Rent and rent items	905,430	1,725,904		2,631,334
	Equipment	234,031	652,300		886,331
	Cost or depreciation of EDP equipment and software	04.004	2,729,598		2,729,598
	Printing and stationery	84,261	262,034		346,295
	Postage, telephone and telegraph, exchange and express	315,578	1,234,769		1,550,347
	Legal and auditing	274,316	689,326		963,642
	Totals (Lines 3 to 18)	7,835,908	23,349,406		31,185,314
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty		0.500.444		0.500.444
	association credits of \$ 0		9,586,141		9,586,141
	20.2 Insurance department licenses and fees				
			40.455		40.455
	20.4 All other (excluding federal and foreign income and real estate)		40,455		40,455
04	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		9,626,596		9,626,596
	Real estate expenses				
	Real estate taxes				
	Reimbursements by uninsured plans		0.760.602	200 700	
	Aggregate write-ins for miscellaneous expenses	2,074,715	2,769,523		5,147,007
25.		19,656,029	109,755,950		
	Less unpaid expenses—current year	10,209,966	10,281,229	199,434	20,690,629
	Add unpaid expenses—prior year	13,986,366	11,086,935	15,000	25,088,301
	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, current year	22 422 420	440 504 050	140 225	124 110 420
<i>3</i> 0.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	23,432,429	110,561,656	118,335	134,112,420

DETAILS OF WRITE-IN LINES				
2401. IT Expenses less Capitalization of Hardware & Software	2,074,715	2,648,074		4,722,789
2402. Bond Issuance Expense			302,769	302,769
2403. HB3 Ombudsman Program		116,186		116,186
2498. Sum of remaining write-ins for Line 24 from overflow page		5,263		5,263
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	2.074.715	2.769.523	302.769	5.147.007

⁽a) Includes management fees of \$ 0 to affiliates and \$ (10,533,789) to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		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) (d)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 2,764,827	3,278,533
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	2,764,827	3,278,533
11.	Investment expenses		(g) 302,769
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).
13.	Interest expense		(h) 37,596,000
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		l
16.	Total deductions (Lines 11 through 15)		37,898,769
17.	Net investment income (Line 10 minus Line 16)		(34,620,236
	DETAILS OF WRITE-IN LINES		

	DETAILS OF WRITE-IN LINES	
0901.	NAME	
0902.	NIC) NI II	
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	luding federal income taxes,
	attributable to segregate	d and Separate Accounts.		
(h)	Includes \$	0 interest on surplus notes and \$	0 interest on capital notes.	
(i)	Includes \$	0 depreciation on real estate and \$	0 depreciation on other invested asse	ets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

	DETAILS OF WRITE-IN LINES			
0901.				
0902.				
0903.		N	 	
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 lines			
	3.2 Other than first lines			
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)	59,160,372	15,091,697	(44,068,675)
	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)		15,091,697	(44,068,675)
	Title plants (for Title insurers only)			
	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	109,507	132,129	22,622
	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			
4=	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	1	6 207 479	2 670 540
20.	Electronic data processing equipment and software	4 400 070	6,207,478	2,679,549
21.	Furniture and equipment, including health care delivery assets Net adjustment in assets and liabilities due to foreign exchange rates.		1,355,358	226,988
22. 23.	Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates			
23. 24.	Health care and other amounts receivable			
24. 25.	Aggregate units in far ather then invested agests	348,300	1,112,860	764,560
	Total assets excluding Separate Accounts, Segregated Accounts and	340,300	1,112,000	704,500
20.	Protected Cell Accounts (Lines 12 to 25)	64,274,478	23,899,522	(40 374 056)
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	04,214,410	70,099,022	(40,374,956)
28.	Total (Lines 26 and 27)	64,274,478	23,899,522	(40,374,956)
	TOTAL LETTOO EO GITO ET)	. 04,214,410	20,000,022	(40,074,300)

DETAILS OF WRITE-IN LINES			
1101.			
1102.]		
1103. N()N]		
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid Expense	236,419	1,000,979	764,560
2502. Lease Security Deposit	111,881	111,881	
2503.]		
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	348.300	1.112.860	764.560

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Texas Windstorm Insurance Association (TWIA) have been prepared on the basis of accounting practices or permitted by the Department of Insurance of the State of Texas (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' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Texas Department of Insurance.

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

Description	SSAP #	F/S Page	F/S Line #	2016		2015
 Net income, TX basis Effect of TX prescribed practices Effect of TX permitted practices 	XXX	XXX	XXX	\$ 40,455,062	(\$	38,899,025)
4. Net income, NAIC SAP basis	XXX	XXX	XXX	\$ 40,455,062	(\$	38,899,025)

Description	SSAP #	F/S Page	F/S Line #	2016	2015
5. Policyholders' surplus, TX basis6. Effect of TX prescribed practices7. Effect of TX permitted practices	XXX 20	XXX 2	XXX 5	\$ - (476,641,574)	\$ - (519,341,179)
8. Policyholders' surplus, NAIC SAP basis	XXX	XXX	XXX	(\$ 476,641,574)	(\$ 519,341,179)

TDI has approved the permitted practice to allow TWIA to admit the following restricted assets associated with the issuance of Series 2014 Pre-Event Class 1 Revenue Bonds ("Series 2014 bonds") as of December 31, 2016 (see Debt footnote):

- \$445,390,169 held in the program fund.
- \$90,411,777 held in the obligation revenue fund for repayment of the Series 2014 bonds.
- (\$59,160,372) related to the amount of assets in excess of bond liabilities.

The restrictions are primarily due to debt service reserves and use of proceeds only when a large hurricane event occurs

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 notes. Actual results could differ from these estimates.

C. Accounting Policy

All policies issued by the Association have a maximum term of one year from date of issuance. Premiums earned are taken into income over the periods covered by the policies whereas the related acquisition costs are expensed when incurred. Unearned premiums, net of deductions for reinsurance, are computed on a pro-rata basis over the term of the policies.

In addition, the company uses the following accounting policy:

- 1. Loss and loss adjustment expense reserves are based upon claim estimates for (1) losses for cases 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 liability 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.
- 2. 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.
- 3. Reverse repurchase agreements are recorded in cash equivalents of the repurchase date is less than 90 day. Reverse repurchase agreements represent the purchase of a security with an agreement to resell.

D. Going Concern

Management has evaluated the Association's ability to continue as a going concern. There is no substantial doubt for the Association to continue as a going concern.

Note 2 – Accounting Changes and Correction of Errors

A. Material Changes in Accounting Principal

The Association prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Texas. Effective January 1, 2001, the State of Texas required that insurance companies domiciled in the State of Texas prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures* manual subject to any deviations prescribed or permitted by the State of Texas insurance commissioner.

B. Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

A. Not applicable

Note 4 – Discontinued Operations

A. Not applicable

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

- E. Repurchase Agreements and/or Securities Lending Transactions
 - 1. The Association invests in overnight reverse repurchase agreements with the Texas Treasury Safekeeping Trust Company (TTSTC). These invested funds were received during the issuance of bonds during 2014 and include debt service payments. The funds are held at the TTSTC to be used for debt service and for use when a catastrophic event occurs. See note 1 and note 11. The collateral required requires at least 100% for Treasuries; 101% for Agencies and US Instrumentalities and 102% for mortgage-backed securities. The fair value of reverse repurchase agreements was \$535,801,946 and \$534,432,876 at December 31, 2016 and 2015, respectively.

Fair Value

- 2. The Association has not pledged any of its assets as collateral as of December 31, 2016.
- 3. A. Collateral Received

1. Repurchase Agreement	
(a) Open	\$ -
(b) 30 Days or Less	535,801,946
(c) 31 to 60 Days	-
(d) 61 to 90 Days	-
(e) Greater Than 90 Days	=
(f) Sub-Total	-
(g) Securities Received	
(h) Total Collateral Received	\$535,801,946

- 2. Securities Lending
- 3. Dollar Repurchase

(a) Open	\$ -
(b) 30 Days or Less	_
(c) 31 to 60 Days	-
(d) 61 to 90 Days	-
(e) Greater Than 90 Days	-
(f) Sub-Total	-
(g) Securities Received	
(h) Total Collateral	\$ -

- B. The aggregate fair value of all securities acquired was \$535,801,946.
- C. The securities received are held in cash equivalents.
- 4. The Association had no security lending transactions as of December 31, 2016 or 2015.
- 5. Collateral Reinvestment

None

- 6. The Association invests in overnight repurchase agreements. In the event of default, the Association would redeem collateral as needed.
- 7. Securities Lending Transactions greater than one year.

None

F. Real Estate

None

G. Investment in Low-Income Housing Tax Credits

None

H. Restricted Assets

1. Restricted assets (including pledged) summarized by restricted asset category. Assets restricted below are held by the Texas Treasury Safekeeping Trust Company and are restricted for use for debt service reserves and for when a catastrophic event occurs. See note 1 and note 11. These assets are invested in overnight reverse repurchase agreements. The Association also holds minimum maturity time deposits which have withdrawal provisions in that notice to withdrawal is given in advance of availability which is generally 90 days or less.

	Gross (Adı	nitted & Nonadr	nitted) Restrict		Curren	t Year					
	Current Year									Perce	entage
	1	2	3	4	5	6	7	8	9	10	11
Restricted Asset Category	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase / (Decrease) (5 minus 6)	Total Non-admit ted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non- admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. to c. None d. Subject to reverse repurchase e. to m. None	535,801,946				535,801,946	534,432,876	1,369,070	59,160,372	476,641,574	51.67%	49.00%
n. Other restricted assets	90,424,866				90,424,866	60,870,112	29,554,754	-	90,424,866	8.72%	9.30%
o. Total restricted assets	626,226,812				626,226,812	595,302,988	30,923,824	59,160,372	567,066,440	60.39%	58.30%

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

None

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

	Gross (Adr	nitted & Nonad			Percentage					
			Current Year							
	1	2	3	4	5	6	7	8	9	10
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase / (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Non- admitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Minimum Maturity Time Deposits	90,424,866				90,424,866	60,870,112	29,554,754	90,424,866	8.72%	9.30%
Total other restricted assets	90,424,866				90,424,866	60,870,112	29,554,754	90,424,866	8.72%	9.30%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Total Line for Columns 1 through 7 should equal 5H(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5H(1)n Columns 9 through 11 respectively
- 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

L. 5* Securities

None

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. Not applicable

Note 7 – Investment Income

A. There was no due and accrued income excluded from surplus.

Note 8 – Derivative Instruments

A. Not applicable

Note 9 - Income Taxes

In 2010, Texas Windstorm Insurance Association ("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 filed amended returns with the Internal Revenue Service for open years based upon the Private Letter Ruling excluding from gross income the income derived from an essential governmental function. During September 2015, TWIA received a final federal tax refund in the amount of \$61,059,212.41. As of September 30, 2015, the recoverable, liabilities and non-admitted assets was reduced to \$0. Due to the actual refund being greater than the original estimate recorded at December 31, 2014, \$7,828,675 has been recognized in the Federal and foreign income taxes incurred within the Statement of Income.

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 Commissioner of Insurance in Texas enacted Article 21.49A of the Texas Insurance Code implementing the Texas FAIR Plan Association. The Commissioner instructed the Texas Windstorm Insurance Association to manage the FAIR Plan.

B. Detail of Transactions Greater than ½% of Admitted Assets

None

C. Change in Terms of Intercompany Arrangements

None

D. Amounts Due to or from Related Parties

During 2016 and 2015 the Association paid expenses for the Texas FAIR Plan Association ("the Plan") under its management contract and was reimbursed \$10,533,789 and \$9,505,904, respectively. As of December 31, 2016 and 2015, the Association incurred or paid expenses for which it has not been reimbursed of \$1,260,559 and \$1,054,610, respectively, on behalf of the Plan. These amounts are

recognized in the statutory statements of admitted assets, liabilities, surplus and other funds as a receivable from Texas FAIR Plan Association. This arrangement is subject to a written agreement which requires that balances be settled within 30 days.

E. Guarantees or Undertakings for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

During 2002, the Association entered into a service contract with the Texas Fair Plan Association (the "Plan") 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.

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 Great than 10% of Admitted Assets

Not applicable

J. Write-downs for Impairment of Investments in Affiliates

Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company valued Using Look-Through method

Not applicable

M. All SCA Investments

Not applicable

N. Investment in Insurance SCAs

Not applicable

Note 11 – Debt

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

The secured Bonds were issued on September 30, 2014 for \$500,000,000 of which \$458,400,000 and \$500,000,000 was outstanding as of December 31, 2016 and 2015, respectively. The bonds mature July 1, 2024 and can be called by the Seller beginning January 1, 2020. The Bonds bear interest from 5.25% to 8.25% with an effective interest rate of 8.03%. Interest is payable semi-annually on January 1 and July 1 with the first payment made January 1, 2015. The Bonds are secured by TWIA's net premium and other revenue which is used to fund the Debt Service and related accounts held by the Texas Treasury Safekeeping Trust Company.

There are various general and special covenants. The primary covenant, which exists as long as there are outstanding Class 1 Public Securities and Administrative Expenses are incurred, states that TWIA will take actions that produce Projected Net Coverage Revenues in an amount not less than 1.25 times the Obligations due in the next calendar year and 1.25 times the estimated amount of Administrative Expenses due in the next calendar year. Another covenant, which exists as long as the Bonds are outstanding, states that TWIA will maintain the Operating bank account subject to a deposit account control agreement to maintain a perfected security interest in the Net Premiums and Other Revenue held for the benefit of the Bondholders. The deposit

account control agreement is activated upon default of the debt covenants. As of both December 31, 2016 and 2015, TWIA is not in violation of these or any of the other various covenants.

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

The Bonds are also subject to optional redemption prior to maturity on or after July 1, 2019, in whole or in part, at a redemption price equal to the principal amount of Bonds to be redeemed plus accrued interest to the date of redemption.

At December 31, 2016 and 2015, the notes had no unamortized premium or discount. Bond issuance costs are expensed as incurred.

Interest expense incurred is recorded as an investment expense and was \$37,596,000 and \$38,688,000 for the years ended December 31, 2016 and 2015, respectively. Interest expense of \$38,688,000 and \$29,123,467 was paid for the years ended December 31, 2016 and 2015, respectively.

Changes in bonds payable for the period ending December 31, 2016:

Description	Bonds Outstanding December 31, 2015	Bonds Issued		Bonds Matured	Bonds Outstanding December 31, 2016
Taxable					
Series 2014	\$ 500,000,000	\$. \$	41,600,000	\$ 458,400,000

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

Year	Amount
2017	\$ 43,800,000
2018	46,100,000
2019	49,900,000
2020	54,000,000
2021	58,500,000
Thereafter	206,100,000
On Demand	-
Total	\$ 458,400,000

B. Funding Agreements with Federal Home Loan Bank (FHLB)

Not applicable

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

A. Defined Benefit Plan

The Association has a defined pension benefit plan, which covers employees from their date of hire, if the employee is 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 complies with the minimum funding provisions of the Employee Retirement Income Security Act. Such contributions are included in general expenses. As of December 31, 2016, 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, 2016 and 2015:

1.	Change	in	benefit	obligation:
----	--------	----	---------	-------------

		<u>Under</u> 1	
		<u>2016</u>	
	Benefit obligation at beginning of year	\$ 17,463,952	
	Service cost	1,416,848	1,308,992
	Interest cost	777,793	676,518
	Contribution by plan participants	450.525	(602.460)
	Actuarial loss/(gain)	470,537	(603,468)
	Foreign currency exchange rate changes	(710.001)	(427,460)
	Benefits paid	(510,991)	(427,460)
	Plan Amendments	-	488,742
	Business combinations, divestitures,		
	curtailments, settlements and special termination benefits		
_	Benefit obligation at end of year	\$ 10.619.120	\$ 17,463,952
	Beliefit obligation at end of year	\$ 19,010,139	\$ 17,403,932
2.	Change in Pension plan assets:		
۷.	Change in Tension plan assets.	2016	2015
	Fair value of plan assets at beginning of year	\$ 11.403.161	2015 \$ 11,087,637
	Actual return/(loss) on plan assets	795 118	(187,904)
	Foreign currency exchange rate changes	775,116	(107,704)
	Employer contributions	1 023 972	930,888
	Plan participants' contributions	1,023,772	,50,000
	Benefits paid	(510 991)	(427,460)
	Business combinations, divestitures and settlements		(427,400)
	Fair value of plan assets at end of year	\$ 12,711,260	
	Tan value of plan abboto at old of year	Ψ 12,711,200	Ψ 11,105,101
3.	Funded status:		
		<u>2016</u>	<u>2015</u>
	Assets (nonadmitted)		
	Prepaid benefit costs	\$ -	\$ -
	Overfunded plan assets	-	_
	Total assets (nonadmitted)		
	` '		
	Liabilities recognized		
	Accrued benefit costs	2,564,257	1,798,273
	Liability for pension benefits	4,342,622	4,262,518
	Total liabilities recognized	6,906,879	6,060,791
	Unrecognized liabilities as a component of net periodic benefit		
	cost	-	- (0.00.501)
	Funded Status	(\$6,906,879)	(\$6,060,791)
4	Commonants of not naviadia hanafit agets:		
4.	Components of net periodic benefit costs:	2016	2015
	Service cost	2016 \$ 1,416,848	2015 \$ 1,308,992
	Interest cost	777,793	676,518
	Expected return on plan assets	(638,184)	(681,234)
	Transition asset or obligation	(036,164)	(001,234)
	(Gains) and losses amortization	189,140	206,687
	Prior service cost or (credit)	44,359	200,087
	(Gain) or loss recognized due to settlement or curtailment	-	_
	Total net periodic benefit cost	\$ 1,789,956	\$ 1,510,963
	Town net periodic benefit cost	\$ 1,700,000	ψ 1,510,705
5.	Amounts in unassigned funds (surplus) recognized as components of		
٠.	net periodic benefit cost		
	F	<u>2016</u>	<u> 2015</u>
	Items not yet recognized as a component of net periodic cost -	\$ 4,262,518	\$
	prior year	, , , , , ,	3,714,793
	Net transition asset or obligation recognized	-	-
	Net prior service cost or (credit) arising during the period	-	488,742
	Net prior service cost or (credit) recognized	(44,359)	-
	Net (gain) and loss arising during the period	313,603	265,670
	Net loss/(gain) recognized	(189,140)	(206,687)
	Items not yet recognized as a component of net periodic cost –	\$ 4,342,622	\$ 4,262,518
	current year	, , ,- <u>-</u>	, , , , , , , , , , , , , , , , , , ,

6. Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost:

 Net transition asset or obligation
 2016
 2015

 Net prior service cost or (credit)
 \$

 Net recognized (gains) and losses
 179,083
 184,006

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

Net transition asset or obligation \$ - \$ - Net prior service cost or (credit) 444,383 488,742 Net recognized (gains) and losses 3,898,239 3,773,776

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

	<u>2016</u>	<u> 2015</u>
Weighted-average discount rate	4.50%	4.25%
Expected long-term rate of return on plan assets	5.50%	6.00%
Rate of compensation increase	2.50%	2.50%
Weighted-average assumptions used to determine projected benefit obligations as of December 31:		
Weighted-average discount rate	4.25%	4.50%
Rate of compensation increase	2.50%	2.50%

- 9. The amount of accumulated benefit obligation for defined benefit pension plans was \$17,547,130 for the current year and \$15,806,325 for the prior year.
- 10-11. Postretirement Benefits or Special or Contractual Benefits Per SSAP No. 11:

Not applicable

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

Years	<u>Amount</u>		
2017	\$	540,883	
2018		594,033	
2019		653,780	
2020		698,797	
2021		766,997	
2022 through 2026	\$ 5	5,049,741	

- 13. The Company expects to contribute \$1,593,998 during 2017.
- B. Description of Investment Policies

The investment policy is 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)	(Le	vel 3)	Total
Cash	\$ -	\$ 60,887	\$	-	\$ 60,887
Small Cap Equity	609,555	-		-	609,555
Large Cap Equity	3,243,851	-		-	3,243,851
Mid Cap Equity	1,075,020	-		-	1,075,020
International Equity	-	1,497,532		-	1,497,532
Fixed Income	-	6,218,760		-	6,218,760
Limited Partnerships	-	-		5,655	5,655
Total Plan Assets	\$ 4.928.426	\$ 7,777,179	\$	5.655	\$ 12.711.260

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

Description for	Beginning			Trans	fers	Ret	urn on	Return	on									Ending
each class of	Balance at	Trans	sfers	out	of	A	ssets	Asset	ts									Balance at
plan assets	1/1/2016	into L	evel 3	Leve	13	Stil	l Held	Solo	l	Purcha	ases	Issuar	ices	Sale	S	Settlen	nents	12/31/2016
Ltd. Partnerships	\$ 5,288	\$	-	\$	-	\$	367	\$	-	\$	-	\$	-	\$	-	\$	-	\$ 5,655
Other	-		-		-		-		-		-		-		-		-	-
Total Plan Assets	\$ 5.288	S		\$		\$	367	\$		\$		\$		\$		\$		\$ 5,655

D. Rate of Return Assumptions

The plan seeks to be diversified while trying to maximize investment return.

E. Defined Contribution Plan

The Association has a defined contribution 401(k) plan available to eligible employees after 6 months of employment. The Association contributed approximately \$673,000 and \$666,000 for fiscal years ending December 31, 2016 and 2015, 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

Not applicable

Note 14 – Contingencies

A. Capital Commitments

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

B. Assessments

Not applicable

C. Gain Contingencies

Not applicable

D. Extra Contractual Obligation and Bad Faith Losses

None

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 activities. Management believes that any liability that may ultimately result from the resolution of these matters in excess of the amounts provided will not have a material adverse effect on the financial position of the Association. These matters are subject to various uncertainties, and some of these matters may be resolved unfavorably to the Association.

Note 15 – Leases

A. Lessee Leasing Arrangements

1. The Association leases office space under a non-cancelable operating lease agreement that expires in 2022. Rental expense for the current year and the prior year was approximately \$1,413,000 and \$1,386,000, respectively.

2. Future minimum rental payments are as follows:

<u>Years</u>	<u>Amount</u>
2017	\$ 956,727
2018	983,052
2019	1,009,377
2020	1,035,702
2021	1,062,027
<u>Thereafter</u>	1,088,352
Total	\$ 6,135,237

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 assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy. Cash, cash equivalents and short-term investments are the only financial instruments held by the Association in which carrying value and fair value are the same.

Type or Class of Financial	<u>Aggregate Fair</u>	<u>Admitted</u>	<u>Level 1</u>	Level 2	Level 3	
Instrument	<u>Value</u>	Assets				
Cash, cash equivalents and						
short-term investments	\$1,029,690,287	\$970,529,915	\$1,029,690,287	\$ -	\$ -	

D. Items for which Not Practicable to Estimate Fair Values

Not applicable

Note 21 – Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

None

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

The Association has ceded risks to a reinsurer during 2016 and 2015 who in-turn issued Catastrophe Bonds ("CAT Bonds"). Funds from the issuance of the CAT Bonds are held in trust. Certain events can bring rise to the Association to recover on ceded losses.

Management of Risk Related To:	Number of Outstanding Contracts	Aggregate Maximum Proceeds
(1) Directly Written Insurance Risks		
a. ILS Contracts as Issuer	-	-
b. ILS Contracts as Ceding Insurer	2	\$1,100,000,000
c. ILS Contracts as Counterparty	-	-
(2) Assumed Insurance Risks		
a. ILS Contracts as Issuer	-	-
b. ILS Contracts as Ceding Insurer	-	-
c. ILS Contracts as Counterparty	_	=

Note 22 - Events Subsequent

The Association has evaluated subsequent events occurring after December 31, 2016, the date of the most recent balance sheet, through February 24, 2017, the date the annual statement was issued. The Association does not believe any subsequent events have occurred that would require further disclosure or adjustment to the statutory financial statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

The Association does not have an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.

I	NAIC Code	Federal ID#	Name of Reinsurer	Amount			
Ī							
	NONE						

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.

	Total Amount in Dispute	Status of Dispute						
Name of Reinsurer	(Including IBNR)	Notification	Arbitration	Litigation				
NONE								

C. Reinsurance Assumed and Ceded

1. The following table summarizes the assumed and ceded unearned premiums and related commissions equity at the end of the current year.

	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
a. Affiliates						
b. All otherc. Totals						
d. Direct Unea	arned Premium Re		37,725,520			

- 2. No accrual exists at the end of the current year 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

Not applicable

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 Downgrades or Status Subject to Revocation

Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

	2016	2015
Balance as of January 1, Less: Reinsurance Recoverable	\$ 75,052,743	\$ 71,308,833
Net Balance at January 1,	75,052,743	71,308,833
Incurred, net of reinsurance, related to: Current year Prior years Net Incurred	46,219,694 (7,594,769) 38,624,925	184,534,606 (5,648,833) 178,885,773
Paid, net of reinsurance, related to: Current year Prior years Net Paid Losses	(37,597,529) (22,621,577) (60,219,106)	(159,315,215) (15,826,648) (175,141,863)
Net Balance at December 31, Plus: Reinsurance Recoverable	53,458,562 42,967	75,052,743 -
Balance at December 31,	\$ 53,501,529	\$ 75,052,743

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 year losses and LAE reflected on the Statement of Income of \$38,624,925 are lower by \$7,594,769 due to favorable development of prior year estimates. The favorable development is primarily related to a net decrease in the ultimate losses and LAE from accident year 2015. 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. The Association feels that the loss and LAE reserves as of December 31, 2016 make a reasonable provision for Texas Windstorm Insurance Association's claim liabilities.

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

The Association did not record a premium deficiency reserve for 2015.

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 T.W.I.A. policies. A petition was heard to clarify T.W.I.A's exclusion for mold coverage. T.W.I.A. policies do not cover loss due to mold damage, and the clarification verbiage is being added to all of its policies, i.e., residential, commercial, and mobile home. Approval of the petition became effective March 1, 2003.

Note 34 – Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

A. and B. Not applicable

PART 1 - COMMON INTERROGATORIES

GENERAL

	persons, one or more of which is an insurer?	Yes[]No[X]
	If yes, complete Schedule Y, Parts 1, 1A and 2.	
;	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes[] No[] N/A [X]
1.3	State Regulating?	
	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.	12/31/2012
1	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.	12/31/2012
f	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).	10/24/2014
	By what department or departments?	
	Texas Department of Insurance	
3.5	Texas Department of Insurance 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[]
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a	Yes [X] No [] N/A [] Yes [X] No [] N/A []
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 []
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? 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:	
33.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?	Yes [X] No [] N/A [] Yes [] No [X]
33.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 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	Yes [X] No [] N/A [] Yes [] No [X]
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 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?	Yes [X] No [] N/A [] Yes [] No [X] Yes [] No [X]
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 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 [X] No [] N/A [] Yes [] No [X]
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 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? Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 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.	Yes [X] No [] N/A [] Yes [] No [X] Yes [] No [X] Yes [] No [X]

2.1 Yes, give full information. Yes] No [X]	6.1	1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?					es[]No[X]
7.1 Does any foreign (non-United States) preson or entity directly or indirectly control 10% or more of the reporting entity? 7.2 If yes, 7.2.1 State the materiality(of of the Soverp person() or entity(s) or if the entity is a mutual or responsal, the nationality of the manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, coporation, government, manager or attorney-in-fact), (e.g., individual, coporation, government, manager or attorney-in-fact) 7.2 Nationality 7.3 If yes, 7.4 Nationality 7.5	6.2	If yes, give full info	ormation:					
7.2 If yes. 7.2 State the percentage of foreign control. 7.2 State the percentage of foreign control. 7.2 State the reationship(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocust, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity Nationality Type of Entity 1 2 Nationality 1 2 (Individual, company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 7 Yes [] No [X] 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 7 Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 7 Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprollor of the Coursery (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliates primary federal regulator. 1 Affiliate 1 2 3 3 4 5 6 Affiliate 1 2 3 3 4 5 6 Affiliate 1 Affiliate 1 2 3 3 4 5 6 Affiliate 1 Affiliate 1 Affiliate 1 Calhoun Thomson and Matza, LLP, 9500 Arboretum Biol, Sile 120, Austin, TX 78759 2. What is the raume and address of the independent certified public accountant requirements as allowed in Section 74 of the Annual Financial Reporting Wodel Regulation (Model Austi Rule), or substantially similar state law or regulation? 1 No [X] 2. If response to 10.1 is yes, provide information related to this exemption.								
7.2 If yes. 7.2 State the percentage of foreign control. 7.2 State the percentage of foreign control. 7.2 State the reationship(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocust, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). 1 2 Nationality Type of Entity Nationality Type of Entity 1 2 Nationality 1 2 (Individual, company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 7 Yes [] No [X] 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 7 Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? 7 Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprollor of the Coursery (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliates primary federal regulator. 1 Affiliate 1 2 3 3 4 5 6 Affiliate 1 2 3 3 4 5 6 Affiliate 1 Affiliate 1 2 3 3 4 5 6 Affiliate 1 Affiliate 1 Affiliate 1 Calhoun Thomson and Matza, LLP, 9500 Arboretum Biol, Sile 120, Austin, TX 78759 2. What is the raume and address of the independent certified public accountant requirements as allowed in Section 74 of the Annual Financial Reporting Wodel Regulation (Model Austi Rule), or substantially similar state law or regulation? 1 No [X] 2. If response to 10.1 is yes, provide information related to this exemption.								
7.21 Salate the percentage of fereign centrol. 7.22 State the nationality of the freeign person(e) or entity(s) or if the entity is a mutual or succipious, the nationality of the stranger or attorney-in-fact and identity the type of entity(s) (e.g., Individual, corporation, government, manager or attorney-in-fact). 1	7.1	Does any foreign	(non-United States) person or entity directly or ind	lirectly control 10% or more of the reporting of	entity?	Y	es[]No[X]
State the materiality(s) of the foreign person(s) or retained; in the nethy is a mutual or receptocal, the nationality of its manager or attorney-in-fact). 1 2 1 Nationality Type of Entity Nationality States of Entity Nationa	7.2	If yes,						
reciprocal, the nationally of its manager or attorney-n-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-n-fact). 1) or ontitu(a); or if the ontituic a mutual or		_		
(e.g., individual. corporation, government, manager or attorrey in fact). 1		1.22)			
Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any artifiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1								
Nationality Type of Entity 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any artifiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1			1	2				
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks; thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulator year-loss agency [i.e. the Federal Reserve Board (FRB); the Office of the Comptolier o								
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X] 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securifies firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Compton for the Compton (COC), the Federal Reposit Insurance Corporation (FDC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 Affiliate Location Name (City, State) FRB OCC FDIC SEC 9. What is the name and address of the independent certified public accountant or accounting firm retained to coorduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Auslin, TX, 78759 O.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 71 of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X] O.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]								
8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRID), the Office of the Currency (OCC), the Federal Depost Insurance Corporation (FRIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1								
8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRID), the Office of the Currency (OCC), the Federal Depost Insurance Corporation (FRIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1	8.1	Is the company a	subsidiary of a bank holding company regulated b	ov the Federal Reserve Board?		Y	es[]No[]	X 1
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X] 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptoin (COC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 3 4 5 6 Affiliate Location Name (City, State) FRB OCC FDIC SEC 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 1.1 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] 1.3 Has the insurer been granted any exemptions related to this exemption: 1.4 In the Insurer been granted any exemptions related to this exemption: 1.5 In the Insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 1.5 In the Company of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 1.5 In the Company of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 1.5 In the Company of the Annual Financial Reporting Model Regulation or regulation? 1.5 In the Company of the Company of the Annual Financial Reporting Model Regulation? 1.5 In the Company of		,,,,	3 · · · · · · · · · · · · · · · · · · ·	,				,
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprol (FDC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator. 1	8.2	If response to 8.1	is yes, please identify the name of the bank holding	ng company.				
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprol (FDC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator. 1								
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprol (FDC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator. 1								
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comprol (FDC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator. 1								
affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptoller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 Affiliate Location Name (City, State) FRB OCC FDIC SEC 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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] 0.2 If response to 10.1 is yes, provide information related to this exemption: 0.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	8.3	Is the company at	filiated with one or more banks, thrifts or securities	s firms?		Y	es[]No[X]
Affiliate Location (City, State) FRB OCC FDIC SEC 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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? 1. If response to 10.1 is yes, provide information related to this exemption: 1. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? 1. Yes [] No [X] 1. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual Financial Reporting Model Regulation (Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 1. Yes [] No [X]		of the Comptroller	of the Currency (OCC), the Federal Deposit Insursion (SEC)] and identify the affiliate's primary fed	rance Corporation (FDIC) and the Securities deral regulator.		Ι	_	
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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] 0.3 Has the insurer been granted any exemptions related to this exemption: Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]			•		3	4	5	6
conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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] 1.3 Has the insurer been granted any exemptions related to this exemption: Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]					FRB	occ	FDIC	SEC
conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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] 1.3 Has the insurer been granted any exemptions related to this exemption: Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]								
conduct the annual audit? Calhoun Thomson and Matza, LLP, 9500 Arboretum Blvd, Ste 120, Austin, TX 78759 0.1 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] 1.3 Has the insurer been granted any exemptions related to this exemption: Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	L							
O.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] O.2 If response to 10.1 is yes, provide information related to this exemption: O.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	9.	conduct the annua	al audit?					
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] 1. Ves [] No [X]		· · · · · · · · · · · · · · · · · · ·	Tana matza, EET, 3000 Alborotain biva, oto 120,					
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] 1. Ves [] No [X]								
Audit Rule), or substantially similar state law or regulation? Yes [] No [X] 1.2 If response to 10.1 is yes, provide information related to this exemption: 1.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	10.1	Has the insurer be	een granted any exemptions to the prohibited non-	-audit services provided by the certified inde	pendent			
0.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]				nual Financial Reporting Model Regulation (N	Model	Y	es[]No[]	X]
Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]	10.2	If response to 10.	1 is yes, provide information related to this exemp	tion:				
Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]								
Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]								
Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]								
0.4. If recognes to 10.3 is use, provide information related to this examption:	10.3				-	Y	es[] No[]	x]
0.4 in response to 10.3 is yes, provide information related to this exemption.	10.4	If response to 10.	3 is yes, provide information related to this exemp	tion:				

10.5	Has the reporting entity established an Audit Committee in compliance with the domiliciary state insurance laws?	Yes [X] No [] N/A []
10.6	If the response to 10.5 is no or n/a, please explain.	
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant	
	associated with an actuarial consulting firm) of the individual providing the statement of actuarial	
	opinion/certification?	
	James Colin Murphy, FCAS, MAA, 5700 S MoPac Expy, Austin, TX 78749, In-house Actuary	
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes[] No[X]
	12.11 Name of real estate holding company	
	12.12 Number of parcels involved	
	12.13 Total book/adjusted carrying value	\$
	, , , ,	
12.2	If yes, provide explanation:	
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	
13 2	Does this statement contain all business transacted for the reporting entity through its United States Branch on	
13.2	risks wherever located?	Yes[X] No[]
	nors wherever reduced:	103[X] 110[]
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes[] No[X]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes[] No[] N/A [X]
14.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or	
	persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following	
	standards?	
	a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between	
	personal and professional relationships;	
	 Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; 	
	c. Compliance with applicable governmental laws, rules, and regulations;	
	d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
	e. Accountability for adherence to the code.	Yes [X] No []
/ 11	If the response to 14.1 is no, please explain:	
4.11	II tile response to 14.1 is no, piease explain.	
14 0	Has the code of others for conject managers been amended?	Voc [V1 No F1
14.2	Has the code of ethics for senior managers been amended?	Yes[X] No[]
4.21	If the response to 14.2 is yes, provide information related to amendment(s). The Ethics policy revision and update was conducted as part of TWIA's standard process for reviewing association policies. The amendments primarily relate to minor reorganizing of the Code of Ethics. The main subject areas updated relate to prohibited relationships, disclosures and acceptance and rejection of gifts. Please contact TWIA for further information.	

1.3 Have any provisions of the code of ethic	s been waived for any of the sp	ecified officers?	Yes[]No[X]
31 If the response to 14.3 is yes, provide the	e nature of any waiver(s).		
			•
			•
1 Is the reporting entity the beneficiary of a	Letter of Credit that is unrelate	ed to reinsurance where the issuing or	
confirming bank is not on the SVO Bank			Yes[]No[X]
2 If the response to 15.1 is yes, indicate th	e American Bankers Association	on (ABA) Routing Number and the name of the	
issuing or confirming bank of the Letter of	of Credit and describe the circuit	mstances in which the Letter of Credit	
is triggered.			
1	2	3	4
American			
Bankers			
Association	Issuing or Confirming		
(ABA) Routing Number	Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
	BOAR	RD OF DIRECTORS	
6. Is the purchase or sale of all investments	s of the reporting entity passed	upon either by the board of directors or	
a subordinate committee thereof?			Yes[X] No[]
7. Does the reporting entity keep a complet	te permanent record of the proc	ceedings of its board of directors and all	
subordinate committees thereof?			Yes[X] No[]
8. Has the reporting entity an established p	rocedure for disclosure to its bo	pard 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	
9. Has this statement been prepared using	a basis of accounting other tha	n Statutory Accounting Principles (e.g.,	
Generally Accepted Accounting Principle	es)?		Yes[]No[X]
1 Total amount loaned during the year (inc	clusive of Separate Accounts, e	xclusive of policy loans):	
	20.11	To directors or other officers	\$
	20.12	To stockholders not officers	\$ \$
	20.13	Trustees, supreme or grand (Fraternal only)	\$
.2 Total amount of loans outstanding at the	end of year (inclusive of Separ	rate Accounts, exclusive of policy loans):	
ű		To directors or other officers	\$
		To stockholders not officers	\$
		Trustees, supreme or grand (Fraternal only)	\$
	20.20		*
.1 Were any assets reported in this stateme	ent subject to a contractual obli	gation to transfer to another party without the	
liability for such obligation being reported	•	~	Yes[]No[X]
,, and an animal points			
2 If yes, state the amount thereof at Decer	mber 31 of the current vear:		
,,	•	Rented from others	\$
		Borrowed from others	\$
		Leased from others	\$\$ \$
	21.23		\$ \$
	21.24	Othor	Ψ
1 Dogs this statement include normants for	or accessments as described in	the Annual Statement Instructions other than	
guaranty fund or guaranty association as		and Annual Statement Instructions Offer (IIdf)	Yes [] No [X]
guaranty lund of guaranty association as	99099111011109!		ו בשנן ואט [7]

22.2	If answer is yes:			
	2	2.21 Amount paid as losses or risk adjustment	\$	
	2	2.22 Amount paid as expenses	\$	
	2	2.23 Other amounts paid	\$	
23.1	Does the reporting entity report any amounts due from parent, sub	sidiaries or affiliates on Page 2 of this		
	statement?		Yes[X] No[]	
23.2	If yes, indicate any amounts receivable from parent included in the	Page 2 amount:	\$	1,260,559
		INVESTMENT		
24.01	Were all the stocks, bonds and other securities owned December	31 of current year, over which the reporting entity has		
	exclusive control, in the actual possession of the reporting entity o	n said date? (other than securities lending programs		
	addressed in 24.03)		Yes[X] No[]	
24.02	If no, give full and complete information, relating thereto:			
	The Association invests in overnight reverse repurchase agreeme. These invested funds were received during the issuance of bonds debt service and for use when a catastrophic event occurs. See no	during 2015. The funds are held at the TTSTC to be used for		
24.03	For security lending programs, provide a description of the program	m including value for collateral and amount of loaned		
	securities, and whether collateral is carried on or off-balance shee	t. (an alternative is to reference Note 17 where this		
	information is also provided) Texas Windstorm Insurance Association has no security lending p	rograms.		
24.04	Does the company's security lending program meet the requirement	nts for a conforming program as outlined in the		
	Risk-Based Capital Instructions?		Yes[] No[]	N/A [X]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming	g programs.	\$	
24.06	If answer to 24.04 is no, report amount of collateral for other progr	ams.	\$	
24.07	Does your securities lending program require 102% (domestic sec	curities) and 105% (foreign securities) from the		
	counterparty at the outset of the contract?		Yes [] No []	N/A [X]
24.08	Does the reporting entity non-admit when the collateral received fr	om the counterparty falls below 100%?	Yes[] No[]	N/A [X]
24.09	Does the reporting entity or the reporting entity's securities lending	agent utilize the Master Securities Lending		
	Agreement (MSLA) to conduct securities lending?		Yes [] No []	N/A [X]
24.10	For the reporting entity's security lending program, state the amou	nt of the following as of December 31 of the current year:		
	24.101 Total fair value of reinvested collateral assets reported or	n Schedule DL, Parts 1 and 2	\$	
	24.102 Total book adjusted/carrying value of reinvested collatera	al assets reported on Schedule DL, Parts 1 and 2	\$	
	24.103 Total payable for securities lending reported on the liabili	ty page	\$	
25.1	Were any of the stocks, bonds or other assets of the reporting enti	ity owned at December 31 of the current year not		
	exclusively under the control of the reporting entity or has the repo			
	a put option contract that is currently in force? (Exclude securities	subject to Interrogatory 21.1 and 24.03).	Yes[X] No[]	

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

23.21	Subject to repurchase agreements	Ψ	
25.22	Subject to reverse repurchase agreements	\$	476,641,574
25.23	Subject to dollar repurchase agreements	\$	
25.24	Subject to reverse dollar repurchase agreements	\$	
25.25	Placed under option agreements	\$	
25.26	Letter stock or securities restricted as to sale -		
	excluding FHLB Capital Stock	\$	
25.27	FHLB Capital Stock	\$	
25.28	On deposit with states	\$	
25.29	On deposit with other regulatory bodies	\$	
25.30	Pledged as collateral - excluding collateral		
	pledged to an FHLB	\$	
25.31	Pledged as collateral to FHLB - including		
	assets backing funding agreements	\$	
25.32	Other	\$	90,424,866

25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

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

Yes[]No[X]

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

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

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

Yes[]No[X]

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

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

Yes[]No[X]

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

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

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

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

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

Yes[]No[X]

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

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

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

1	2
Name Firm or Individual	Affiliation
John Polak	l .
Pete Gise	ı

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

Yes [] No [X]

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

Yes[]No[X]

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

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

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

Yes[]No[X]

29.2 If yes, complete the following schedule:

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

29.3 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

30. 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 (+)	
30.1 Bonds				
30.2 Preferred stocks				
30.3 Totals				

	30.3 Totals				
30.4		ods utilized in determining the fair values: ssociation does not have short-term bonds, long-ter	m bonds or preferred stocks.		
31.1	Was the rate used to calculate	fair value determined by a broker or custodian for a	ny of the securities in Schedule D?	Yes[] No[X]	
31.2	If the answer to 31.1 is yes, do	pes the reporting entity have a copy of the broker's c	r custodian's		
	pricing policy (hard copy or ele	ectronic copy) for all brokers or custodians used as a	pricing source?	Yes[]No[X]	
31.3		scribe the reporting entity's process for determining aure of fair value for Schedule D:	a reliable pricing		
				• • •	
32.1	Have all the filing requirement followed?	s of the Purposes and Procedures Manual of the NA	IC Investment Analysis Office been	Yes[] No[X]	
32.2	If no, list exceptions: Texas Windstorm Insurance A	ssociation did not file with the SVO.			
		OTH	IER		
33.1	Amount of payments to trade	associations, service organizations and statistical or	Rating Bureaus, if any?	\$	145,975
33.2		ion and the amount paid if any such payment repres ations, service organizations and statistical or rating			
		1	2		
		Name	Amount Paid		
	Insurance Service Texas Insurance		\$ \$ \$	97,114 48,861	
34.1	Amount of payments for legal	expenses. if any?		\$	823,928
	, . ,	• • • •			,

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2	
Name	Amount Paid	
Sneed Vine & Perry	\$	241,369
Digital Discovery Solutions LLP	\$	235,019
	\$	

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

\$_____1,764_

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

1	2
Name	Amount Paid
DuBois, Bryant&Campbell, LLP	\$ 1,764
	\$
	\$

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicar	e Supp	element Insurance in force?	Yes[]No[X]
1.2	If yes, indicate premium earned on U.S. business		\$	
1.3	What portion of Item (1.2) is not reported on the N 1.31 Reason for excluding	Medica	re Supplement Insurance Experience Exhibit?	\$
1.5	Indicate amount of earned premium attributable to Indicate total incurred claims on all Medicare Sup Individual policies:		dian and/or Other Alien not included in Item (1.2) above. nt insurance.	\$ \$
		Most of 1.61 1.62 1.63	urrent three years: Total premium earned Total incurred claims Number of covered lives	\$ \$
			rrs prior to most current three years: Total premium earned Total incurred claims Number of covered lives	\$ \$
1.7		Most of 1.71 1.72 1.73	urrent three years: Total premium earned Total incurred claims Number of covered lives	\$ \$
2.	Health Test:	1.74 1.75 1.76	rs prior to most current three years: Total premium earned Total incurred claims Number of covered lives 1 2 Current Year Prior Year	\$
		2.1 2.2 2.3 2.4 2.5 2.6	Premium Numerator \$ \$ 370,404,145 \$ 377,594,384 Premium Ratio (2.1 / 2.2) \$ \$ \$ Reserve Numerator \$	
3.1	Does the reporting entity issue both participating	and no	n-participating policies?	Yes[]No[X]
3.2	If yes, state the amount of calendar year premiun			
		3.21 3.22	Participating policies Non-participating policies	\$ \$
4.1	For Mutual reporting entities and Reciprocal Exch Does the reporting entity issue assessable policies Does the reporting entity issue non-assessable p	es?	only:	Yes[]No[X] Yes[]No[X]
4.4	·		e contingent liability of the policyholders? during the year on deposit notes or contingent premiums.	\$%
5.1	For Reciprocal Exchanges Only: Does the exchange appoint local agents? If yes, is the commission paid:			Yes []No [X]
		5.21 5.22	Out of Attorney's-in-fact compensation As a direct expense of the exchange	Yes[]No[]N/A[X] Yes[]No[]N/A[X]
5.3			compensation of the Attorney-in-fact?	
5.4	Has any Attorney-in-fact compensation, continger	nt on fu	Ifillment of certain conditions, been deferred?	Yes[]No[X]
5.5	If yes, give full information			
6.1	What provision has this reporting entity made to p compensation contract issued without limit loss: Texas Windstorm Insurance Association does no		itself from an excessive loss in the event of a catastrophe under a workers' workers compensation insurance policies.	

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: Texas Windstorm Insurance Association estimates its probable maximum loss using AIR Touchstone and RMS RiskLink software models to model the risk of hurricanes. The PML comprises residential and commercial property exposures which are most concentrated in and around the Galveston and Corpus Christi areas.	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? Texas Windstorm Insurance Association has reinsured \$2.2 billion in excess of \$2.7 billion under catastrophe reinsurance agreements. For the second season, Texas Windstorm Insurance Association has reinsured \$0.7 billion in excess of \$2 billion under catastrophe reinsurance agreements. Futher, Texas Windstorm Insurance Association has the ability to sell post event bonds, and the use of the Catastophe Reserve	
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 Funding for Texas Windstorm Insurance Association is specified by Chapter 2210, Texas Insurance Code.	
	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes[]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[X]No[]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes [X] 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 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes [] No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	
	(a) The entity does not utilize reinsurance; or,(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation	Yes[]No[X]
	supplement; or	Yes[]No[X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes[]No[X]

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes[]No[]N/A[X]
	Has the reporting entity guaranteed policies issued by any other entity and now in force: If yes, give full information	Yes[]No[X]
	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:	
	12.11 Unpaid losses	\$
	12.12 Unpaid underwriting expenses (including loss adjustment expenses)	5
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$
	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes[]No[]N/A[X]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:	
	12.41 From 12.42 To	%
	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes[]No[X]
12.6	If yes, state the amount thereof at December 31 of current year:	
	12.61 Letters of Credit 12.62 Collateral and other funds	<u> </u>
13 1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	4,424,000
		<u> </u>
	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes[]No[X]
	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.	
14.1	Is the company a cedant in a multiple cedant reinsurance contract?	Yes[]No[X]
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:	
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance	
	contracts?	Yes [] No []
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?	Yes [] No []
14.5	If the answer to 14.4 is no, please explain:	
15.1	Has the reporting entity guaranteed any financed premium accounts?	Yes[]No[X]
15.2	If yes, give full information	
	Does the reporting entity write any warranty business? If yes, disclose the following information for each of the following types of warranty coverage:	Yes[]No[X]
	1 2 3 4 5	
	Direct Losses Direct Losses Direct Written Direct Premium Direct Premium Direct Premium Unearned Earned	
	16.11 Home \$ \$ \$	
	16.12 Products \$ \$ \$ \$ \$ \$ 16.13 Automobile \$ \$ \$ \$ \$	
	16.14 Other* \$ \$ \$ \$ \$	
	* Disclose type of coverage:	

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.	Yes [] No [X]
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:	
	17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 17.12 Unfunded portion of Interrogatory 17.11 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 17.14 Case reserves portion of Interrogatory 17.11 17.15 Incurred but not reported portion of Interrogatory 17.11 17.16 Unearned premium portion of Interrogatory 17.11 17.17 Contingent commission portion of Interrogatory 17.11 Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above	\$ \$ \$ \$ \$
	 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 17.19 Unfunded portion of Interrogatory 17.18 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 17.21 Case reserves portion of Interrogatory 17.18 17.22 Incurred but not reported portion of Interrogatory 17.18 17.23 Unearned premium portion of Interrogatory 17.18 17.24 Contingent commission portion of Interrogatory 17.18 	\$ \$ \$ \$
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.	\$

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
		2016	2015	2014	2013	2012
1.	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
2.	Preparty lines (Lines 1, 2, 0, 12, 21, 9, 26)	487,353,537	503,824,316	494,036,010	472,739,474	443,479,701
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	401,000,001	300,024,310	434,000,010	412,100,414	740,479,701
4	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)	487,353,537	503,824,316	494,036,010	472,739,474	443,479,701
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	361,300,741	379,696,858	377,542,539	356,408,862	334,994,830
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35)	361,300,741	379,696,858	377,542,539	356,408,862	334,994,830
	Statement of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)	75,008,379	(8,977,110)	9,640,759	167,800,698	(174,333,957)
14.	Net investment gain (loss) (Line 11)	(34,620,236)	(37,754,478)	(15,841,220)	929,082	(5,597,480)
15.	Total other income (Line 15)	66,919	3,888	7,986,533	2,177,068	(159,547)
10. 17	Dividends to policyholders (Line 17) Federal and foreign income taxes incurred (Line 19)		(7,828,675)	6,938,511		
	Not income (Line 20)	40,455,062	(38,899,025)	(5,152,439)	170,906,848	(180,090,984)
10.	Balance Sheet Lines (Pages 2 and 3)	40,400,002	(30,033,023)	(0,102,403)	170,300,040	(100,030,304)
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	972,707,900	993,093,861	1,146,483,407	440,231,488	428,636,416
	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	204,394	228,148	209,735	296,311	115,245
	20.2 Deferred and not yet due (Line 15.2)					
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	972,707,900	993,093,862	1,146,483,407	440,231,488	611,615,459
22.	Losses (Page 3, Line 1)	43,248,596	61,066,377	58,756,130	111,636,395	323,135,763
23.	Loss adjustment expenses (Page 3, Line 3)	10,209,966	13,986,366	12,552,703	21,322,660	55,581,086
24.	Unearned premiums (Page 3, Line 9)	237,725,520	246,828,924	244,726,450	234,739,308	173,460,751
25.	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)					(182,979,043)
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	62,934,874	(149,463,336)	193,519,723	9,322,514	(37,623,004)
00	Risk-Based Capital Analysis					(400.070.040)
28.	Total adjusted capital Authorized control level risk-based capital		40 402 272	27 470 700	22 240 640	(182,979,043)
29.	Authorized control level risk-based capital Percentage Distribution of Cash, Cash Equivalents and Invested Assets	38,763,217	40,423,373	37,472,798	33,218,619	43,972,938
	(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)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)		100.0	100.0	100.0	100.0
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38.	Receivables for securities (Line 9)					
39.	Securities lending reinvested collateral assets (Line 10)					
40.	Aggregate write-ins for invested assets (Line 11)					
41.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
40	Investments in Parent, Subsidiaries and Affiliates Affiliated bonds (Sch. D. Supman, Line 12, Col. 1)					
42. 43.	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
43. 44.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) Affiliated short-term investments (subtotals included in Schedule DA Verification,					
ΨО.	0.1.5.1: 40					
46.	Affiliated mortgage loans on real estate					
47.	All other affiliated					
48.	Total of above Lines 42 to 47					
49.	Total investment in parent included in Lines 42 to 47 above					
			1		1	i
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as					

FIVE - YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2016	2015	2014	2013	2012
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)			<u> </u> 		
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)				182,979,043	(182,979,043)
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	36,786,677	134,184,261	27,054,064	247,827,353	243,137,884
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
l						
58. 50	Nonproportional reinsurance lines (Lines 31, 32 & 33) Total (Line 35)	36,786,677	134,184,261	27,054,064	247,827,353	243,137,884
33.	Total (Line 35)	30,700,077	134,104,201	27,004,004	241,021,000	243,107,004
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	36,786,677	134,184,261	27,054,064	223,968,263	243,137,884
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
1	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	36,786,677	134,184,261	27,054,064	223,968,263	243,137,884
00.	Total (Line 35)	30,700,077	104,104,201	21,004,004	223,300,200	243,137,004
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)	5.1	36.1	(7.0)	1	112.5
68.	Loss expenses incurred (Line 3)	5.3	11.2	3.2	(2.9)	12.6
69.	Other underwriting expenses incurred (Line 4)	29.6	30.4	29.7	34.1	29.1
70.	Net underwriting gain (loss) (Line 8)	20.3	(2.4)	2.6	56.9	(54.3)
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0	71.1	54.7	96.4	34.0	28.0
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 $$					
	divided by Page 4, Line 1 x 100.0)	10.4	47.4	(3.8)	1.3	125.1
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35					
	divided by Page 3, Line 37, Col. 1 x 100.0)					(183.1)
	One Year Loss Development (000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current					
	year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(8,900)	(9,494)	(30,400)	(92,679)	307,372
75.	Percent of development of losses and loss expenses incurred to policyholders'					
	surplus of prior year end (Line 74 above divided by Page 4, Line 21,				50.6	
	Col. 1 x 100.0)				30.0	
	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)	(11,266)	(40,985)	(121,166)	207,541	407,936
77.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year end (Line 76 above divided					
	by Page 4, Line 21, Col. 2 x 100.0)					

Uy	1 age 4, Ellie 21, Ooi. 2 x 100.0)				
NOTE:	If a party to a merger, have the two most recent years of this exhibit been restated due to	a merger in compliance	e with the disclosure	Yes []	No[]
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?				
	If no, please explain:				
				 •	
				 •	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

··	Grace Promiuma Including Dal	cy and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
		niums on Policies not Taken	3	4	5	0	,	0	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	487,353,537	496,456,941		237,725,520	36,786,677	19,003,892	43,283,593	3,139,470	3,798,707	5,402,227	77,986,786	9,626,5
Multiple Peril Crop Federal Flood												
Private Crop												
Private Flood Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)												1
Commercial Multiple Peril (Liability Portion) Mortgage Guaranty												
Ocean Marine												1
Inland Marine												1
Financial Guaranty Medical Professional Liability												
Earthquake												1
Group Accident and Health (b)												1
Credit A & H (Group and Individual) Collectively Renewable A & H (b)												
Non-Cancelable A & H (b)												1
Guaranteed Renewable A & H (b)												1
Non-Renewable for Stated Reasons Only (b)												
Other Accident Only Medicare Title XVIII Exempt from State Taxes or Fees												1
All Other A & H (b)												1
Federal Employees Health Benefits Plan Premium (b) Workers' Compensation												
Other Liability - Occurrence												1
Other Liability - Claims-Made												1
Excess Workers' Compensation Products Liability												
Private Passenger Auto No-Fault (Personal Injury Protection)												1
Other Private Passenger Auto Liability												1
Commercial Auto No-Fault (Personal Injury Protection) Other Commercial Auto Liability												
Private Passenger Auto Physical Damage												1
Commercial Auto Physical Damage												1
Aircraft (all perils) Fidelity												
Surety												1
Burglary and Theft												
Boiler and Machinery Credit												
Warranty												1
Aggregate Write-Ins for Other Lines of Business	407.050.507	400 450 044		007 705 500	00.700.077	40,000,000	40.000.500	0.400.470	0.700.707	5 400 007	77.000.700	0.000
TŌTALS (a) DETAILS OF WRITE-INS	487,353,537	496,456,941		237,725,520	36,786,677	19,003,892	43,283,593	3,139,470	3,798,707	5,402,227	77,986,786	9,626
				ON								1
				T								1
Summary of remaining write-ins for Line 34 from overflow page												•

۱	Finance and	service charges	not included in Lin	nes 1 to 35 \$

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2016

AIC Group Code 4766				THE STATE OF TOT		AR 2016				NAIC Company Cod	<u> </u>	
		icy and Membership Fees, Less niums on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire 2.1 Allied lines	487,353,537	496,456,941		237,725,520	36,786,677	19,003,892	43,283,593	3,139,470	3,798,707	5,402,227	77,986,786	9,626,5
2.2 Multiple Peril Crop				201,120,020		10,000,002	10,200,000					
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
Farmowners Multiple Peril									l			
Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group Accident and Health (b)												
14. Credit A & H (Group and Individual)										1		
5.1 Collectively Renewable A & H (b)									I			
5.2 Non-Cancelable A & H (b)				[l	1		
3.3 Guaranteed Renewable A & H (b)												
5.4 Non-Renewable for Stated Reasons Only (b)												
5.5 Other Accident Only												
5.6 Medicare Title XVIII Exempt from State Taxes or Fees												
5.7 All Other A & H (b) 5.8 Federal Employees Health Benefits Plan Premium (b)												
16. Workers' Compensation 7.1 Other Liability - Occurrence												
7.2 Other Liability - Claims-Made												
7.3 Excess Workers' Compensation												
18. Products Liability												
9.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
9.2 Other Private Passenger Auto Liability												
9.3 Commercial Auto No-Fault (Personal Injury Protection)												
9.4 Other Commercial Auto Liability												
I.1 Private Passenger Auto Physical Damage										1		
I.2 Commercial Auto Physical Damage				[I	1		
22. Aircraft (all perils)												
3. Fidelity												
4. Surety												
26. Burglary and Theft												
27. Boiler and Machinery 28. Credit												
8. Credit												
30. Warranty 34. Aggregate Write-Ins for Other Lines of Business												
35. TOTALS (a)	487,353,537	496,456,941		237,725,520	36,786,677	19,003,892	43,283,593	3,139,470	3,798,707	5,402,227	77,986,786	9,626
DETAILS OF WRITE-INS	. ,	. ,			. ,		. ,					, , , , , , , , , , , , , , , , , , ,
01.												
102.									1	1		
403.			l							1		
498. Summary of remaining write-ins for Line 34 from overflow page				NON								
499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			_									

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

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

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 1	2	3	4	5	6				Reins	surance Recovera	able On				Reinsura	nce Payable	18	19
						7	8	9	10	11	12	13	14	15	16	17	1	
	NAIC	Name			Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Other Amounts	Net Amount Recoverable From Reinsurers	Funds Held by Company Under
ID	Company	of	Domiciliary		Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
22-2005057	26921	Everest Reinsurance Company	DE		15,250										3,496		(3,496)	
47-0698507	23680	Odyssey Reinsurance Company	СТ	1	1,612						1	1			348		(348)	
23-1641984	10219	QBE Reinsurance Corporation	PA	1	249						1	1	1		53		(53)	
13-1675535	25364	Swiss Re Underwriters Agency, Inc. o/b/o Swi	NY	1	428		1				1	1	1		92	:	(92)	
13-5616275	19453	Transatlantic Reinsurance Company	NY	1	602		1					1	1		131	1	(131)	
46-1168622	14568	Maison Insurance Company	LA	2	186		1			1		1		2		1	2	14
47-1005834	15545	Woodlands Insurance Company	TX	2	328					1		1	1	1			1	24
59-3560143	10969	United Property & Casualty Insurance Compa	FL	2	582					1		1	1	1			1	44:
90-0797817	14930	Weston Insurance Company	FL	2	1,298			29	7	3	1			40			40	98
0999998	Total Authorized	- Other U.S. Unaffiliated Insurers (Under \$100,0	(00)															
0999999	Total Authorized	- Other U.S. Unaffiliated Insurers			20,535		1	29	7	6	1			44	4,120	1	(4,076)	1,81
AA-1120083					_		- '	23	<u> </u>									
		Arial Da Darmuda Limitad aba Haydla Hadany	CDD		1 451			29									(212)	
	0	Ariel Re Bermuda Limited obo Lloyd's Underw	GBR		1,451										313		(313)	
AA-3194168	0	Aspen Bermuda Limited	BMU		537										313		(313)	
AA-3194168 AA-3194139	0 0	Aspen Bermuda Limited AXIS Specialty Limited	BMU BMU		537 2,345										313 116 504 849		(313) (116) (504)	
AA-3194168 AA-3194139 AA-3194122	0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/	BMU BMU BMU		537 2,345 3,875			25							849		(313) (116) (504) (849)	
AA-3194168 AA-3194139 AA-3194122 AA-1340125	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE	BMU BMU BMU DEU		537 2,345			29									(313) (116) (504) (849) (13,338)	
AA-3194168 AA-3194139 AA-3194122	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd	BMU BMU BMU DEU BMU		537 2,345 3,875 59,270			29							849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566	BMU BMU BMU DEU BMU GBR		537 2,345 3,875 59,270			29							849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566 AA-1127084	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL	BMU BMU BMU DEU BMU		537 2,345 3,875 59,270			29							849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL Lloyd's Underwriter Syndicate No. 1183 TAL	BMU BMU BMU DEU BMU GBR GBR		537 2,345 3,875 59,270			23							849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566 AA-1127084 AA-1127183	0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL Lloyd's Underwriter Syndicate No. 1183 TAL Lloyd's Underwriter Syndicate No. 1274 AUL	BMU BMU BMU DEU BMU GBR GBR GBR		537 2,345 3,875 59,270 349 249 614 199			29							849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566 AA-1127084 AA-1127183 AA-1120085	0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL Lloyd's Underwriter Syndicate No. 1183 TAL	BMU BMU BMU DEU BMU GBR GBR GBR GBR		537 2,345 3,875 59,270 349 249 614 199 237										849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566 AA-1127084 AA-1127183 AA-1120085 AA-1127414	0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL Lloyd's Underwriter Syndicate No. 1183 TAL Lloyd's Underwriter Syndicate No. 1274 AUL Lloyd's Underwriter Syndicate No. 1414 ASC	BMU BMU BMU DEU BMU GBR GBR GBR GBR		537 2,345 3,875 59,270 349 249 614 199 237										849		*-:*/	
AA-3194168 AA-3194139 AA-3194122 AA-1340125 AA-3190871 AA-1126566 AA-1127084 AA-1127183 AA-1120085 AA-1127414 AA-1120102	0 0 0 0 0 0 0 0 0 0 0	Aspen Bermuda Limited AXIS Specialty Limited DaVinci Reinsurance Ltd thru Renaissance U/ Hannover Rueck SE Lancashire Insurance Company Ltd Lloyd's Underwriter Syndicate No. 0566 Lloyd's Underwriter Syndicate No. 1084 CSL Lloyd's Underwriter Syndicate No. 1183 TAL Lloyd's Underwriter Syndicate No. 1274 AUL Lloyd's Underwriter Syndicate No. 1414 ASC Lloyd's Underwriter Syndicate No. 1458 RNR	BMU BMU BMU DEU BMU GBR GBR GBR GBR GBR GBR		537 2,345 3,875 59,270 349 249 614 199 237 2,560 829										849		*-:*/	

N		Т	
- 13	v	ш	L

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Pre
1)			
2)			
3)			
4)			
5)	·		

3.	Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables,
	Line 999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1)		<u> </u>		Yes [] No []
2)		<u> </u>		Yes [] No []
3)				Yes [] No []
4)				Yes [] No []
5)				Yes [] No []

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

1	2	3	4	5	6				Reins	surance Recovera	able On				Reinsura	nce Payable	18	19
						7	8	9	10	11	12	13	14	15	16	17	1	
																	Net Amount	Funds Held
																	Recoverable	by
																Other	From	Company
	NAIC	Name			Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary		Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
	1						1	+			+		+	+		+		+
AA-1120071	0	Lloyd's Underwriter Syndicate No. 2007 NVA	GBR		249										53		(53)	,
AA-1120097	0	Lloyd's Underwriter Syndicate No. 2468 MFM	GBR		260			1			1		1	1	60	1	(60))
AA-1128791	0	Lloyd's Underwriter Syndicate No. 2791 MAP	GBR		941			1			1	1	1	1	205	1	(205))
AA-1128987	0	Lloyd's Underwriter Syndicate No. 2987 BRT	GBR		202						1		1		47	1	(47))
AA-1120075	0	Lloyd's Underwriter Syndicate No. 4020 ARK	GBR		348		1	1			1	1	1	1	75	1	(75))
AA-1126004	0	Lloyd's Underwriter Syndicate No. 4444 CNP	GBR		995										213		(213))
AA-3190686	0	Partner Reinsurance Company Ltd.	BMU		1,343			1			1		1		290		(290)	,
AA-3190339		Renaissance Reinsurance Ltd.	BMU		5,723			1			1		1		1,254		(1,254)	,
AA-3190870	0	Validus Reinsurance, Ltd.	BMU		2,380			1			1		1		514		(514)	,
											1		1				/	
1299998	Total Authorized	- Other Non-U.S. Insurers# (Under \$100,000)																
٠	L																//- /	
1299999	Total Authorized	- Other Non-U.S. Insurers#			86,192			+			+		+	+	19,197	+	(19,197)	-
1399999	Total Authorized	I - Total Authorized			106.727		1	29	7	6	1		+	44	23.317		(23,273)	1.819
100000	10141714411011204	Total / Ida			100,121						<u> </u>			· · · · · ·	20,011		(20,2.0)	1,010
AA-3190770	0	Chubb Tempest Reinsurance Ltd. Fka Ace Te	BMU		1,099										237		(237)	,
AA-1464104	0	Allianz Risk Transfer AG	CHE		698										162		(162)	,
AA-3190829	0	Markel Bermuda Limited f/k/a Alterra Bermud	BMU		1.343										290		(290)	,
AA-3190005	0	Ascot Underwriting (Bermuda) Ltd. o/b/o Ame	BMU		1.483										324		(324)	,
AA-3194126	0	Arch Reinsurance Ltd	BMU		645										139		(139)	,
AA-3190347	0	Artex SAC Limited on behalf of Series CX Se	BMU		452							1			97		(97))
AA-9240012		China Property & Casualty Reinsurance Com	CHN		149							1			32		(32))
AA-3191289		Fidelis Insurance Bermuda Limited	BMU		688										153		(153))
AA-3191190	0	Hamilton Re, Ltd (Formerly S.A.C. Re Ltd)	BMU		478										104		(104))
AA-3190875	0	Hiscox Insurance Company Ltd (Bermuda)	BMU		249							1			53		(53))
AA-3190677	0	Horseshoe Re Limited	BMU		689							1			148		(148))
AA-8310008	0	Humboldt Re Limited	GGY		124										27		(27))
AA-8310006	1 2	Kelvin Re Limited	GGY		124							1		1	27		(27)	/
AA-5420050	0	Korean Reinsurance Company	KOR		161						1				35		(35)	
781072000	<u> </u>	Troitour Troitourunoc Company	NON	II			L	1	L	L	1	1	1		1	1	(33)	

NI	\cap	ᄄ

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

3	
Ceded Premium	

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
			Yes [] No []
			Yes [] No []
			Yes [] No []
			Yes [] No []
			Yes [] No []

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

						I	-	-					-					
1	2	3	4	5	6					surance Recovera		1				ce Payable	18	19
						7	8	9	10	11	12	13	14	15	16	17		
																	Net Amount	Funds Held
																	Recoverable	by
																Other	From	Company
	NAIC	Name			Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID ID	Company	of	Domiciliary		Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Special Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
Number	Code	Reliisulei	Julisalction	Special Code	Ceded	LUSSUS	LAE	Reserves	Reserves	Reserves	Reserves	Fremiums	Commissions	Totals	Fayable	Reliisuleis	[10 + 17]	Treaties
AA-1120152		Nautical Management Ltd o/b/o Lloyd's Syndi	BMU		3,808												(016)	
AA-1120132 AA-5340660																	(010)	/
		The New India Assurance Company Limited	IND		249										53		(53)	<u> </u>
AA-1460100		SATEC Srl o/b/o Neue Ruckversicherungs-Ge	CHE		158										34		(34)	기
AA-5320039		Pioneer Underwriting Ltd. Obo Peak Reinsura	HKG	1	168					1	1				37		(37)	川
AA-9240019	0	Pioneer Underwriting Ltd. Obo PICC Property	CHN	1	149	l	1	1	l	1	1	1	1	1	32	l	(32))
AA-3194224	0	Poseidon Re Ltd.	BMU		2,161										463		(463))
AA-1120145	0	QBE Re (Europe) Ltd - Bermuda Branch, Ha	BMU		645					1	1	1			139		(139))
AA-3191298		Qatar Reinsurance Company Ltd. fka Qatar R	BMU	1	215					1	1	1	1	1	46		(46)	٠٠٠٠٠٠
AA-1080029		Dom Re IC (formerly Solidum Re Dom IC Limi	GBR		876										189		(189)	٠
AA-5324100		Pioneer Underwriting Ltd. oboTaiping Reinsur	HKG		178										30		(30)	ál
AA-1460023		Tokio Millennium Re AG	CHE		1,590										244		(244)	(
																	(344)	/
AA-3191315	0	XL Re Ltd.	BMU		746										160		(160)	기
	T	1 0 1 1 0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0									-							
2599998	Total Unauthorize	ed - Other non-U.S. Insurers# (under \$100,000)		1														
2599999	Total Unauthorize	ed - Other non-U.S. Insurers#		1	19,325										4,180		(4,180))
2699999	Total Unauthorize	ed - Total Unauthorized		_	19,325										4,180		(4,180))
4099999	Total Authorized	Unauthorized and Certified			126,052		1	29	7	6	1			44	27,497		(27,453)	1,819
4099999	Total Authorizeu,	Orlauthorized and Certified			120,032		'	29	,	0	 			44	21,491		(21,455)	1,019
											1			1				1
	1	[1	1					1	1
											-							
9999999	Totals				126,052		1 1	29	7	6	1 1			44	27,497		(27,453)	1,819

NO	т	F	
110		ᆫ	

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Pre
)		
)		
	<u></u>	

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
			Yes [] No []
			Yes [] No []
			Yes [] No []
			Yes [] No []
	<u> </u>		Yes [] No []

NONE Schedule F - Part 4 Aging of Ceded Reinsurance

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1		3	4	5	6	/	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneou Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7 + 8 + 10 + 11 + 12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20 % of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col. 16 plus Col 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
AA-3190770	0	Chubb Tempest Reinsurance Ltd. Fka Ace Te	BMU						237									
AA-1464104		Allianz Risk Transfer AG	CHE						162									
AA-3190829	0	Markel Bermuda Limited f/k/a Alterra Bermud	BMU						290									
AA-3190005		Ascot Underwriting (Bermuda) Ltd. o/b/o Ame	BMU]	324									
AA-3194126		Arch Reinsurance Ltd	BMU		[139									
AA-3190873		Ariel Reinsurance Company Ltd	BMU															
AA-3190347		Artex SAC Limited on behalf of Series CX Se	BMU						97		9,075							
AA-9240012		China Property & Casualty Reinsurance Com	CHN						32									
AA-3191289 AA-3191190		Fidelis Insurance Bermuda Limited	BMU BMU						153									
AA-3191190 AA-3190875	0	Hamilton Re, Ltd (Formerly S.A.C. Re Ltd) Hiscox Insurance Company Ltd (Bermuda)	BMU						53									
AA-3190677		Horseshoe Re Limited	BMU						148		13.804							
AA-8310008		Humboldt Re Limited	GGY						27		10,004							
AA-8310006		Kelvin Re Limited	GGY						27									
AA-5420050		Korean Reinsurance Company	KOR						35									
AA-1120152	0	Nautical Management Ltd o/b/o Lloyd's Syndi	BMU						816							1		
AA-5340660	0	The New India Assurance Company Limited	IND						53									
AA-1460100		SATEC Srl o/b/o Neue Ruckversicherungs-G	CHE						34									
AA-5320039		Pioneer Underwriting Ltd. Obo Peak Reinsura	HKG						37									
AA-9240019		Pioneer Underwriting Ltd. Obo PICC Property	CHN						32									
AA-3194224		Poseidon Re Ltd.	BMU						463		43,006							
AA-1120145 AA-3191298		QBE Re (Europe) Ltd - Bermuda Branch, Ha Qatar Reinsurance Company Ltd. fka Qatar R	BMU BMU						139									
AA-3191298 AA-1080029		Dom Re IC (formerly Solidum Re Dom IC Lim	GBR						190									
AA-1000029 AA-5324100	ŏ	Pioneer Underwriting Ltd. oboTaiping Reinsur	HKG						30									
AA-1460023		Tokio Millennium Re AG	CHE						344									
AA-3191315		XL Re Ltd.	BMU						160									
1299999	Total Othe	er Non-U.S. Insurers #						XXX	4,180		65,885							
1399999	Total Affili	ates and Others						XXX	4,180		65,885							
9999999	Totals		'					XXX	4,180		65,885							

0 are included in Column 6.

Amounts in dispute totaling \$
 Amounts in dispute totaling \$

0 are excluded from Column 15.

NONE Schedule F - Part 6 - Section 1

NONE Schedule F - Part 6 - Section 2

NONE Schedule F - Part 7

NONE Schedule F - Part 8 Overdue Reinsurance

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)	970,529,915		970,529,915
2.	Premiums and considerations (Line 15)	204,394		204,394
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.		1,973,591		1,973,591
6.	Net amount recoverable from reinsurers		29,316,162	29,316,162
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	972,707,900	29,316,162	1,002,024,062
LIABIL	ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	53,458,562		53,458,562
10.		486,933,229		486,933,229
11.	• • • • • • • • • • • • • • • • • • • •	237,725,520		237,725,520
12.		7,108,831		7,108,831
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	27,496,977	(27,496,977)	
15.		1,819,185	(1,819,185)	
16.	Amounts withheld or retained by company for account of others (Line 14)		, , <i></i>	
17.	Provision for reinsurance (Line 16)			
18.	* * * * * * * * * * * * * * * * * * * *	158,165,596		158,165,596
19.	Total liabilities excluding protected cell business (Line 26)	972,707,900	(29,316,162)	943,391,738
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)		XXX	
22.	Totals (Line 38)	972,707,900	(29,316,162)	943,391,738

If yes, give full explanation:

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

or pooling arrangements? Yes [] No [X]

NONE Schedule H - Part 1

NONE Schedule H - Part 2, 3 and 4

NONE Schedule H - Part 5

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

(\$000 omitted)

	Pr	emiums Earne	d			Lo	ss and Loss E	xpense Payme	nts			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	yments	Containmer	nt Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	xxx	6		111		22			139	XXX
2. 2007	264,890	129,047	135,843	15,745		2,489		2,452		21	20,686	XXX
3. 2008	321,937	460,497	(138,560)	2,562,629	1,322,865	94,872	50,495	246,369	123,640	2,691	1,406,870	XXX
4. 2009	357,906	(31,694)	389,600	10,388		223		1,991			12,602	XXX
5. 2010	383,424	31,694	351,730	18,005		323		3,951		14	22,279	XXX
6. 2011	385,000	63,219	321,781	95,797		696		14,344		48	110,837	XXX
7. 2012	429,594	108,472	321,122	65,575		724		14,797		69	81,096	XXX
8. 2013	456,630	161,499	295,131	70,793		790		12,905		72	84,488	XXX
9. 2014	484,049	116,493	367,556	7,002		704		5,749		5	13,455	XXX
10. 2015	501,722	124,128	377,594	137,152		1,136		36,666			174,954	XXX
11. 2016	496,457	126,053	370,404	24,610		55		12,935	1		37,599	XXX
12. Totals	XXX	XXX	XXX	3,007,702	1,322,865	102,123	50,495	352,181	123,641	2,920	1,965,005	XXX

		Losses	Unpaid		Defen	se and Cost (Containment L	Jnpaid	Adjusti	ng and	23	24	25
	Case I	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	IBNR	Other	Unpaid			Number of
	13	14	15	16	17	18	19	20	21	22		Total Net	Claims
											Salvage	Losses	Outstanding
	Direct		Direct		Direct		Direct		Direct		and	and	Direct
	and		and		and		and		and		Subrogation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior	19				2				1			22	XXX
2. 2007													XXX
3. 2008	2,571		28,938		855		2,587		2,552			37,503	XXX
4. 2009			9						2				XXX
5. 2010			15						4			19	XXX
6. 2011	90				38		11		35			251	XXX
7. 2012	707		46		187		6		64			1,010	XXX
8. 2013	46		984		78		221		37			1,366	XXX
9. 2014	226		70		366		15		24			701	XXX
10. 2015	1,766		1,037		638		44		472			3,957	XXX
11. 2016	1,321	29	5,361	6	277		80		1,622	8		8,618	XXX
12. Totals	6,746	29	36,537	6	2,441		2,964		4,813	8		53,458	XXX

	,		otal Losses and			oss Expense P	·			34		nce Sheet
		Loss	Expenses Incu	rred	(Incurre	ed/Premiums Ea	arned)	Nontabula	ar Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	19	3
2.	2007	20,686		20,686	7.809		15.228					
3.	2008	2,941,373	1,497,000	1,444,373	913.649	325.084	(1042.417)				31,509	5,994
4.	2009	12,613		12,613	3.524		3.237				9	2
5.	2010	22,298		22,298	5.815		6.340				15	4
6.	2011	111,088		111,088	28.854		34.523				167	84
7.	2012	82,106		82,106	19.112		25.568				753	257
8.	2013	85,854		85,854	18.802		29.090				1,030	336
9.	2014	14,156		14,156	2.924		3.851				296	405
10.	2015	178,911		178,911	35.659		47.382				2,803	1,154
11.	2016	46,261	44	46,217	9.318	0.035	12.477				6,647	1,971
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	43,248	10,210

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

SCHEDULE P - PART 2 - SUMMARY

	INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	IMENT EXPEN	SES REPORT	ED AT YEAR E	END (\$000 OM	ITTED)	DEVEL	OPMENT
Years in	1	2	3	4	5	6	7	8	9	10	11	12
Which												
Losses Were											One	Two
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior	5,424	3,102	4,041	4,375	4,444	4,452	4,431	4,432	4,339	4,446	107	14
2. 2007	19,106	18,324	18,003	18,353	18,364	18,240	18,234	18,234	18,235	18,234	(1)	
3. 2008	XXX	981,079	825,578	1,046,901	1,147,063	1,452,204	1,351,790	1,326,477	1,319,814	1,319,092	(722)	(7,385)
4. 2009	XXX	XXX	8,259	11,184	10,807	10,963	10,677	10,630	10,607	10,620	13	(10)
5. 2010	XXX	XXX	XXX	15,605	18,477	18,495	18,844	18,696	18,591	18,343	(248)	(353)
6. 2011	XXX	XXX	XXX	XXX	95,386	97,559	98,106	97,510	96,893	96,709	(184)	(801)
7. 2012	XXX	XXX	XXX	XXX	XXX	63,238	70,390	68,006	67,357	67,245	(112)	(761)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	77,923	76,010	73,574	72,912	(662)	(3,098)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,255	8,346	8,383	37	1,128
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	148,901	141,773	(7,128)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,669	XXX	XXX
									12. Totals		(8,900)	(11,266)

SCHEDULE P - PART 3 - SUMMARY

	CUMULAT	IVE 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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	000	1,340	3,684	4,209	4,308	4,308	4,308	4,308	4,308	4,425	XXX	XXX
2. 2007	13,953	16,327	17,250	18,034	18,043	18,214	18,234	18,234	18,234	18,234	XXX	XXX
3. 2008	XXX	738,299	802,184	832,985	929,040	1,116,080	1,251,903	1,274,072	1,280,060	1,284,141	XXX	XXX
4. 2009	XXX	XXX	4,838	8,876	9,772	10,342	10,558	10,581	10,605	10,611	XXX	XXX
5. 2010	XXX	XXX	XXX	10,706	14,827	16,987	18,413	18,437	18,572	18,328	XXX	XXX
6. 2011	XXX	XXX	XXX	XXX	77,392	88,433	95,197	95,726	96,316	96,493	XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	47,906	63,347	65,653	66,047	66,299	XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	67,645	71,138	71,467	71,583	XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,880	7,312	7,706	XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127,928	138,288	XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,665	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

	BULK A	AND IBNR RESER	RVES ON NET LO	DSSES AND DEF	ENSE AND COST	Γ 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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	2,066	43		47	8					
2. 2007	80	48	4	269	42	2			1	
3. 2008	XXX	153,745	3,776	93,979	107,485	220,181	89,344	46,210	35,157	31,525
4. 2009	XXX	XXX	457	199	35	127		24	3	9
5. 2010	XXX	XXX	XXX	832	83	81	219	36	11	15
6. 2011	XXX	XXX	XXX	XXX	4,424	2,912	1,826	917	483	
7. 2012	XXX	XXX	XXX	XXX	XXX	7,378	4,349	1,467	622	52
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	8,794	4,270	1,875	1,205
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,536	232	85
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,183	1,081
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,435

NONE Schedule P - Part 1A Homeowners/Farmowners

NONE Schedule P - Part 1B Private Passenger

NONE Schedule P - Part 1C Commercial Auto

NONE Schedule P - Part 1D Workers Compensation

NONE Schedule P - Part 1E Commercial Multiple Peril

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

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

NONE Schedule P - Part 1G Special Liability

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

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

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

(\$000 omitted)

	Pr	emiums Earn	ed			Los	ss and Loss E	xpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	Loss Payments (t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1–2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	2,255		2,646		2,081			6,982	XXX
2. 2015	501,722	124,128	377,594	137,152		1,136		36,666			174,954	XXX
3. 2016	496,457	126,053	370,404	24,610		55		12,935	1		37,599	XXX
4. Totals	XXX	XXX	XXX	164,017		3,837		51,682	1		219,535	XXX

	•		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	· IBNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	3,659		30,139		1,526		2,840		2,719			40,883	52
2.	2015	1,766		1,037		638		44		472			3,957	83
3.	2016	1,321	29	5,361	6	277		80		1,622	8		8,618	314
4.	Totals	6,746	29	36,537	6	2,441		2,964		4,813	8		53,458	449

	•	Т	otal Losses an	d	Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss	Expenses Incu	ırred	(Incurr	ed/Premiums E	Earned)	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	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	33,798	7,085
2.	2015	178,911		178,911	35.659		47.382				2,803	1,154
3.	2016	46,261	46,261 44 46,217		9.318	0.035	12.477				6,647	1,971
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	43,248	10,210

NONE Schedule P - Part 1J Auto Physical Damage

NONE Schedule P - Part 1K Fidelity/Surety

NONE Schedule P - Part 1L Other

NONE Schedule P - Part 1M International

NONE Schedule P - Part 1N Nonproportional Assumed Prop.

NONE Schedule P - Part 10 Nonproportional Assumed Liab.

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

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

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

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

NONE Schedule P - Part 1T - Warranty

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

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

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

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	IMENT EXPE	NSES REPOR	TED AT YEAR	R END (\$000 C	MITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,221	54,727	52,956	(1,771)	(11,265)
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	148,901	141,773	(7,128)	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,669	XXX	XXX
								4 Totals			(8 899)	(11 265)

SCHEDULE P – PART 2J – AUTO PHYSICAL DAMAGE

Years in	INCURRE	D NET LOSS	ES AND DEFE	ENSE AND CO	OST CONTAIN	MENT EXPEN	ISES REPOR	TED AT 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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2015	XXX	XXX	XXX	XXX	XXX)	XXX				XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
		4 Totals										

SCHEDULE P - PART 2K - FIDELITY, SURETY

Years in	INCURRE	D NET LOSS	ES AND DEF	ENSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2015	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

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

Years in	INCURRE	D NET LOSS	ES AND DEFE	NSE AND CO	OST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 (OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XIX	XXX					
2. 2015	XXX	XXX	XXX	XXX	XXX			XXX				XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX		XXX	XXX

SCHEDULE P - PART 2M - INTERNATIONAL

Years in	INCURRE	D NET LOSS	ES AND DEFI	ENSE AND CO	ST CONTAIN	MENT EXPE	ISES REPOR	TED AT YEAR	R END (\$000 C	OMITTED)	DEVELO	PMENT
Which	1	2	3	4	5	6	7	8	9	10	11	12
Losses Were											One	Two
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Year	Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX		N()NF					
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	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

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

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

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	9,891	14,792	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127,928	138,288	XXX	XXX
3. 2016	xxx	l xxx	xxx	XXX	XXX	xxx	xxx	xxx	XXX	24.665	XXX	l xxx l

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 OM	(ITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X . X	000				
2. 2015	XXX	XXX	XXX	XXX	XXX	. X X	JNE	XXX				
3. 2016	XXX	xxx	XXX	xxx	XXX	xxx	XXX	XXX	xxx			

SCHEDULE P - PART 3K - FIDELITY/SURETY

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE AI	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. 000			XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	. XXX)NH	XXX			XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	END (\$000 ON	IITTED)	11	12
	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Years in											Claims	Claims
Which											Closed With	Closed
Losses Were											Loss	Without Loss
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	X. X.	000			XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	. X X X) N :	XXX			XXX	XXX
3. 2016	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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1. Prior	000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX			A.I.	N. N. I. F				XXX	XXX
6. 2011	XXX	XXX	XXX	XXX		. N.(.)Nt				XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	110					XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	xxx

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

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

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

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

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

	BULK AN	D IBNR RESER\	ES ON NET LO	SSES AND DEFE	ENSE AND COS	T CONTAINMEN	T EXPENSES RE	EPORTED AT YE	AR END (\$000 C	OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54,460	38,384	32,979
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,183	1,081
3. 2016	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	5,435

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

	BULK AN	D IBNR RESERV	ES ON NET LO	SSES AND DEFE	ENSE AND COST	T CONTAINMEN	T EXPENSES R	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	XXX	XXX	XXX	XXX	XIX	XXX	XXX			
2. 2015	XXX	XXX	XXX	XXX) X X	XXX	XXX		
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

	BULK AN	D IBNR RESERV	ES ON NET LOS	SSES AND DEFE	ENSE AND COST	CONTAINMEN	T EXPENSES RE	EPORTED AT YE	AR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015	XXX	XXX	XXX	XXX		X X	XXX	XXX		
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

	BULK AN	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)								
	1	2	3	4	5	6	7	8	9	10
Years in										
Which										
Losses Were										
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	XXX	XXX	XXX	XXX	XIX	. XXX	XXX			
2. 2015	XXX	XXX	XXX	XXX		XX T	XXX	XXX		
3. 2016	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	xxx	

SCHEDULE P - PART 4M - INTERNATIONAL

	BULK AN	ID IBNR RESER\	/ES ON NET LO	SSES AND DEF	ENSE AND COS	T CONTAINMEN	T EXPENSES RI	EPORTED AT YE	EAR END (\$000 (OMITTED)
	1	2	3	4	5	6	7	8	9	10
Years in Which Losses Were Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	2001	2000	2000	2010	2011	2012	2010	2011	2010	2010
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX		NIA					
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

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

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

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

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

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

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

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

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

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

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

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

NONE Schedule P - Part 5T - Warranty

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

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

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

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

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

NONE Schedule P - Part 7A

NONE Schedule P - Part 7A (Continued)

NONE Schedule P - Part 7B

NONE Schedule P - Part 7B (Continued)

SCHEDULE PINTERROGATORIES

	OCITEDOL	LI MILMOGAN	SITIEU	
1.	The following questions relate to yet-to-be-issued Extended Reporting provisions in Medical Professional Liability Claims Made insurance poli			
1.1	Does the company issue Medical Professional Liability Claims Made in endorsement, or "ERE") benefits in the event of Death, Disability, or R			Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions blan	k. If the answer to question 1.1 is "yo	es", please answer the following questions	C.
.2	What is the total amount of the reserve for that provision (DDR Reserve	e), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
.3	Does the company report any DDR reserve as Unearned Premium Res	serve per SSAP #65?		Yes [] No []
.4	Does the company report any DDR reserve as loss or loss adjustment	expense reserve?		Yes[] No[]
.5	If the company reports DDR reserve as Unearned Premium Reserve, of Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.	_	the Underwriting and Investment Exhibit,	Yes[] No[]N/A[
1.6	If the company reports DDR reserve as loss or loss adjustment expensives are reported in Schedule P:	e reserve, please complete the follow	wing table corresponding to where these	
		DDR Reserve Schedule P, Part 1F, Med Column 24: Total Net Loss	dical Professional Liability	
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made	
	1.601 Prior	Section 1. Occurrence	Gection 2. Glaims-Made	
	1.603 2008 1.604 2009			
	1.606 2011 1.607 2012			
	1.609 2014			
	1.610 2015 1.611 2016 1.612 Totals			
2.	The definition of allocated loss adjustment expenses (ALAE) and, there January 1, 1998. This change in definition applies to both paid and un Containment" and "Adjusting and Other") reported in compliance with the containment of the compliance with the containment of the compliance with the containment of the contai	paid expenses. Are these expenses		Yes[X] No[]
3.	The Adjusting and Other expense payments and reserves should be all of claims reported, closed and outstanding in those years. When alloc the Adjusting and Other expense should be allocated in the same percentage and Other expense assumed should be reported according to reinsurers, or in those situations where suitable claim count information reasonable method determined by the company and described in Inter-	ating Adjusting and Other expense be centage used for the loss amounts an o the reinsurance contract. For Adju- n is not available, Adjusting and Othe	etween companies in a group or a pool, and the claim counts. For reinsurers, sting and Other expense incurred by a expense should be allocated by a	Yes[X] No[]
4.	Do any lines in Schedule P include reserves that are reported gross of net of such discounts on Page 10?	any discount to present value of futu	ire payments, and that are reported	Yes[] No[X]
	If yes, proper disclosure must be made in the Notes to Financial Stater in Schedule P - Part 1, Columns 32 and 33.	nents, as specified in the Instructions	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. Work upon request.	papers relating to discount calculation	ons must be available for examination	
	Discounting is allowed only if expressly permitted by the state insurance	e department to which this Annual S	tatement is being filed.	
5.	What were the net premiums in force at the end of the year for: (in thousands of dollars)		Fidelity Surety	\$ \$
6.	Claim count information is reported per claim or per claimant. (indicate	which).		Per Claim
	If not the same in all years, explain in Interrogatory 7.			
'.1	The information provided in Schedule P will be used by many persons other things. Are there any especially significant events, coverage, rete when making such analyses?			Yes[]No[X]
7.2	An extended statement may be attached			

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

	States, Etc.	1 Active Status	and Members Return Premiun	s, Including Policy ship Fees Less as and Premiums s Not Taken 3 Direct Premiums Earned	4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
			vviideii	Lameu	Dusiness	Jaivage)	iliculted	Olipaid	Fielillullis	111 COI. 2)
1	Alabama AL Alaska AK	N								
1	Arizona AZ	N N								
4.		N								
1	California	N								
6.		N.								
7. 8.		N N								
9.	District of Columbia DC	N								
	Florida FL	N								
11.	Georgia GA	N								
	Hawaii HI	N								
13.		. N								
14. 15.	Illinois IL Indiana IN	N N								
16.		N								
17.		N N								
	Kentucky KY	N								
	Louisiana LA	N								
	Maine ME	N								
	Maryland MD Massachusetts MA	N N								
1	Michigan MI	NN								
1	Minnesota MN	N								
25.	Mississippi MS	N								
	Missouri MO	N								
	Montana MT Nebraska NE	N								
	Nebraska NE Nevada NV	N N								
30.		N								
	New Jersey NJ	N								
32.		. N								
	New York NY	N.								
	North Carolina NC North Dakota ND	N								
36.		^{IN} N								
37.		N N								
	Oregon OR	N								
39.		N								
40.		. N								
41. 42.	South Carolina SC South Dakota SD	N N								
43.	Tennessee TN	N								
44.	Texas TX	;; .	487,353,537	496,456,941		36,786,677	19,003,892	43,283,593		
45.	Utah UT	N								
46.	Vermont VT	N								
47.		N								
48. 49.	Washington WA West Virginia WV	N N								
50.	Wisconsin WI	N								
51.		N								
52.	American Samoa AS	N								
53.	Guam GU	. N								
54. 55	Puerto Rico PR U.S. Virgin Islands VI	N N								
55. 56.	Northern Mariana Islands MP	N N								
57.		N								
58.	Aggregate Other Alien OT	XXX								
59.	Totals	(a) 1	487,353,537	496,456,941		36,786,677	19,003,892	43,283,593		
	DETAILS OF WRITE-INS									
58001.	.,	XXX								
58001.		XXX			NI C					
58003.		XXX)NE				
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX			140					

	DETAILS OF WRITE-INS						
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998.	Summary of remaining write-ins						
	for Line 58 from overflow page	XXX					
58999.	for Line 58 from overflow page Totals (Lines 58001 through						
	58003 plus 58998) (Line 58 above)	XXX					

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines In the state; (N) None of the above - Not allowed to write business in the state.

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

NONE Schedule T - Part 2

NONE Schedule Y - Part 1

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
	Group Code	Group Name	NAIC Com- pany Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
47	66		30040	74-6189303				Texas Windstorm Insurance Association	TX	CON	Unaffiliated	Service Contract			N	
47	66		11543	43-1982873				Texas FAIR Plan Association	TX	CON	Unaffiliated	Service Contract			N	
.																
						1										1:::::
																1
١.																
.																
'						1:::::										
Ĺ																

Asterik	Explanation
	NIANE
	INVINE

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10 11	12	13
	2	Names of	4	3	Purchases, Sales or Exchanges of Loans,	Income/ (Disbursements)	0	9	Any Other Material Activity Not	12	Reinsurance Recoverable/
NAIC	10	Insurers and Parent,	Observations	Occiled	Securities, Real Estate, Mortgage Loans	Incurred in Connection with Guarantees or Undertakings for	Management Agreements and	Income/ (Disbursements) Incurred Under	in the Ordinary Course of the		(Payable) on Losses and/or Reserve Credit
Company Code	ID Number	Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	or Other Investments	the Benefit of any Affiliate(s)	Service Contracts	Reinsurance Agreements	Insurer's * Business	Totals	Taken/ (Liability)
30040 11543	74-6189303 43-1982873	Texas Windstorm Insurance Association Texas FAIR Plan Association					10,533,789 (10,533,789)			10,533,789 (10,533,789)	
											······································
'											
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
											······································
											· · · · · · · · · · · · · · · · · · ·
											· · · · · · · · · · · · · · · · · · ·
9999999	Control Totals								XXX		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1.	Will an actuarial opinion be filed by March 1?	YES
	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.		YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	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
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
ype code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and p wing the interrogatory questions.	transact the report and a bar
	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO .
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	NO
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO .
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
35.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation 8:	Not applicable
Explanation 9:	The Association is required to file by June 30th.
Explanation 10:	The Association is required to file by June 30th.
Explanation 13:	Not applicable
Explanation 14:	Not applicable
Fundamentian 45.	Mat and Backla
Explanation 15:	Not applicable
Explanation 16:	Not applicable
Explanation 10.	Not applicable
Explanation 17:	Not applicable
Explanation 19:	Not applicable
Explanation 20:	Not applicable
Explanation 22:	Not applicable
Evalenation 22:	Not analizable
Explanation 23:	Not applicable
Explanation 24:	Not applicable
	THE CONTRACT OF THE CONTRACT O
Explanation 25:	Not applicable
Explanation 26:	Not applicable
Explanation 27:	Not applicable
Fundamentian 00.	Mat and Backla
Explanation 28:	Not applicable
Explanation 29:	Not applicable
Explanation 20.	
Explanation 30:	Not applicable
Explanation 31:	Not applicable
Explanation 32:	Not applicable
.	
Explanation 33:	Not applicable
Explanation 34:	Not applicable
	TENTER TENTET.
Bar Code:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES















































OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
REMAINING WRITE-INS AGGREGATED AT LINE 25 FOR LIABILITIES	Current Year	Prior Year
2504. Lease incentive obligation	755,072	880,918
2505. Deferred rent liability	575,389	434,364
2506. Surcharge payable	354,818	401,775
2597. Totals (Lines 2504 through 2596) (Page 3, Line 2598)	1,685,279	1,717,057

OVERFLOW PAGE FOR WRITE-INS

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. Miscellaneous Expense		5,263		5,263
2497. Totals (Lines 2404 through 2496)				
(Page 11, Line 24)		5,263		5,263

SUMMARY INVESTMENT SCHEDULE

		Gross Inve			Admitted Assets a	•	
		1	2	3	4 Securities Lending Reinvested Collateral	5 Total (Col. 3 + 4)	6
	Investment Categories	Amount	Percentage	Amount	Amount	Amount	Percentage
1. Bon	ds:	-				-	
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -						
	1.21 Issued by U.S. government agencies 1.22 Issued by U.S. government sponsored agencies						
1.3	Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4	Securities issued by states, territories, and possessions						
	and political subdivisions in the U.S.:						
	States, territories and possessions general obligations Political subdivisions of states, territories and possessions and political						
	subdivisions general obligations						
	1.43 Revenue and assessment obligations						
	1.44 Industrial development and similar obligations						
1.5	Mortgage-backed securities (includes residential and commercial MBS):						
	1.51 Pass-through securities:						
	1.511 Issued or guaranteed by GNMA						
	1.512 Issued or guaranteed by FNMA and FHLMC 1.513 All other						
	1.52 CMOs and REMICs:						
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-						
	backed securities issued or guaranteed by agencies shown in Line 1.521						
0 011	1.523 All other						
	er debt and other fixed income securities (excluding short term): Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.1							
	Affiliated securities						
3. Equ	ity interests:						
3.1	Investments in mutual funds						
3.2							
	3.21 Affiliated						
3 3	3.22 Unaffiliated Publicly traded equity securities (excluding preferred stocks):						
3.3	3.31 Affiliated						
	3.32 Unaffiliated						
3.4	Other equity securities:						
	3.41 Affiliated						
	3.42 Unaffiliated						
3.5	Other equity interests including tangible personal property under lease:						•
	3.51 Affiliated 3.52 Unaffiliated						
4. Mor	tgage loans:						
	Construction and land development						
4.2	Agricultural						
4.3	Single family residential properties						
4.4	Multifamily residential properties						
4.5 4.6	Commercial loans						
	Mezzanine real estate loans l estate investments:						
	Property occupied by company						
	Property held for production of income (including \$ 0 of property						
	acquired in satisfaction of debt)						
5.3	Property held for sale (including \$0 property acquired in						
	satisfaction of debt)						
	tract loans						
	vatives						
	eivables for securities urities Lending (Line 10, Asset Page reinvested collateral)				XXX	XXX	XXX
	h, cash equivalents and short-term investments			970,529,915		970,529,915	100.00
	er invested assets						
40 T-4-	al invested assets	1,029,690,286	100.00	970,529,915		970,529,915	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)

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
				Other	Investments in
				Short-Term	Parent,
			Mortgage	Investment Assets	Subsidiaries
	Total	Bonds	Loans	(a)	and Affiliates
Book/adjusted carrying value, December 31 of prior year					
Cost of short-term investments acquired	26,095,768			26,095,768	
3. Accrual of discount					
Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
Deduct consideration received on disposals					
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)	26,095,768			26,095,768	
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	26,095,768			26,095,768	

(a) Indicate the category of such assets, for exam

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 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

		1	2	3
		Total	Bonds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year	534,432,876		534,432,876
2.	Cost of cash equivalents acquired	1,369,070		1,369,070
3.	Accrual of discount			
4.	Unrealized valuation increase (decrease)			
5.	Total gain (loss) on disposals			
6.	Deduct consideration received on disposals			
	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)	535,801,946		535,801,946
11.	Deduct total nonadmitted amounts	59,160,372		59,160,372
12.	Statement value at end of current period (Line 10 minus Line 11)	476,641,574		476,641,574

⁽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

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Со	des	5	6	7	8	Ch	ange in Book/Adju	sted Carrying Va	alue	13	14			Interest				21
	_	3				•	Ů	9	10	11	12	1 .		15	16	17	18	19	20	
CUSIP Identification	Description	Code	F o r e i g n	Date Acquired	Name of Vendor	Maturity Date	Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other -Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non-Admitted Due And Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
		.	1 .																	
	BlackRock Money Market Fund	.		12/31/2017	Bank of Amercia	01/02/2017	26,095,768					1	26,095,768				0.009	01/02/		
9099999	Other Short-Term Invested Assets				-		26,095,768					XXX	26,095,768			XXX	XXX	XXX		
		.																		
		.																		
		.																		
		.																		
		.																		
		.	1 .																	
		.	1 .															1		
		.								1								1::::1		1
		.																		
		.	.																	
		.																		
		.																		
		.																		
		.																		
		.	1 '																	
		.							1									1		
									I											1:::::::
		.	1.1						1											
		.	1.																	
		.	.																	
		.																		
		.																		
		.																		
		.	1 .						1											1
		.							1											
									1											1
		.							1											1
9199999	TOTALS						26,095,768				1	XXX	26,095,768	1		XXX	XXX	XXX		1

E17

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 DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

			1	1	1	1	
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	*
OPEN DEPOSITORIE: Bank of America N.A.	S Austin, TX					28,522,430	
Bank of America N.A Certificate of Deposit	Due 01/26/2016		0.310	38,750		20,022,400	
Bank of America N.A Certificate of Deposit	Due 03/21/2016		0.400				
Bank of America N.A Certificate of Deposit	Due 04/27/2016		0.340				
Bank of America N.A Certificate of Deposit Bank of America N.A Certificate of Deposit	Due 06/21/2016 Due 08/25/2016		0.500 0.550				
Bank of America N.A Certificate of Deposit	Due 09/21/2016		0.700				
Bank of America N.A Certificate of Deposit	Due 10/25/2016		0.700	52,972			
Bank of America N.A Certificate of Deposit	Due 12/21/2016		0.750				
Bank of America N.A Certificate of Deposit Bank of America N.A Certificate of Deposit	Due 01/23/2017 Due 02/21/2017		0.750 0.870		82,812 46,400	25,000,000 15,000,000	
Bank of America N.A Certificate of Deposit	Due 03/14/2017		0.870		25,858	10,000,000	
Bank of America N.A Certificate of Deposit	Due 03/15/2017		0.870		47,488	15,000,000	
Bank of America N.A Certificate of Deposit	Due 03/20/2017		0.870		40,021	15,000,000	
Bank of America N.A Certificate of Deposit Bank of America N.A Certificate of Deposit	Due 03/30/2017 Due 04/24/2017		0.840 0.820		32,925 23,051	15,000,000 15,104,255	
Bank of America N.A Certificate of Deposit	Due 04/24/2017 Due 06/19/2017		1.050		2,917	10,000,000	
Citibank, N.A.	Dallas, TX					2,159	
Citibank, N.A MMDA	Dallas, TX		0.150			893,168	
Citibank, N.A MMDA	Dallas, TX		0.150			11,097	
Citibank, N.A MMTD JP Morgan Chase Bank, N.A.	San Antonio, TX San Antonio, TX	0	0.490	394,283		90,424,866 305,236	
JP Morgan Chase Bank, N.A. JP Morgan Chase Bank, N.A.	San Antonio, TX					1,478,737	
JP Morgan Chase Bank, N.A MMDA	San Antonio, TX		0.150	15,731		1,770,707	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 03/23/2016		0.330				
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 04/23/2016		0.370				
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 05/23/2016		0.400				
JP Morgan Chase Bank, N.A - Certificate of Deposit JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 06/23/2016 Due 07/23/2016		0.440 0.470				
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 07/25/2016		0.700				
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 08/23/2016		0.490	65,619			
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 09/23/2016		0.560				
JP Morgan Chase Bank, N.A Certificate of Deposit	Due 10/23/2016 Due 11/23/2016		0.540 0.540				
JP Morgan Chase Bank, N.A - Certificate of Deposit JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 12/23/2016		0.540				
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 01/23/2017		0.470		41,934	20,054,930	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 02/19/2017		0.680	•	36,329	15,000,000	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 02/23/2017		0.680		48,597	20,065,619	
JP Morgan Chase Bank, N.A - Certificate of Deposit JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 03/15/2017 Due 03/23/2017		0.720 0.720		21,107 29,397	10,000,000 15,053,268	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 04/23/2017		0.710		19,920	15,059,278	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 05/23/2017		0.740		11,527	15,366,511	
JP Morgan Chase Bank, N.A - Certificate of Deposit	Due 06/23/2017		0.820		2,746	15,071,615	
Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit	Due 03/29/2016 Due 04/27/2016		0.120 0.200				
Wells Fargo Bank, N.A Certificate of Deposit	Due 04/29/2016		0.200				
Wells Fargo Bank, N .A Certificate of Deposit	Due 05/27/2016		0.100				
Wells Fargo Bank, N .A Certificate of Deposit	Due 05/29/2016		0.100	422			
Wells Fargo Bank, N. A Certificate of Deposit	Due 05/29/2016		0.120				
Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit	Due 06/27/2016 Due 06/28/2016		0.200 0.200				
Wells Fargo Bank, N.A Certificate of Deposit	Due 06/29/2016		0.200				
Wells Fargo Bank, N.A Certificate of Deposit	Due 06/29/2016		0.190				
Wells Fargo Bank, N.A Certificate of Deposit	Due 07/29/2016		0.120				
Wells Fargo Bank, N.A Certificate of Deposit	Due 09/28/2016		0.280				
Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit	Due 09/28/2016 Due 10/28/2016		0.280 0.290				
Wells Fargo Bank, N.A Certificate of Deposit	Due 11/28/2016		0.310				
Wells Fargo Bank, N .A Certificate of Deposit	Due 12/28/2016		0.360	22,562			
Wells Fargo Bank, N.A Certificate of Deposit	Due 12/29/2016		0.360				
Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit	Due 01/29/2017 Due 02/28/2017		0.500 0.480		31,971 15,298	15,057,199 12,508,801	
Wells Fargo Bank, N.A Certificate of Deposit	Due 03/28/2017		0.460		19,395	15,062,159	
Wells Fargo Bank, N.A Certificate of Deposit	Due 03/29/2017		0.700		880	15,087,344	
Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit Wells Fargo Bank, N.A Certificate of Deposit	Due 04/28/2017 Due 05/28/2017 Due 06/28/2017		0.510 0.540 0.740		13,477 7,138 772	15,070,300 15,071,080 12,522,520	
0100008 Deposite in / 01 depositeries	that do						
0199998 Deposits in (0) depositories not exceed the allowable limit in any one of							
(See Instructions) - open depositories	aopository	XXX	XXX				XXX
, , , , , ,							
0199999 Totals - Open Depositories		XXX	XXX	1,386,764	601,960	467,792,572	XXX
SUSPENDED DEPOSITO	RIFS						
GOGF ENDED DEFOSITO							
				-			-

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

1. January	970,243,968	4. April	914,422,035	7. July	936,689,220	10. October	955,144,799
2. February	988,323,690	5. May	941,523,644	8. August	950,853,411	11. November	970,887,646
3 March	903 176 438	6 June	967 635 478	9 September	952 654 101	12 December	970 529 915

SCHEDULE E - PART 1 - CASH

1 Depository	2 Code	Rate of Interest	Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
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	1,386,764	601,960	467,792,572	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX	1,386,764	601,960	467,792,572	XXX

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

1. January	970,243,968	4. April	914,422,035	7. July	936,689,220	10. October	955,144,799
2. February	988,323,690	5. May	941,523,644	8. August	950,853,411	11. November	970,887,646
3. March	903,176,438	6. June	967,635,478	9. September	952,654,101	12. December	970,529,915

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Assets Subject to Reverse Repurchase Agreement at Texas Treasury Safekeeping Tru		12/31/2016	0.701	01/02/2017	535,801,946	10,426	1,361,070
8599999 Other Cash Equivalents					535,801,946	10,426	1,361,070
			[
3699999 Total Cash Equivalents					535,801,946	10,426	1,361,070

NONE Schedule E - Part 3

ALPHABETICAL INDEX TO PROPERTY ANNUAL STATEMENT

Assets	2	Schedule E – Part 3 – Special Deposits	E28
Cash Flow	5	Schedule E – Verification Between Years	SI15
Exhibit of Capital Gains (Losses)	. 12	Schedule F – Part 1	20
Exhibit of Net Investment Income	. 12	Schedule F – Part 2	21
Exhibit of Nonadmitted Assets	13	Schedule F – Part 3	22
Exhibit of Premiums and Losses (State Page)	19	Schedule F – Part 4	23
Five-Year Historical Data		Schedule F – Part 5	0.4
General Interrogatories		Schedule F – Part 6 - Section 1	
Jurat Page	4	Schedule F – Part 6 - Section 2	26
Liabilities, Surplus and Other Funds		Schedule F – Part 7	27
Notes To Financial Statements		Schedule F – Part 8	28
Overflow Page For Write-ins		Schedule F – Part 9	29
Schedule A – Part 1		Schedule H – Accident and Health Exhibit – Part 1	30
Schedule A – Part 2		Schedule H – Part 2, Part 3 and Part 4	31
Schedule A – Part 3	E02	Schedule H – Part 5 – Health Claims	
Schedule A – Verification Between Years		Schedule P – Part 1 – Summary	
Schedule B – Part 1	E04	Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule B – Part 2	E05	Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule B – Part 3	E00	Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule B – Verification Between Years		Schedule P – Part 1D – Workers' Comp (Excluding Excess Workers' Comp)	38
Schedule BA – Part 1		Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule BA – Part 2		Schedule P – Part 1F – Section 1 – Medical Professional Liability	
Schedule BA – Part 3			40
Schedule BA – Verification Between Years		Schedule P – Part 1F – Section 2 – Medical Professional Liability	
Schedule D – Part 1	E40	_ Claime-Made	41
Schedule D – Part 1A – Section 1		Schedule P – Part 1G - Special Liability (Ocean, Marine, Aircraft (All	•
Schedule D – Part 1A – Section 2		Porilo) Poilor and Machinery)	42
Schedule D – Part 2 – Section 1		Schedule P – Part 1H – Section 1 – Other Liability – Occurrence	43
Schedule D – Part 2 – Section 2		Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule D – Part 3		Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine,	•
Cabadala D. Dart 4	E4.4	Forthquako Burglany & Thoff)	45
Cahadula D. Dart E	 [15	Schedule P – Part 1J – Auto Physical Damage	46
Cahadula D. Dad C. Castina 1	 E40	Schedule P – Part 1K – Fidelity/Surety	47
Oshadda D. Dad C. Osafaa O		Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule D – Part 6 – Section 2 Schedule D – Summary By Country		Cabadula D. Dart (M. Jatana Cara)	49
Schedule D – Verification Between Years		Schedule P – Part 1M – International Schedule P – Part 1N – Reinsurance - Nonproportional Assumed Property	
Oshad Is DA Dadd	E47	Schedule P – Part 10 – Reinsurance - Nonproportional Assumed Liability	
Schedule DA – Part 1 Schedule DA – Verification Between Years		Schedule P – Part 1P – Reinsurance - Nonproportional Assumed Financial Lines	
0.1.1.1.00.0.1.4	E40	Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	
Schedule DB – Part A – Section 1 Schedule DB – Part A – Section 2		Schedule P – Part 1R – Section 1 – Froducts Liability – Claims – Made	
Schedule DB – Part A – Section 2 Schedule DB – Part A – Verification Between Years		Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	
0.1 .1. DD D .D .C .C .		Schedule P – Part 1T – Warranty	
		Schedule P – Part 2, Part 3 and Part 4 - Summary	
Schedule DB – Part B – Verification Between Years		Schedule P – Part 2A – Homeowners/Farmowners	
Schedule DB - Part C - Section 1		Schedule P – Part 2B – Private Passenger Auto Liability/Medical	
Schedule DB – Part D – Section 2		Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	
Schedule DB - Part D - Section 1		Schedule P – Part 2D – Workers' Comp (Excluding Excess Workers' Comp)	
Schedule DB - Part D - Section 2		Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule DB - Verification		Schedule P – Part 2F – Section 1 – Medical Professional Liability	
Schedule DL - Part 1	E05	- Occurrence	58
Schedule DL - Part 2		Schedule P - Part 2F - Medical Professional Liability - Claims - Made	58
Schedule E – Part 1 – Cash		Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils),	
Schedule E – Part 2 – Cash Equivalents	E27	Boiler and Machinery)	58

ALPHABETICAL INDEX TO PROPERTY ANNUAL STATEMENT

Schedule P – Part 2H – Section 1 – Other Liability – Occurrence	58	Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine,	
Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58	Earthquake, Burglary and Theft)	. 69
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine,		Schedule P – Part 4J – Auto Physical Damage	. 69
Earthquake, Burglary, and Theft)	59	Schedule P – Part 4K – Fidelity/Surety	. 69
Schedule P – Part 2J – Auto Physical Damage	59	Schedule P – Part 4L – Other (Including Credit, Accident and Health)	. 69
Schedule P – Part 2K – Fidelity, Surety	59	Schedule P – Part 4M – International	69
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59	Schedule P – Part 4N – Reinsurance - Nonproportional Assumed Property	. 70
Schedule P – Part 2M – International	59	Schedule P – Part 40 – Reinsurance - Nonproportional Assumed Liability	. 70
Schedule P – Part 2N – Reinsurance - Nonproportional Assumed Property	60	Schedule P – Part 4P – Reinsurance - Nonproportional Assumed Financial Lines	. 70
Schedule P – Part 20 – Reinsurance - Nonproportional Assumed Liability	60	Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	. 71
Schedule P – Part 2P – Reinsurance - Nonproportional Assumed Financial Lines	60	Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	. 71
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61	Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	. 71
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61	Schedule P – Part 4T – Warranty	. 71
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61	Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 2T – Warranty	61	Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 3A – Homeowners/Farmowners	62	Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62	Schedule P – Part 5D – Workers' Comp (Excluding Excess Workers' Comp)	75
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62	Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 3D – Workers' Comp (Excluding Excess Workers' Comp)	62	Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 3E – Commercial Multiple Peril	62	Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 3F – Section 1 – Medical Professional Liability		Schedule P – Part 5H – Other Liability – Claims-Made	80
- Occurrence	63	Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 3F – Section 2 – Medical Professional Liability		Schedule P – Part 5R – Products Liability – Claims-Made	82
- Claims-Made	63	Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils),		Schedule P – Part 5T – Warranty	83
Boiler and Machinery)	63	Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63	Schedule P – Part 6D – Workers' Comp (Excluding Excess Workers' Comp)	84
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63	Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine,		Schedule P – Part 6H – Other Liability – Claims-Made	86
Earthquake, Burglary, and Theft)	64	Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 3J – Auto Physical Damage	64	Schedule P – Part 6M – International	. 86
Schedule P – Part 3K – Fidelity/Surety	64	Schedule P – Part 6N – Reinsurance - Nonproportional Assumed Property	. 87
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64	Schedule P – Part 60 – Reinsurance - Nonproportional Assumed Liablity	. 87
Schedule P – Part 3M – International	64	Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 3N – Reinsurance - Nonproportional Assumed Property	65	Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 30 – Reinsurance - Nonproportional Assumed Liability	65	Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 3P – Reinsurance - Nonproportional Assumed Financial Lines	65	Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66	Schedule P Interrogatories	00
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66	Schedule T – Exhibit of Premiums Written	
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66	Schedule T – Part 2 – Interstate Compact	
Schedule P – Part 3T – Warranty	66	Schedule Y – Information Concerning Activities of Insurer Members	
Schedule P – Part 4A – Homeowners/Farmowners	67	of a Holding Company Group	96
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67	Schedule Y - Part 1A - Detail of Insurance Holding Company System	
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	
Schedule P – Part 4D – Workers' Comp (Excluding Excess Workers' Comp)	67	Statement of Income	
Schedule P – Part 4E – Commercial Multiple Peril	67	Summary Investment Schedule	
Schedule P – Part 4F – Section 1 – Medical Professional Liability		Supplemental Exhibits and Schedules Interrogatories	
- Occurrence	68	Underwriting and Investment Exhibit Part 1	
Schedule P – Part 4F – Section 2 – Medical Professional Liability		Underwriting and Investment Exhibit Part 1A	
– Claims-Made	68	Underwriting and Investment Exhibit Part 1B	
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils),		Underwriting and Investment Exhibit Part 2	^
Boiler and Machinery)	68	Underwriting and Investment Exhibit Part 2A	
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68	Underwriting and Investment Exhibit Part 3	
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68		